



APPLICATION FOR ENROLMENT & RE-ENROLMENT

PLEASE USE BLACK INK AND PRINT CLEARLY IN THE BLOCKS PROVIDED

1. LEARNER'S DETAILS:

Office Use

Admission Number:

--	--	--	--	--	--	--	--	--	--

Receipt Number for Admin Fee:

--	--	--	--	--	--	--	--	--	--

Application for Grade: _____

Application for year: _____

Family Surname: _____

Child's highest grade completed: _____

Child's Surname: _____

Child's Name: _____

Date of Birth:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

I.D.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child's Home Address: _____

Gender: _____

Distance from School: _____ km

Home Language: _____

Ethnic Group: _____

Position in family (e.g. first born): _____

Religion: _____

Citizenship: _____

2. PARENT/GUARDIAN DETAILS:

Parents Deceased (Tick applicable):

Mother	Father	Both	None
--------	--------	------	------

Details of Father/ Male Guardian										Details of Mother/ Female Guardian																													
Surname:										Surname:																													
Name:										Name:																													
I.D. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				I.D. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																			
Occupation:										Occupation:																													
Company:										Company:																													
Phone (H): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				Phone (H): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																			
Phone (W): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				Phone (W): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																			
Cell No.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				Cell No.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																			
E-mail: _____										E-mail: _____																													
Marital Status:										Marital Status:																													
Lives in area: Yes <input type="checkbox"/>					No <input type="checkbox"/>					Lives in area: Yes <input type="checkbox"/>					No <input type="checkbox"/>																								
Works in area: Yes <input type="checkbox"/>					No <input type="checkbox"/>					Works in area: Yes <input type="checkbox"/>					No <input type="checkbox"/>																								

3. ADDRESS:

Residential Address: _____

Suburb: _____ Town: _____ Code: _____

Postal Address: _____

Suburb: _____

Town/City: _____ Code: _____

4. SIBLINGS IN SCHOOL (IF ANY):

1	_____	in Grade	_____
2	_____	in Grade	_____
3	_____	in Grade	_____

5. DETAILS OF PREVIOUS SCHOOL:

Name of School: _____

Contact Number: _____

6. MEDICAL DETAILS:

Medical Aid Name: _____ Medical Aid Number: _____

Main Member: _____ Family Doctor Name: _____

Doctor's Number: _____

Health Problems (If any): _____

Allergies and Dietary requirements: _____

7. ALTERNATIVE CONTACT DETAILS (If parents cannot be reached):

1. Name and Surname: _____

Relationship to child: _____

Contact Number: _____

2. Name and Surname: _____

Relationship to child: _____

Contact Number: _____

Where did you hear about us?	
1. Word of mouth	<input type="checkbox"/>
2. Social media	<input type="checkbox"/>
3. Website	<input type="checkbox"/>
4. Advertising digital/Newspaper	<input type="checkbox"/>

8. ACCOUNT INFORMATION:

Person responsible for School Fee Account:

Name: _____

I.D.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address: _____

Cell No: _____

Email:

--

Bank: _____

Account Name: _____

Branch: _____

Account type: _____

Account number: _____

As per our current admission terms and conditions, and in compliance with the National Credit Act 34 of 2005, the school will conduct a credit enquiry on the parents, guardian or payer for the purpose of setting a limit to services provided.

I, parent/guardian of the above mentioned learner/s acknowledge that the information provided above is true and accurate and accept the terms and conditions of this application.

Signed (Father/Guardian): _____

Date:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Signed at: _____

Signed (Mother/Guardian): _____

Date:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Signed at: _____

9. Documents required with application form

Tick box

1.	Once accepted, parents have 10 days to pay the R500 (that forms part of the registration fee) to secure a place. The remainder of the registration fee of R1500 and the first month's school fee must be paid in full prior to the learner attending school.	
2.	Fee account from the last school / Final school statement	
3.	Copy of child's birth certificate	
4.	Copy of child's immunisation Card or Clinic Card (please make sure it is updated)	
5.	Copy of both Parent's / Guardians identity documents	
6.	Latest school report	



34 Umkomaas Road, Dalpark, Brakpan



www.dalparkprivate.co.za



admissions@dalparkprivate.co.za



011 915 5700