



ADMISSION FORM 2021

OFFICE NOTES:

LEARNER INFORMATION

GRADE APPLICATION:		HIGHEST GRADE ACHIEVED:		YEAR OF HIGHEST GRADE ACHIEVED:	
SURNAME:			FULL NAMES:		
INITIALS:		BIRTH DATE: YYYY-MM-DD		RELIGION:	
GENDER:	MALE	FEMALE	ETHNIC GROUP		
COUNTRY OF ORIGIN:		SOUTH - AFRICA	OTHER (SPECIFY)		
IDENTITY NUMBER:			PASSPORT NUMBER (IF APPLICABLE):		
PHYSICAL ADDRESS:			POSTAL ADDRESS		Same as Physical Address?
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-----			-----		
-----			-----		
PROVINCE:			PROVINCE:		
COUNTRY:			COUNTRY:		
POSTAL CODE:					
POSTAL CODE:					
DISTANCE FROM HOME TO SCHOOL:		0 – 5km	5 – 10km	10 – 20km	20km +
HOME LANGUAGE:			PARENTS DECEASED:	BOTH	MOTHER
HOME LANGUAGE:			PARENTS DECEASED:	BOTH	MOTHER
NAME OF PREVIOUS SCHOOL:				CONTACT NUMBER:	
MEDICAL AID NAME:			DOCTOR:		
MAIN MEMBER:			DOCTOR TELEPHONE NUMBER:		
MEDICAL AID NUMBER:			MEDICAL CONDITION:		
SPECIAL PROBLEMS REQUIRING COUNCELLING:					
NUMBER OF CHILDREN IN FAMILY:			POSITION OF CHILD IN FAMILY:		
NUMBER OF OTHER CHILDREN IN VAAL TRIANGLE PRIMARY:					

DETAILS OF OTHER CHILDREN IN THE SCHOOL:

DETAILS OF OTHER CHILDREN IN THE SCHOOL:			
NAME:	GRADE:	CLASS:	POSITION:
NAME:	GRADE:	CLASS:	POSITION:
NAME:	GRADE:	CLASS:	POSITION:
NAME:	GRADE:	CLASS:	POSITION:

PERSONAL DETAILS PARENT 1 \ PRIMARY GUARDIAN

SURNAME:

FULL NAMES:

RELATIONSHIP WITH CHILD

MOTHER

FATHER

OTHER (SPECIFY):

INITIALS:

BIRTH DATE: YYYY-MM-DD

RELIGION:

ETHNIC GROUP:

AFRICAN

COLOURED

INDIAN

WHITE

CITIZENSHIP:

SOUTH - AFRICA

OTHER (SPECIFY)

MARITAL STATUS:

MARRIED

DIVORCED

SEPERATED

NEVER MARRIED

WIDOW \ ER

IDENTITY NUMBER:

PASSPORT NUMBER (IF APPLICABLE):

HOME LANGUAGE:

PHYSICAL ADDRESS:

POSTAL ADDRESS

Same as Physical Address?

PROVINCE:

PROVINCE:

COUNTRY:

COUNTRY:

POSTAL CODE:

POSTAL CODE:

STAYS IN THE AREA (within 10km)

YES

NO

WORKS IN THE AREA (within 10km)

YES

NO

OCCUPATION:

EMPLOYER:

WORK ADDRESS:

EMAIL ADDRESS:

HOME PHONE:

WORK PHONE:

MOBILE NUMBER:

MOBILE NUMBER 2 (IF APPLICABLE)

WHATSAPP NUMBER (if different from mobile number):

PERSONAL DETAILS PARENT 2 \ SECONDARY GUARDIAN

SURNAME:

FULL NAMES:

RELATIONSHIP WITH CHILD

MOTHER

FATHER

OTHER (SPECIFY):

INITIALS:

BIRTH DATE: YYYY-MM-DD

RELIGION:

ETHNIC GROUP:

AFRICAN

COLOURED

INDIAN

WHITE

CITIZENSHIP:

SOUTH - AFRICA

OTHER (SPECIFY)

MARITAL STATUS:

MARRIED

DIVORCED

SEPERATED

NEVER MARRIED

WIDOW \ ER

IDENTITY NUMBER:

PASSPORT NUMBER (IF APPLICABLE):

HOME LANGUAGE:

PHYSICAL ADDRESS:				POSTAL ADDRESS				Same as Physical Address?	
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-----				-----					
-----				-----					
PROVINCE:				PROVINCE:					
COUNTRY:				COUNTRY:					
POSTAL CODE:									
POSTAL CODE:									
STAYS IN THE AREA (within 10km)			YES	NO	WORKS IN THE AREA (within 10km)			YES	NO
OCCUPATION:				EMPLOYER:					
WORK ADDRESS:				EMAIL ADDRESS:					
HOME PHONE:				WORK PHONE:					
MOBILE NUMBER:				MOBILE NUMBER 2 (IF APPLICABLE)					
WHATSAPP NUMBER (if different from mobile number):									
<u>ALTERNATIVE CONTACT DETAILS</u>									
NAME & SURNAME:									
RELATIONSHIP:					CONTACT NUMBER:				
<u>ACCOUNT HOLDER DETAILS</u>									
ACCOUNT HOLDER:		PARENT 1 \ PRIMARY GUARDIAN					PARENT 2 \ SECONDARY GUARDIAN		
DATE OF SALARY:									

I, the undersigned, hereby declare that all the information furnished by me to be true and correct. I will inform the school of any changes with regards to the information given. I will supply the school with a copy of all the documents as listed below. Failing to do so, will result in my child not being accepted at Vaal Triangle Primary School and I will forfeit the Registration fees. **Registration fees paid to the school are non-refundable. No Registration fee refunds will be made regardless if your child attends the school or not.** I also agree that I am responsible to pay all fees to the school by the due dates and acknowledge and agree that should I fail to pay fees by due dates, interest as well as extra charges will be added to my account and I will be liable to pay ALL fees. **I as parent/guardian hereby give permission for Vaal Triangle Primary School to use photos or videos of my child for marketing purposes.** I give the management of The Vaal Triangle Primary School permission to do verification checks on my address, employment and property owned whenever deemed necessary.

SIGNATURE (FATHER / GUARDIAN)

SIGNATURE (MOTHER / GUARDIAN)

DATE

DATE

PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS WITH THE ADMISSION FORM

1. Birth Certificate	Y	N
2. Copy of Immunisation Records (Only applicable for Grade RR to 1)	Y	N
3. Proof of Address	Y	N
4. Copy of ID (Primary Guardian)	Y	N
5. Copy of ID (Secondary Guardian)	Y	N
6. Bank Statement (3 months)	Y	N
7. Progress Report from previous school (Grade 1 to 7 Applicants)	Y	N
8. Medical Aid Card (if applicable)	Y	N