



Southernwood Primary School

63 St. Peter's Road - Southernwood - East London - 5201

Telephone: 043 722 5248 email: secretary@swoodps.co.za

Year	Grade
2027	

OFFICE USE ONLY

Admission Number	Admitted to Grade			Date of Admission	
Transfer Form	Y	N	FAL	Afrik	Xhosa

APPLICATION FOR ADMISSION

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

Surname						
First Name(s)						
Identity Number/Passport Number						
Place of Birth						
Date of Birth:		Day		Month		Year
Gender (x appropriate box)		Male	Female			
Population Group (for statistical purposes)						
Nationality						
Study Permit Number & Date of Expiry						
Home Language/s						
Dexterity of Learner (Left or Right Handed)						
Religion						
Has your child repeated a grade?		If yes, which grade/s?				

Residential Address	Street and Number	
	Suburb	
	City	
	Postal Code	
Postal Address	Box number	
	Suburb	
	City	
	Postal Code	
Who is responsible for child at above address?		

Name of your Medical Aid	
Medical Aid Number	
Main Member	
Medical Aid Telephone number	

Medical Details			
List important illness(as) from which the pupil is suffering or has suffered e.g. Asthma, Epilepsy, TB			
Special Medical Condition/s (x appropriate box)		If yes, please give details below:	
Chronic Illness(es)	Yes	No	
Allergies to Medicine	Yes	No	
Allergies to Food	Yes	No	
Recent Operations(s)	Yes	No	
Recent Hospitalization (state reason)	Yes	No	
Disabilities, Paralysis, Cerebral Palsy, Autism	Yes	No	
List any medication your child takes regularly:			

Full name of Your Family Doctor:					
Physical Address of Medical Practice	Street				
	Suburb				
	City				
Doctor's telephone number		Area Code		Number	

Emergency Contact Person (Not a parent)					
Physical Address	Street				
	Suburb				
	City				
Relationship to the learner					
Mobile Phone Number					
Mobile Phone Number 2					
Work Telephone Number		Area Code		Number	

How will your child get to and from school?	Walk	Bus	Taxi/Contract	Bicycle	Own vehicle
---	------	-----	---------------	---------	-------------

Name of Current/Previous School					
Physical Address	Street				
	Suburb				
	City		Code		
Postal Address	Street				
	Suburb				
	City		Code		
School Telephone Number		Area Code		Number	
School Email Address					
Mobile Phone Number					

Position of the Child in the Family (e.g. firstborn, second child)				
List Names and Details of other Children in the Family (brothers and sisters only)				
Surname of Learner	Name of Learner	Age	Name of School	State the relationship (brother or sister)

List Names of Children you receive a Government Grant for, and state which type of Grant (SASSA) To be Completed in full:				
Surname of Learner	Name of Learner	Age	Type of Grant	Grant Number

Language Choice. (x the desired second language)	
Afrikaans and isiXhosa are taught as second languages. From Grade 4 your child will select only one second language.	
Afrikaans	isiXhosa

In the case of a divorce, state who has legal custody of the child:	Father	Mother	Joint Custody
---	--------	--------	---------------

PARTICULARS OF PARENT 1:

Surname						Title	
First Name(s)							
Identity Number/Passport Number							
Place of Birth		Town				Country	
Date of Birth:		Day		Month		Year	
Gender (x appropriate box)		Male		Female			
Your Marital Status (x appropriate block)		Single		Married		Divorced	
						Separated	
						Widowed	
Population Group (for statistical purposes)							
Nationality							
Home Language/s							
Income Tax Number							
Residential Address		Street and Number					
		Suburb					
		City					
		Postal Code					
How long have you lived at this address?							
Postal Address		Box number					
		Suburb					
		City					
		Postal Code					
Personal Mobile phone Number							
Second Mobile phone Number							
Personal e-mail address							
Property Owned (x appropriate block)		Yes		No			
Financial Institution (if owned)							
Account Holder							
Rented Monthly (x appropriate block)		Yes		No			
Name of Landlord							
Your Previous Address							
How long did you stay at this address?							
Employment Status (x appropriate block)		Employed		Self-employed		Unemployed	
						Student	
						Retired	
Name of Current Employer/Business							
Occupation/Position held							
If you are a student, name of institution							
Employer's Address		Street and Number					
		Suburb					
		City					
		Postal Code					
Work Telephone Number		Area Code				Number	
Work Mobile Phone Number							
Work e-mail address							
Commencement Date of Employment							
How long have you run your own business?							
Taxi Union Registration Number (taxi drivers only)							
<p>If 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.</p>							

PARTICULARS OF PARENT 2:

Surname						Title	
First Name(s)							
Identity Number/Passport Number							
Place of Birth		Town				Country	
Date of Birth:		Day		Month		Year	
Gender (x appropriate box)		Male	Female				
Your Marital Status (x appropriate block)		Single	Married	Divorced	Separated	Widowed	
Population Group (for statistical purposes)							
Nationality							
Home Language/s							
Income Tax Number							
Residential Address	Street and Number						
	Suburb						
	City						
	Postal Code						
How long have you lived at this address?							
Postal Address	Box number						
	Suburb						
	City						
	Postal Code						
Personal Mobile phone Number							
Second Mobile phone Number							
Personal e-mail address							
Property Owned (x appropriate block)		Yes	No				
Financial Institution (if owned)							
Account Holder							
Rented Monthly (x appropriate block)		Yes	No				
Name of Landlord							
Your Previous Address							
How long did you stay at this address?							
Employment Status (x appropriate block)		Employed	Self-employed	Unemployed	Student	Retired	
Name of Current Employer/Business							
Occupation/Position held							
If you are a student, name of institution							
Employer's Address	Street and Number						
	Suburb						
	City						
	Postal Code						
Work Telephone Number		Area Code		Number			
Work Mobile Phone Number							
Work e-mail address							
Commencement Date of Employment							
How long have you run your own business?							
Taxi Union Registration Number (taxi drivers only)							
<p>If 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.</p>							

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

PLEASE STATE YOUR RELATIONSHIP TO THE CHILD:

--

Surname					Title		
First Name(s)							
Identity Number/Passport Number							
Place of Birth	Town				Country		
Date of Birth:	Day		Month		Year		
Gender (x appropriate box)	Male	Female					
Your Marital Status (x appropriate block)	Single	Married	Divorced	Separated	Widowed		
Population Group (for statistical purposes)							
Home Language/s							
Income Tax Number							
Nationality							
Residential Address	Street and Number						
	Suburb						
	City						
	Postal Code						
How long have you lived at this address?							
Personal Mobile phone Number							
Second Mobile phone Number							
Personal e-mail address							
Property Owned (x appropriate block)	Yes	No					
Financial Institution (if owned)							
Account Holder							
Rented Monthly (x appropriate block)	Yes	No					
Name of Landlord							
Landlord Telephone Number							
Employment Status (x appropriate block)	Employed		Self-employed		Retired		
Name of Current Employer/Business							
Occupation/Position held							
If you are a student, name of institution							
Employer's Address	Street and Number						
	Suburb						
	City						
	Postal Code						
Work Telephone Number	Area Code			Number			
Work Mobile Phone Number							
Work e-mail address							
Commencement Date of Employment							
How long have you run your own business?							
Taxi Union Registration Number (taxi drivers only)							

The person completing this section as the school fee Sponsor is to attach a certified copy of his/her ID as well as proof of employment.

DECLARATION *(to be completed in full)*

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 whom this application is made, declare that I am legally entitled to make this application and that the information furnished on this application is, to the best of my knowledge, complete and correct and I undertake to inform the school of any changes in respect of this information.

I acknowledge and agree that acceptance of this application will result in a valid and binding agreement between the school and myself, the terms and conditions of which agreement shall be as follows:

1. I acknowledge having acquainted myself with the School Policy regarding Admission and undertake to adhere to the provisions as stated herein. I undertake to acquaint myself and my child with the School Rules and Code of Conduct and agree to accept the consequences of a breach of such rules.
2. I am aware of the school fees which are presently levied by the Governing Body in terms of Section 9 of the S.A. Schools Act and I undertake to pay the school fees as may be determined by the Governing Body of the school from time to time. I furthermore acknowledge that should I be in breach of this agreement by failing and/or neglecting to make such payment of such school fees:
 - a) the Governing Body shall be entitled in terms of Section 40 of the SA School's Act is to take action against me as it may deem fit in this regard.
 - b) fee balances older than three (3) months are handed over to debt collection agency, **Wylde Attorneys.**
 - c) I choose as my domicilium citandi et executandi either of the addresses referred to in this application.
3. I specifically indemnify Southernwood Primary School and/or its employees against any bona fide action in the event of a medical emergency such as first aid administered and all bona fide attempt to prevent injury, alleviate pain and discomfort and the like.

Signed at East London on: (Date) / / 20.....

PARENT 1 PARENT 2 Legal Guardian/Sponsor (if applicable)



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

Learner name and surname:	
Current Grade (may not apply to repeat the Grade)	
Name of Current School:	
Date of enrolment:	
Reason for transfer:	
Are the parents involved in or supportive of the school? Yes/No	
Do the parents pay their school fees regularly?	
Please indicate your annual school fee amount:	
Amount outstanding for the current year:	
School fee exemption (partial/full)	

SKILLS:

Please rate the learner on a scale from 1 to 5 in terms of the following:

5 = Excellent 4 = Good 3 = Average 2 = Weak

WORK SKILLS		SOCIAL SKILLS	
Concentration		Self-control	
Independence		Sense of responsibility	
Follows instructions		Interaction with friends	
Completion of tasks		General behaviour	
Ability to understand English		Respect for elders	
Study habits		Appearance	
Reading ability		Obedience to code of conduct	

SCHOOL LIFE: Please indicate which sport or other activities the learner is involved in:

SPORT/ACTIVITY	GOOD	AVERAGE	POOR
We	Recommend		Do not Recommend
Please elaborate:			

Principal name		School Stamp
Principal signature		
Date		

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