



Date of Application _____

Name of Child _____

Date of Birth _____

Date to Start _____



**ID PHOTO OF
CHILD**

Grade applied for:

Pre-School

Turning 3 in
year
Toddlers

3 - 4 yrs
RRR

4 – 5 yrs
RR

5 - 6 yrs
R

Pre-School hours:	Half Day	Full Day
<p>Half day strictly to 13h00 – <i>Leeway is given to children who have siblings in the Primary School</i></p> <p>Full Day – Gates close strictly at 17h30</p> <p>Gr R closes at 13h45</p>		

Primary School	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7
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After Care Facility	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7
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MOST IMPORTANT

This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents are attached.

	CEMIS Transfer Document once available	Copy of Parents'/Legal Guardians' ID Documents
	Copy of PUPIL's FINAL Progress Report once available	If parents are divorced, copy of Court Order
	Copy of PUPIL's latest Progress Report	Copy of Proof of Residence i.e. Utility Bill
	Copy of PUPIL's Birth Certificate/ID Document	Financial Clearance Doc completed by previous school
	Copy of PUPIL's Vaccination Records if available	Proof of Payment for enrolment fee
	Copy of PUPIL's Residence/Study Permit, if foreign	

SECTION 1 : PUPIL'S PERSONAL DETAILS

FULL NAMES AS ON BIRTH CERTIFICATE/ID DOCUMENT

SURNAME _____

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PREFERRED NAME _____

IDENTITY NUMBER

DATE OF BIRTH Y Y Y Y M M D D

AGE _____

GENDER MALE FEMALE

HOME AND OTHER SPOKEN LANGUAGE/S HOME _____ OTHER _____

LANGUAGE/S OF LEARNING AND TEACHING FIRST _____ SECOND _____

NUMBER OF CHILDREN IN FAMILY _____ POSITION OF CHILD IN FAMILY _____

NATIONALITY _____ COUNTRY OF ORIGIN _____ DATE OF IMMIGRATION _____

RACE

<input type="checkbox"/> ASIAN	<input type="checkbox"/> AFRICAN	<input type="checkbox"/> COLOURED	<input type="checkbox"/> INDIAN	<input type="checkbox"/> WHITE	<input type="checkbox"/> OTHER
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RELIGION _____ RESIDENCE

<input type="checkbox"/> PARENTS	<input type="checkbox"/> GUARDIANS	<input type="checkbox"/>
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TRANSPORT TO/FROM SCHOOL

<input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> MOTORBIKE	<input type="checkbox"/> BUS	<input type="checkbox"/> TAXI	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> WALK
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SECTION 2 : PUPIL'S EDUCATION DETAILS

CURRENT SCHOOL _____ PREVIOUS SCHOOL _____

ADDRESS _____ ADDRESS _____

_____ CODE _____ CODE _____

TEL NO CODE _____ TEL NO CODE _____

PRINCIPAL _____ PRINCIPAL _____

LAST GRADE PASSED _____ YEAR _____ GRADE/S REPEATED _____

HAS ADMISSION TO ANY OTHER SCHOOL/S EVER BEEN REFUSED? IF YES, PLEASE STATE REASON.

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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REASON _____

ACADEMIC ACHIEVEMENTS

EXTRACURRICULAR ACHIEVEMENTS

OTHER ACHIEVEMENTS

SECTION 3 : DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

SURNAME _____ FULL NAMES _____

RELATIONSHIP _____

TEL HCODE _____ TEL WCODE _____ CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

SECTION 4 : SOCIAL MEDIA

I/We agree that photographs of my/our children may be taken and placed on our Website/Social Media Page (Facebook/Slide shows/Whatsapp, etc)

 Yes No

SECTION 5 : DETAILS OF ACCOUNT HOLDER

SURNAME _____ FULL NAMES AS IN ID DOCUMENT _____

DESIGNATION _____

MR	MRS	MS	MISS	DR	REV	PROF	OTHER		
----	-----	----	------	----	-----	------	-------	--	--

IDENTITY NUMBER _____

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

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS _____ WORK ADDRESS _____ POSTAL ADDRESS _____

_____ CODE _____ CODE _____ CODE

TEL HCODE _____ TEL W CODE _____ CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS

PUPIL LIVING WITH PARENT/S	PUPIL'S LEGAL GUARDIAN	ACCESS RIGHTS TO PUPIL	ACCESS RIGHTS IN AN EMERGENCY ONLY
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DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

1 NAME _____ GR _____ 2 NAME _____ GR _____

3 NAME _____ GR _____ 4 NAME _____ GR _____

PAYMENT OPTION

MONTHLY CARD FACILITY

No of children in family Position of child in family

SECTION 6 : DETAILS OF SPOUSE/LEGAL GUARDIAN

SURNAME _____ FULL NAMES AS IN ID DOCUMENT _____

DESIGNATION _____

MRS	MS	MISS	DR	REV	PROF	OTHER		
-----	----	------	----	-----	------	-------	--	--

IDENTITY NUMBER _____

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

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS _____ WORK ADDRESS _____ POSTAL ADDRESS _____

_____ CODE _____ CODE _____ CODE

TEL HCODE _____ TEL W CODE _____ CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS

PUPIL LIVING WITH PARENT/S	PUPIL'S LEGAL GUARDIAN	ACCESS RIGHTS TO PUPIL	ACCESS RIGHTS IN AN EMERGENCY ONLY
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SECTION 7 : PUPIL'S MEDICAL DETAILS

BLOOD TYPE

O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN
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FAMILY DOCTOR NAME _____ TEL NO _____
 ADDRESS _____ CODE _____

MEDICAL AID NAME _____ MEMBER NUMBER _____
 MAIN MEMBER MAIN MEMBER
 INITIALS AND SURNAME _____ ID NUMBER _____
 OPTION _____

HAS THE PUPIL RECEIVED ALL THE NECESSARY IMMUNISATIONS? IF NO, PLEASE STATE REASON.

YES	NO
-----	----

REASON _____

HAS THE PUPIL SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE INDICATE WITH AN X.

<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	ENTERIC FEVER	<input type="checkbox"/>	MEASLES	<input type="checkbox"/>	SCARLET FEVER
<input type="checkbox"/>	CHICKEN POX	<input type="checkbox"/>	GERMAN MEASLES	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	TICKBITE FEVER
<input type="checkbox"/>	DIABETES	<input type="checkbox"/>	HEPATITIS	<input type="checkbox"/>	POLIO	<input type="checkbox"/>	TYPHOID FEVER
<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	MALARIA	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	WHOOPING COUGH

DOES THE PUPIL SUFFER FROM ANY ALLERGIES?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

DOES THE PUPIL HAVE ANY SPECIAL MEDICAL NEEDS?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

DOES OR HAS THE PUPIL SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

IS THE PUPIL RECEIVING MEDICAL TREATMENT FOR ANY CONDITION?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

IS OR HAS THE PUPIL SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS AND ATTACH REPORT _____

HAS THE PUPIL HAD ANY OPERATIONS?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS. _____

DEXTRITY OF CHILD

Righthanded

Lefthanded

SECTION 8 : PUPIL'S MEDICAL DETAILS - CONSENT

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE PUPIL'S RECORDS. THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

I, _____ BEING THE PARENT/LEGAL GUARDIAN OF _____
 HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY TREATMENT AS MAY BE NECESSARY.

 FATHER / LEGAL GUARDIAN

 MOTHER / LEGAL GUARDIAN

 DATE

SECTION 9 : DETAILS OF BIOLOGICAL MOTHER / FATHER IN CASE OF DIVORCE

COMPLETE ONLY IF PARENT DOES NOT LIVE WITH PUPIL.

SURNAME	FULL NAMES AS IN ID DOCUMENT																						
DESIGNATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">MRS</td> <td style="width: 10%;">MS</td> <td style="width: 10%;">MISS</td> <td style="width: 10%;">DR</td> <td style="width: 10%;">REV</td> <td style="width: 10%;">PROF</td> <td style="width: 10%;">OTHER</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>			MRS	MS	MISS	DR	REV	PROF	OTHER													
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SECTION 10 : SIGNATURE OF PARENTS/LEGAL GUARDIAN AND/OR ACCOUNT HOLDER

The School expects parents to abide by all the school policies and co-operate with teachers and administrators. The School also expects parents to require their children to uphold the Code of Conduct of West View College

Signature of both parents/guardians:

1 _____
FATHER / LEGAL GUARDIAN

Date: _____

2: _____
MOTHER/LEGAL GUARDIAN

Date: _____