

Southernwood Primary School

63 St. Peter's Road - Southernwood - East London - 5201
Telephone: 043 722 5248 email: secretary@swoodps.co.za

Year	Grade

APPLICATION FOR ADMISSION

Admission Number	Adr	nitted t	o Grade	Date of Admission		
Transfer Form	Y	l N	FAL	Afrik	Xhosa	

Personal Information of the Learner who is being registered at the School:

Surname	A STATE OF THE STA	1.0					
First Name(s)							
Identity Number/Passpor	rt Number	- 14 (4					
Place of Birth							
Date of Birth:			Day		Month	Year	
Gender (x appropriate bo	ox)	20 14	Male	Female			
Population Group (for sta	atistical purposes)	213				4	
Nationality		100				7/2	
Study Permit Number &	Date of Expiry						
Home Language/s							
Dexterity of Learner (Left	or Right Handed)	7					
Religion							
Has your child repeated a	a grade?		If yes, whi	ch grade/s?			
Ni -	*						
Residential Address	Street and Number						
	Suburb						
	City						
	Postal Code						
Postal Address	Box number						
	Suburb			54			
AS IDES TATE	City						
	Postal Code	1					
Who is responsible for ch	ild at above address?						
Name of your Medical Aid		Sevier					
Medical Aid Number		-					
Main Member							
Medical Aid Telephone nu	umber						
Medical Details	i Hulanes é f						
List important illness(as) f or has suffered e.g. Asthn		ffering					
Special Medical Condition	/s (x appropriate box)				If ves. please	give details below:	
Chronic Illness(es)		Yes	No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	
Allergies to Medicine		Yes	No				
Allergies to Food		Yes	No				_
Recent Operations(s)		Yes	No				\neg
Recent Hospitalization (sta	ate reason)	Yes	No				\neg
Disabilities, Paralysis, Cer	ebral Palsy, Autism	Yes	No				$\neg \neg$
List any medication you	r child takes regularly:						$\neg \neg$

	octor:								
Physical Address of Medica					-				
Practice	Suburb								
Na stada talanhana numbor	City	Are	a Code	1		Number	- 0		
Doctor's telephone number		740	<u>a 0000</u>						
Emergency Contact Person	(Not a parent)								
Physical Address	Street								
	Suburb								
Relationship to the learner									
Mobile Phone Number									
Mobile Phone Number 2									
Work Telephone Number	HOLINA W.	Are	a Code			Number			
Work Telephone Wamber	and the second			1					
How will your child get to ar	nd from school?	W	'alk	Bus		Taxi/Contract	В	icycle	Own vehicle
Name of Current/Previous S	School								
Physical Address	Street								
Physical Address									
	Suburb	4	,		-			Code	
	City	4						Codo	
Postal Address	Street								
	Suburb						- 10		
	City						_	Code	
School Telephone Number		Are	ea Code			Number			
School Email Address									
Mobile Phone Number				-					
Position of the Child in the	Family (e.g. firstborn	n, second c	hild)						
List Names and Details of	other Children in the	Family (bro	others and	sisters only)					
	Name of Learner	Age	MAIN	Name of Sc	100	Sta	te the	elationship	(brother or sister)
Out id in the country									
							_		
						,			
				E					
List Names of Children you	receive a Governm	ent Grant f			of Gra	ant (SASSA) To b			III:
	receive a Governm	ent Grant fo		te which type of Grant	of Gra	ant (SASSA) To b		pleted in fu Number	#:
					of Gra	ant (SASSA) To b			
					of Gra	ant (SASSA) To b			ili:
					of Gra	ant (SASSA) To b			ili:
					of Gra	ant (SASSA) To b			ili:
				of Grant	of Gra	ant (SASSA) To b			ili:
Surname of Learner	Name of Learner	Age		of Grant	of Gra	ant (SASSA) To b			ili:
Surname of Learner Language Choice. (x the c	Name of Learner	Age	Туре	of Grant			Grant	Number	
Surname of Learner Language Choice. (x the c	Name of Learner desired second languations are taugh	Age	Туре	of Grant		our child will selec	Grant	Number	
Surname of Learner Language Choice. (x the c	Name of Learner	Age	Туре	of Grant		our child will selec	Grant	Number	

PARTICULARS OF PARENT 1:

Sumame	The result			36				Title	е	
First Name(s)										
Identity Number/Passpor	t Number									
Place of Birth		Town				Cou	intry	T		
Date of Birth:		Day		Мо	nth			Year		
Gender (x appropriate bo	ox)	Male	Female							
Your Marital Status (x ap	propriate block)	Single	Marri	ed	Div	orced	Sepa	rated		Widowed
Population Group (for sta	itistical purposes)									
Nationality										
Home Language/s										
Income Tax Number										
Residential Address	Street and Number									
	Suburb								-	
MELEN VERS	City	1			_					
	Postal Code									
How long have you lived	at this address?									
Postal Address	Box number									
	Suburb									
	City									
	Postal Code									
Personal Mobile phone N	umber	7								
Second Mobile phone Nu	mber			_					_	
Personal e-mail address						19				
Property Owned (x approp	priate block)	Yes		No	1					
Financial Institution (if own	ned)									
Account Holder										
Rented Monthly (x approp	riate block)	Yes		 No						
Name of Landlord									_	
Your Previous Address										
How long did you stay at t	his address?									
Employment Status (x app	propriate block)	Employed	Self-empl	oved	Unem	ployed	Stud	ent		Retired
Name of Current Employe		1	1	-,		.p.oyou 1		1		Tourou
Occupation/Position held									_	
f you are a student, name	of institution									
Employer's Address	Street and Number									-
	Suburb								_	
	City									
	Postal Code									
Vork Telephone Number		Area Code				Numb	per	f		
Vork Mobile Phone Numb	er	1			- E	130171	4-11-		_	
Vork e-mail address										
Commencement Date of E	mployment								-	
low long have you run you										
axi Union Registration Nu										
	d or studying, details of the	Derson respon	sible for the	navm	ent of	school fe	es are	to he co	nmn	leted in the
	section of this application for								νιιή	iotog ili tile

PARTICULARS OF PARENT 2:

Identity Number/Passport Number Place of Birth Date of Birth: Gender (x appropriate box) Your Marital Status (x appropriate block) Population Group (for statistical purposes) Nationality Home Language/s Income Tax Number Residential Address Street and Nu Suburb City Postal Code How long have you lived at this address? Postal Address Box number Suburb	ımber	Town Day Male Single	Fen	male Married	Mont		untry Y Separ	Title	Widowed
Gender (x appropriate box) Your Marital Status (x appropriate block) Population Group (for statistical purposes) Nationality Home Language/s Income Tax Number Residential Address Street and Nu Suburb City Postal Code How long have you lived at this address? Postal Address Box number Suburb	umber	Day Male	Fen			th	Y		Widowed
Place of Birth Date of Birth: Gender (x appropriate box) Your Marital Status (x appropriate block) Population Group (for statistical purposes) Nationality Home Language/s Income Tax Number Residential Address Street and Nu Suburb City Postal Code How long have you lived at this address? Postal Address Box number Suburb	ımber	Day Male	Fen			th	Y		Widowed
Date of Birth: Gender (x appropriate box) Your Marital Status (x appropriate block) Population Group (for statistical purposes) Nationality Home Language/s Income Tax Number Residential Address Street and Nu Suburb City Postal Code How long have you lived at this address? Postal Address Box number Suburb	umber	Day Male	Fen			th	Y		Widowed
Residential Address Street and Nu Suburb City Postal Code How long have you lived at this address? Postal Address Box number Suburb	umber	Male	Fen						Widowed
Your Marital Status (x appropriate block) Population Group (for statistical purposes) Nationality Home Language/s Income Tax Number Residential Address Street and Nu Suburb City Postal Code How long have you lived at this address? Postal Address Box number Suburb	ımber		Fen		1	Divorced	Separ	rated	Widowed
Population Group (for statistical purposes) Nationality Home Language/s Income Tax Number Residential Address Street and Nu Suburb City Postal Code How long have you lived at this address? Postal Address Box number Suburb	ımber	Single		Married		Divorced	Separ	rated	Widowed
Nationality Home Language/s Income Tax Number Residential Address Street and Nu Suburb City Postal Code How long have you lived at this address? Postal Address Box number Suburb	ımber								
Home Language/s Income Tax Number Residential Address Street and Nu Suburb City Postal Code How long have you lived at this address? Postal Address Box number Suburb	umber								
Residential Address Street and Nu Suburb City Postal Code How long have you lived at this address? Postal Address Box number Suburb	ımber								
Residential Address Street and Nu Suburb City Postal Code How long have you lived at this address? Postal Address Box number Suburb	umber								
Suburb City Postal Code How long have you lived at this address? Postal Address Box number Suburb	umber								
City Postal Code How long have you lived at this address? Postal Address Box number Suburb									
How long have you lived at this address? Postal Address Box number Suburb									
How long have you lived at this address? Postal Address Box number Suburb									
Postal Address Box number Suburb									
Suburb									
				- 2					
City									
Postal Code									
Personal Mobile phone Number									
Second Mobile phone Number									
Personal e-mail address									
Property Owned (x appropriate block)		Yes		N	10				
Financial Institution (if owned)									
Account Holder									
Rented Monthly (x appropriate block)		Yes		N	lo				
Name of Landlord				I.S.					
Your Previous Address									
How long did you stay at this address?									
Employment Status (x appropriate block)		Employed	S	Self-emplo	oyed	Unemployed	Stud	dent	Retired
Name of Current Employer/Business						1			
Occupation/Position held									
If you are a student, name of institution									
Employer's Address Street and Nu	umber								
Suburb									
City	entroles								
Postal Code									
Work Telephone Number		Area Coo	de			N	umber		
Work Mobile Phone Number									
Work e-mail address	7								
Commencement Date of Employment									
How long have you run your own business?	1 THE TWO								
Taxi Union Registration Number (taxi drivers									

f currently unemployed or studying, details of the person responsible for the payment of school fees are to be completed in the last section of this application form under Sponsor, and a certified copy of their ID attached.

PARTICULARS OF THE LEGAL GUARDIAN, STEP-PARENT, OR SPONSOR:

PLEASE STATE YOUR RELATIONSHIP TO THE CHILD:	, i	

									$\overline{}$
Surname			5					Title	
First Name(s)									
Identity Number/Passport	t Number								
Place of Birth		Town				Count	ry		
Date of Birth:	and the second second	Day		Moi	nth		Yea	ar	
Gender (x appropriate bo	x)	Male	Female						
our Marital Status (x app	propriate block)	Single	Mar	ried	Divo	orced	Separat	ted	Widowed
Population Group (for stat	tistical purposes)					7			
lome Language/s	The second second								
ncome Tax Number									
Nationality					8				
Residential Address	Street and Number								
	Suburb								
	City								
	Postal Code								
low long have you lived a	at this address?								
ersonal Mobile phone Nu	umber								
econd Mobile phone Nur	mber								
ersonal e-mail address		1.1							
roperty Owned (x approp	priate block)	Yes		No	\top				
inancial Institution (if owr	ned)								
ccount Holder									
ented Monthly (x approp	riate block)	Yes		No					
ame of Landlord									
andlord Telephone Numb	per								
mployment Status (x app	propriate block)	Emplo	yed		Self-e	mployed			Retired
ame of Current Employe	r/Business								
ccupation/Position held		13							
you are a student, name	of institution								
nployer's Address	Street and Number			-					
	Suburb								
	City								
To be with the	Postal Code								
ork Telephone Number		Area Code	. 1			Numbe	, [
ork Mobile Phone Number	er	1							
ork e-mail address	The second second								
ommencement Date of E	mplovment	1						- V	
ow long have you run you									
	imber (taxi drivers only)								

DECLARATION (to be completed in full)	e e
I,	Full name of parent 1
	Full name of parent 2
	Legal Guardian or Sponsor (if applicable)
parent/sponsor of the abovementioned child in respect of am legally entitled to make this application and that the infor- best of my knowledge, complete and correct and I undertake respect of this information.	mation furnished on this application is, to the
I acknowledge and agree that acceptance of this application between the school and myself, the terms and conditions of	
I acknowledge having acquainted myself with the School Radhere to the provisions as stated herein. I undertake to a Rules and Code of Conduct and agree to accept the const	acquaint myself and my child with the School
2. I am aware of the school fees which are presently levied be of the S.A. Schools Act and I undertake to pay the school Body of the school from time to time. I furthermore acknowledgement by failing and/or neglecting to make such payment.	fees as may be determined by the Governing wledge that should I be in breach of this
 a) the Governing Body shall be entitled in terms of Section against me as it may deem fit in this regard. b) fee balances older than three (3) months are handed & Associates. c) I choose as my domicilium citandi et executandi either 	over to debt collection agency, Wilcox
 application. 3. I specifically indemnify Southernwood Primary School and action in the event of a medical emergency such as first air prevent injury, alleviate pain and discomfort and the like. 	l/or its employees against any bona fide
Signed at East London on: (Date)	0
PARENT 1 PARENT 2 Leg	gal Guardian/Sponsor (if applicable)

THE FOLLOWING DOCUMENTATION <u>MUST</u> ACCOMPANY YOUR APPLICATION FORM. ID DOCUMENTS ARE TO BE CERTIFIED.

- * Copy of the <u>unabridged</u> birth certificate (The receipt as proof of application together with abridged Birth Certificate will be accepted until an unabridged certificate is received).
- * Copy of BOTH parent/s ID or Legal Guardian/s ID
- Copy of latest Pre-Primary or Primary School report
- * Proof of immunization
- Proof of receipt of a SASSA Grant
- * Proof of residence PLEASE NOTE: If living on rented property, granny flat or in a family home, a signed affidavit from the owner with contact details, as proof of residence, is required.
- * Proof of employment

SOUTHERNWOOD PS

- * Copy of ID and proof of employment of person responsible for the payment of school fees
- * Copy of death certificate if one or both parent/s are deceased
- * If the person applying is not the **biological parent** of the child, Legal Guardianship documents from Children's Court *or* a sworn affidavit from a biological parent, is required by law.
- * If divorced, please furnish proof of custodian rights (a copy of the divorce order)
- * If your child is not an SA Citizen, a valid Study Permit, Permanent Residency or proof of application thereof must accompany this form.
- * Declaration on the Admission Form is to be signed by both parents/legal guardian/Sponsor
- * An ID photo of your child (optional)
- * Learners transferring from another school must submit a full Transfer Form upon Admission.

Application forms CANNOT be processed without ALL necessary documentation.

orms are to be completed in ink and you will be informed as to application status via SMS

ECLARATION:	<i>I</i> ,			
ARENT 1:		PARENT 2:		
print	full name	8	print full name	9
Legal Guar	rdian / Sponsor			
(if ap	plicable)		print full name	
		ation, which will	ncorrect, Southernwood F be declared null and void	Primary Sch
reserves the r	right to refuse this applica		be declared null and void	-
reserves the i	right to refuse this applica	ation, which will		Primary Sch
RENT 1:signat	right to refuse this applica	ation, which will	be declared null and void	Primary Sch
reserves the factorial	right to refuse this applica	ation, which will	be declared null and void	Primary Sch
reserves the reser	right to refuse this application to refuse this application. ture dian / Sponsor	ation, which will	be declared null and void	Primary Sch
reserves the factorial	right to refuse this application to refuse this application. ture dian / Sponsor	Ation, which will PARENT 2:	be declared null and void. signature print full name	Primary Sch
reserves the ARENT 1: signal Legal Guar (if ap	ture dian / Sponsor plicable)	Ation, which will PARENT 2:	signature print full name	Primary Sch



Southernwood Primary School

63 St. Peter's Road - Southernwood - East London - 5201 - Telephone: 043 722 5248 - email: secretary@swoodps.co.za

CONFIDENTIAL CONDUCT EVALUATION FORM

The referring school is kindly requested to complete this form and email it to: secretary@swoodps.co.za

Learner name and surname:								
Current Grade (may not apply to repe	at the Gr	ade)						
Name of Current School:								
Date of enrolment:								
Reason for transfer:								
Are the parents involved in or sup	portive	of the school? Ye	es/No	8				
Do the parents pay their school fe	ees reg	ularly?						
Please indicate your annual scho	ol fee a	mount:						
Amount outstanding for the current	nt year:							
School fee exemption (Public School	ols only)		2.					
SKLLS: Please rate the learner on a scale		to 5 in terms of t	he follo	wing: 5 = Exce	ellent 4 = Goo	od 3 = Average 2 = Weak		
WORK SKI	щэ		-	If	SOCIAL SIN			
Concentration				elf-control	II.			
Independence	-			ense of responsibil				
Follows instructions			_	eraction with frien				
Completion of tasks		P	_	eneral behaviour				
Ability to understand English			_	Respect for elders				
Study habits (Gr. 1-7)			-	Appearance Obedience to code of conduct				
Reading ability (Gr. 1-7)			Ot	pedience to code o	of conduct			
SCHOOL LIFE: Please in	ndicate	which sport or oth	ner activ	vities the learner is	s involved in:			
SPORT/ACTIVITY		GOOD		AVERAG	E	poor		
,								
We	-			Recomme	nd	Do not Recommend		
				RECOMME	i U	DOTION ROCOTTINO IN		
Please elaborate:								
Principal name								
Principal signature				-		School Stamp		
Date			96					