



APPLICATION FORM

Applying for Grade _____ in the year _____.

LEARNER DETAILS:

Surname:						
Name:						
ID:				Birthday:		
Gender:	Male	Female	Home language:		Race:	

(Unfortunately, race is required by the Education Department)

Person involved with the learner who is mostly available to be contacted:

Name & Surname:			
Contact Number:		Relation to the learner:	
Email address:			

DOCUMENTS REQUIRED – COMPULSORY

	Application form – Please fill in EVERYTHING and write CLEARLY.
	Learner evaluation form – to be completed by the previous school.
	The learner's birth certificate .
	Latest school report from the previous school.
	The Transfer Letter from the previous school (not compulsory for Grade 1 learners).
	ID documents of parents/guardians. If a parent/guardian is deceased, please provide us with a death certificate.
	Proof of income of PERSON RESPONSIBLE for paying the school fees – salary slip or bank statement of the person responsible for paying fees.
	Proof of address of PERSON RESPONSIBLE for paying the school fees.
	Proof of address of PERSON WHERE LEARNER is/will be staying while at New Garden School.
	Copy of the FULL clinic card/vaccination records .
	Colour ID Photo of learner

All Documents submitted: Yes / No

Received by: _____

Date: _____

LEARNER MEDICAL & OTHER IMPORTANT INFORMATION

Medical Aid: _____
Medical Aid No: _____
Medical Aid Main Member: _____
Relationship to Learner: _____

Doctor's Name: _____ Phone No: _____

Medical Conditions: _____
Chronic Medications: _____
Allergies: _____

Has the learner received counselling in the past that we should be aware of? YES / NO

If yes, please give a brief explanation of the circumstances or challenges that brought on the need for counselling. **(Please note that this information remains confidential, and the aim is for us to understand the learner better.)**

Dexterity of Learner: Right-Handed _____ Left-Handed _____ Ambidextrous _____

Deceased Parent: Mother _____ Father _____

SIBLINGS / FAMILY

Number of children at New Garden School: _____

Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____

WHO IS ACTIVE IN THE LEARNER'S DAILY LIFE – DAY TO DAY LIVING? (If not, please provide a reason)

			If not, what is the reason?
Father:	YES	NO	
Mother:	YES	NO	
Grandparents:	YES	NO	
Uncle/Aunt:	YES	NO	
Siblings:	YES	NO	
Guardian:	YES	NO	

PERSON LEARNER LIVES WITH

Surname:		Title:	
First Name:		Gender	
Home Language:		Birthday:	
ID Number:		Relation:	
Passport No: (Foreigner)		Country:	
Address:			
Suburb:		City/Town:	
		Code:	
Home Number/s:			
Cell Number/s:			
Number you use the MOST:			
Email:			
Occupation:			
Employer:		Phone No:	
Employer's address:			
Suburb:		City/Town:	
		Code:	
Marital Status:	Single	Married	Separated
		Divorced	Widowed

PREVIOUS SCHOOL INFORMATION

Name of Previous School:	
Address:	
	Code:
Province the School is in:	
Country the School is in:	
Phone No:	

Has the learner repeated a Grade before? **YES/NO**

If YES, which Grade has been repeated? _____

PERSON RESPONSIBLE FOR PAYING SCHOOL FEES

Surname:		Title:	
First Name:		Gender	
Home Language:		Birthday:	
ID Number:			
Passport No: (Foreigner)		Country:	
Address:			
Suburb:		City/Town:	Code:
Home Number/s:			
Cell Number/s:			
Cell Number you use the MOST:			
Email:			
Occupation:			
Employer:		Phone No:	
Employer's address:			
Suburb:		City/Town:	Code:
Marital Status:	Single	Married	Separated
		Divorced	Widowed

RELATION TO CHILD (1): Mother: ☐ Father: ☐ Guardian: ☐

Surname:		Title:	
First Name:		Gender	
Home Language:		Birthday:	
ID Number:			
Passport No: (Foreigner)		Country:	
Address:			
Suburb:		City/Town:	Code:
Home Number/s:			
Cell Number/s:			
Cell Number you use the MOST:			
Email:			
Occupation:			
Employer:		Phone No:	
Employer's address:			
Suburb:		City/Town:	Code:
Marital Status:	Single	Married	Separated
		Divorced	Widowed

RELATION TO CHILD (2): Mother: ☐ Father: ☐ Guardian: ☐

Surname: First Name: Home Language: ID Number: Passport No: (Foreigner)				Title:		
				Gender		
				Birthday:		
				Country:		
Address:						
Suburb:			City/Town:		Code:	
Home Number/s:						
Cell Number/s:						
Cell Number you use the MOST:						
Email:						
Occupation:						
Employer:				Phone No:		
Employer's address:						
Suburb:			City/Town:		Code:	
Marital Status:	Single	Married	Separated	Divorced	Widowed	

RELATION TO CHILD (3):		Mother: <input type="checkbox"/>	Father: <input type="checkbox"/>	Guardian: <input type="checkbox"/>		
Surname: First Name: Home Language: ID Number: Passport No: (Foreigner)			Title:			
			Gender			
			Birthday:			
			Country:			
Address:						
Suburb:			City/Town:		Code:	
Home Number/s:						
Cell Number/s:						
Cell Number you use the MOST:						
Email:						
Occupation:						
Employer:				Phone No:		
Employer's address:						
Suburb:			City/Town:		Code:	
Marital Status:	Single	Married	Separated	Divorced	Widowed	