



**Western Cape Education Department**  
**SWEET VALLEY PRIMARY SCHOOL, BERGVLIET**

**APPLICATION FOR ADMISSION**

<b>OFFICE USE ONLY :ADMISSION NUMBER</b>	<b>HOUSE</b>	<b>PLEASE FILL IN WHICH GRADE/S YOU ARE APPLYING FOR BELOW:</b>								
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										<b>PREPRIMARY(GRD R) IN ..... (YEAR)</b> <b>AND / OR</b> <b>GRADE ..... IN ..... (YEAR)</b>

**PLEASE NOTE THE FOLLOWING:**  
**THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING BEFORE A LEARNER MAY BE ADMITTED TO A WESTERN CAPE EDUCATION DEPARTMENT SCHOOL:**

(a) **BIRTH CERTIFICATE COPY (CERTIFIED)**  
 (b) **IMMUNISATION (CLINIC) CARD COPY – ALL CHILDREN MUST BE IMMUNISED.**  
 (c) **A COPY OF THE LATEST SCHOOL REPORT (WHERE APPLICABLE)**  
 (d) **PROOF OF RESIDENTIAL ADDRESS OF THE CHILD, i.e. RATE ACCOUNT OR UTILITY BILL**

**PARTICULARS OF LEARNER**

<b>SURNAME:</b>										
<b>FULL NAMES:</b>										
	D	D	M	M	Y	Y	Y	Y		
<b>DATE OF BIRTH:</b>										
<b>IDENTITY NUMBER:</b>										
<b>PASSPORT NO.(IF FOREIGN CITIZEN)</b>										
<b>GENDER:</b>	<b>MALE:</b> .					<b>FEMALE:</b> .				
<b>COUNTRY OF BIRTH:</b>										
<b>RELIGION:</b>										
<b>HOME LANGUAGE/S:</b>										
<b>NO. OF CHILDREN IN FAMILY</b>										
<b>IS PUPIL 1<sup>ST</sup>/2<sup>ND</sup>/3<sup>RD</sup>?</b>										
<b>SIBLINGS PRESENTLY AT SWEET VALLEY:</b>	1.					<b>IN CLASS:</b>				
	2.					<b>IN CLASS:</b>				

**HOME ADDRESS:** .....

..... **CODE:** .....

**HOME TEL.NO.:** ..... **CELL NO.(HOME):** .....

**HOME EMAIL ADDRESS:** .....

**LEARNER ACADEMIC INFORMATION**

<b>PRESENT SCHOOL:</b>	<b>GRADE:</b>
<b>SCHOOL ADDRESS:</b>	<b>CODE:</b>
<b>LANGUAGE MEDIUM OF SCHOOL:</b>	
<b>HIGHEST GRADE PASSED:</b>	<b>GRADE:                      YEAR:</b>
<b>SCHOOL/S ATTENDED IN THE PAST: (PLEASE STATE YEAR AND GRADE)</b>	
<b>LEARNING DISABILITIES FOR WHICH PUPIL HAS RECEIVED THERAPY (IF APPLICABLE):</b>	

**MEDICAL INFORMATION REGARDING LEARNER**

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 , Poliomylitis , 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:**

<b>FULL NAMES AND SURNAME</b>													
<b>OCCUPATION:</b>													
<b>IDENTITY NUMBER:</b>													
<b>PASSPORT NO.(IF FOREIGN CITIZEN)</b>													
<b>S A CITIZEN (YES/NO):</b>	<b>(IF NO) GIVE NATIONALITY:</b>												
<b>HOME ADDRESS:</b>													<b>CODE:</b>
<b>POSTAL ADDRESS:</b>													<b>CODE:</b>
<b>TEL.NUMBERS: HOME:</b>	<b>WORK NO.:</b>			<b>CELL:</b>									
<b>EMAIL ADDRESS:</b>													
<b>NAME &amp; ADDRESS OF EMPLOYER:</b>													

**MOTHER:**

<b>FULL NAMES AND SURNAME</b>													
<b>OCCUPATION:</b>													
<b>IDENTITY NUMBER:</b>													
<b>PASSPORT NO.(IF FOREIGN CITIZEN)</b>													
<b>S A CITIZEN (YES/NO):</b>	<b>(IF NO) GIVE NATIONALITY:</b>												
<b>HOME ADDRESS:</b>													<b>CODE:</b>
<b>POSTAL ADDRESS:</b>													<b>CODE:</b>
<b>TEL.NUMBERS: HOME:</b>	<b>WORK NO.:</b>			<b>CELL:</b>									
<b>EMAIL ADDRESS:</b>													
<b>NAME &amp; 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>FULL NAMES AND SURNAME</b>	
<b>OCCUPATION:</b>	
<b>S A CITIZEN (YES/NO):</b>	<b>(IF NO) GIVE NATIONALITY:</b>
<b>HOME ADDRESS:</b>	<b>CODE:</b>
<b>POSTAL ADDRESS:</b>	<b>CODE:</b>
<b>TEL.NUMBERS: HOME:</b>	<b>WORK NO.: CELL:</b>
<b>NAME &amp; 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? .....

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

<b>RELATIONSHIP TO LEARNER</b>	
<b>TITLE AND FULL NAME</b>	
<b>ADDRESS:</b>	
<b>TELEPHONE NUMBER:</b>	

WILL YOU BE REQUIRING AFTER CARE FACILITIES? : YES / NO (If YES, please complete an After Care application form and hand 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

.....  
NAME IN PRINT

STATE WHETHER FATHER, MOTHER OR GUARDIAN: .....

DATE OF APPLICATION: .....