



**Western Cape Education Department**  
**SWEET VALLEY PRIMARY SCHOOL, BERGVLIET**  
**APPLICATION FOR ADMISSION**



PLEASE FILL IN WHICH GRADE/S YOU ARE APPLYING FOR:

PREPRIMARY(GRD R) FOR : ..... (YEAR) AND / OR GRADE ..... FOR: ..... (YEAR)

**PLEASE NOTE THE FOLLOWING:**

THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING CERTIFIED DOCUMENTS BEFORE A LEARNER MAY BE CONSIDERED FOR ADMISSION TO A WESTERN CAPE EDUCATION DEPARTMENT SCHOOL:

- (A) A CERTIFIED COPY OF THE CHILD'S **UNABRIDGED** BIRTH CERTIFICATE
- (B) A COPY OF THE IMMUNISATION (CLINIC) CARD – ALL CHILDREN **MUST** BE IMMUNISED TO ATTEND A WCED SCHOOL.
- (C) CERTIFIED PROOF OF RESIDENTIAL ADDRESS OF THE CHILD, I.E. RATES ACCOUNT OR UTILITY BILL
- (D) CERTIFIED COPIES OF IDENTITY DOCUMENTS OR PASSPORTS FOR BOTH PARENTS OR LEGAL GUARDIANS OF THE CHILD
- (E) CERTIFIED PROOF OF RESIDENTIAL ADDRESS FOR **BOTH** PARENTS OR LEGAL GUARDIANS OF THE CHILD
- (F) A CERTIFIED COPY OF THE LATEST SCHOOL REPORT (FOR GRADES 1 – 7 ONLY)
- (G) A COVERING LETTER OF MOTIVATION

PLEASE ENSURE THAT YOU PROVIDE THE NECESSARY CERTIFIED COPIES, OTHERWISE YOUR APPLICATION WILL BE DEEMED INCOMPLETE AND CANNOT BE PROCESSED.

IF APPLYING FOR BOTH PREPRIMARY (GRD R) AND GRADE 1 PLEASE HAND IN 2 COMPLETE SETS, i.e. ONE SET PER GRADE.  
 IF HANDING IN 2 SETS **ALL** COPIES OF DOCUMENTS MUST BE CERTIFIED – COPIES OF CERTIFIED DOCUMENTS WILL NOT BE ACCEPTED.

**PARTICULARS OF LEARNER**

Surname & full Names:										
	D	D	M	M	Y	Y	Y	Y		
Date of Birth:										
Identity Number:										
Passport number (if foreign citizen)										
Gender:	Male:				Female:					
Country of Birth:										
Religion:										
Home language/s:										
Number of children in family										
Is child first, second, third?										
Siblings currently at Sweet Valley Primary:	1.								in class:	
	2.								in class:	

Home Address: .....  
 ..... code: .....

Home telephone: ..... Home Cellphone: .....

Home email address:  Please print clearly

**LEARNER ACADEMIC INFORMATION**

Current School	GRADE:		
Address of Current School	CODE:		
Language medium of Current School			
Highest grade passed	Grade:	Year:	
Schools attended in the past. Please state grade and year			
Learning difficulties for which learner has received therapy (if applicable)			

**LEARNER MEDICAL INFORMATION**

Please circle illness(es) learner has had: Measles, Whooping Cough, Chickenpox, Mumps.

Please give other important illness(es) from which this learner is suffering or has suffered (e.g. asthma, epilepsy, diabetes, etc.) Please give details of medication being administered.

.....  
 .....

Give dates and nature of operation(s) the child has had: .....

.....

Illnesses that the learner has been immunised against: (We refer you to page 1 : (b).  
 Tuberculosis , Poliomyelitis , Diptheria , Tetanus . Whooping Cough ,  
 Haemophilus influenzae Type B (HIB) , Hepatitis B , Measles/Mumps/Rubella (MMR) .

**PARTICULARS OF PARENT/S OR GUARDIAN(S)**  
 (The information below must be supplied in respect of each parent or guardian.)

**FATHER**

Surname & Full names													
Occupation:													
Identity Number:													
Passport number if foreign citizen													
RSA citizen (YES/NO) :	If NO please state nationality:												
Home Address:													
	CODE:												
Postal Address:													
	CODE:												
Telephone numbers: Home:	Work:				Cell:								
Email Address:													
Name and Address of Employer:													

**MOTHER**

<b>Surname and Full Names</b>															
<b>Occupation</b>															
<b>Identity Number</b>															
<b>Passport number if foreign citizen</b>															
<b>RSA citizen (YES/NO):</b>	<b>If NO please state nationality:</b>														
<b>Home Address</b>													<b>Code:</b>		
<b>Postal Address</b>													<b>Code:</b>		
<b>Telephone numbers:</b>	<b>Home:</b>						<b>Work:</b>						<b>Cell:</b>		
<b>Email Address:</b>															
<b>Name and Address of Employer:</b>															

**GUARDIAN : if Guardian is someone other than a parent of the child**

Please state nature of guardianship, e.g. foster parent, uncle, aunt, grandparent : .....  
(In case of legal guardianship or foster care, documentary proof must be attached.)

<b>Surname and full names</b>															
<b>Occupation</b>															
<b>RSA citizen (YES/NO):</b>	<b>If NO please state nationality:</b>														
<b>Home address</b>													<b>CODE:</b>		
<b>Postal Address</b>													<b>CODE:</b>		
<b>Telephone numbers:</b>	<b>Home:</b>						<b>Work:</b>						<b>Cell:</b>		
<b>Name and address of Employer:</b>															

Is either parent or guardian a past pupil of Sweet Valley? .....

Do you have any other family connection to the school? .....

**FRIEND OR FAMILY MEMBER AS A CONTACT PERSON IN CASE OF AN EMERGENCY**

<b>Relationship to Learner</b>															
<b>Title and full names</b>															
<b>Address</b>															
<b>Contact Telephone numbers</b>	<b>Home:</b>						<b>Work:</b>						<b>Cell:</b>		

Will you be requiring After Care Facilities? : YES / NO (If YES, IT IS NECESSARY TO COMPLETE AN AFTERCARE APPLICATION FORM AND HAND IT IN TOGETHER WITH THIS FORM)

**DECLARATION OF PARENT/GUARDIAN**

I, ..... the undersigned parent/guardian of

..... hereby declare that the information furnished above is correct to the best of my knowledge.

SIGNED AT: ..... on this ..... day of .....(month) ..... (year)

.....  
Signature of Parent / Guardian

.....  
Print full name

State whether Father, Mother or Guardian: .....

DATE OF APPLICATION: .....

IF YOUR CHILD IS A FOREIGN NATIONAL YOU WILL BE REQUIRED TO OBTAIN A STUDY PERMIT FROM THE SOUTH AFRICAN DEPARTMENT OF HOME AFFAIRS.