



APPLICATION FOR ADMISSION OF A LEARNER FOR 2020

This form must be signed and completed in full by the learner's parent / guardian / sponsor prior to admission to the school. All documents and forms listed below must be produced BEFORE admission can be processed.

Copy of learners Unabridged Birth Certificate		OFFICE USE ONLY
Copy of both Parents / Guardians / Sponsor's ID's		
If guardian or sponsor: a certified copy of any court order or any other document confirming testamentary guardianship or legally entitled to custody.		
Financial Clearance from previous school (copy of latest school account)		
Proof of physical residence e.g. electricity/water account / Lease Agreement/ Deed of transfer		
The most recent school report. Grade R included.		
Transfer Certificate, CEMIS form (Grade 2 & 3)		
Immunization chart indicating that your child has been vaccinated against the following diseases: polio, measles, tuberculosis, diphtheria, tetanus and hepatitis B		
		GRADE:
		CLASS:
		DATE THAT APPLICATION WAS RECEIVED:
		ACCOUNT NO:

GRADE 1 **GRADE 2** **GRADE 3**

LEARNER'S DETAILS:

Learner Surname: Boy / Girl
(B / G)

Full Names: Preferred name:

Date of Birth:

Year	Month	Date
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 ID Number:

Country of Birth: Date of arrival in South Africa (if applicable) Citizenship:

1st Language spoken at home: Current teaching language:

Current School: Province:

Last grade passed: Date of leaving the above-mentioned school:

PARENT / GUARDIAN / SPONSOR INFORMATION

Parent 1	Guardian	Sponsor	(please tick)	Parent 2	Guardian	Sponsor	(please tick)
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Prof.Dr. Rev. Mr etc Prof.Dr. Mrs Miss Ms etc.

Surname: Surname:

Name: Name:

ID Number: ID Number:

Occupation: Occupation:

Name of Employer: Name of Employer:

Employer's Physical Address: Employer's Physical Address:

Employer's Telephone Number: Employer's Telephone Number:

E-mail Address at work:

E-mail Address at work:

Marital Status				
Married	Single	Divorced	Widow/er	Remarried

Marital Status				
Married	Single	Divorced	Widow/er	Remarried

Residential Address:

Residential Address:

Telephone – Home:

Telephone – Home:

Cell Number:

Cell Number:

E-mail Address:

E-mail Address:

Please underline the preferred e-mail address for contact purposes.

Residential Address of Learner

Postal Address of Learner

<input type="text"/>		<input type="text"/>	
<input type="text"/>	Code:	<input type="text"/>	Code:

Name & Address of Person Responsible for Account

<input type="text"/>	
<input type="text"/>	Code:

Is there a brother or sister already at our school?	<input type="text"/>	If so, the name and grade of the learner:	<input type="text"/>
Any serious / life-threatening allergy / medical condition. Please provide details:	<input type="text"/>		

Details of any condition or circumstances of which the school needs to be aware of, for the best interest of the learner and / or to protect any other learners of the school:	
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Emergency Contact Number

<u>Name</u>	<u>Relation</u>	<u>Number</u>
	Grandparent, Aunt, Friend etc.	

Information of Doctor

Name of doctor:	Number:	

Information of Medical Aid

Name of Medical Aid:	Medical Aid Number:	Number:

Extra-Mural / Religious Activities

Do you have any objections to your child participating in any religious activities?	YES		NO	
If YES, please furnish guidelines for religious activities:				

Do you have any objections to your child participating in any extra-mural activities?	YES		NO	
If YES, please furnish guidelines:				

I, AS PARENT / GUARDIAN / SPONSOR,

1. Undertake to reimburse the school for any damage to school property that may be caused by the LEARNER.
2. Understand that while every reasonable effort will be made to prevent losses or damage to the LEARNER'S clothing and equipment, the school cannot be held liable in any such event.
3. Undertake to give written notice of any intention to remove the LEARNER from the school and furthermore to return any books and / or equipment belonging to the school which the LEARNER may have in his / her possession.
4. Undertake to ensure that the LEARNER is punctual at the beginning of each school day and is collected on time at the end of each school day.
5. Understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.
6. Accept responsibility for immunizing the LEARNER against contagious diseases and produce proof thereof if required to do so.
7. Undertake to inform the educator of the LEARNER'S absence from school and produce a doctor's certificate when required.
8. Undertake to view and familiarize myself with the school's policies that are available on the school's website www.dvprep.co.za.
9. Undertake to support the school's constitution and policy of admission, as defined and implemented by the Governing Body of the school.
10. Understand that the LEARNER will at all times be subjected to the Code of Conduct of the School.
11. Understand that the School reserves the right, using its sole discretion to amend and / or alter any of the provisions of the Code of Conduct.
12. Understand that the principal or his authorized and dedicated agent is authorized and empowered to perform any act in *loco parentis* when my specific authority cannot reasonably be sought or obtained in time.
13. Understand that our school is an Article 21 school which makes the payment of approved school fees compulsory. The South African Schools Act stipulates that both biological parents are responsible for payment of school fees and that this may be enforced with a legal process.
14. Understand that should one instalment of school fees be in arrears, the full amount becomes due and payable immediately.

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SIGNATURE OF PARENT / GUARDIAN / SPONSOR

.....
DATE

OFFICE USE ONLY:	
Result of application:	Accepted / not accepted
Date	Enrolment Officer / Principal