



WELTEVREDEN PARK PRE PRIMARY SCHOOL

APPLICATION FOR ADMISSION
(PLEASE COMPLETE IN DUPLICATE)

THE SCHOOL OFFICE NEEDS COPIES OF:

1. 2 x completed Application for Admission Forms.
2. 2 x certified copies of proof of residence in our area (street address only accepted).
3. 2 x certified copies of child's Birth Certificate.
4. 2 x certified copies of each parents' Identity Document.
5. 2 x certified copies of child's Clinic Card.
6. 2 x certified copies of the siblings report, if the child has a sibling at WPPS.

NB: FALSE INFO OR DOCUMENTATION WILL RESULT IN YOUR APPLICATION BEING DENIED

FOR OFFICE USE ONLY		
Admission Number:	Family Number:	
Starting Date:	House: E F H K	Class:
Copy of Birth Certificate:	Copy of Inoculation Document:.....	
Proof of Residence:	Immigrant's Residence Permit No:	

LEARNER INFORMATION: PLEASE PRINT CLEARLY / Sibling at WPPS: YES / NO – Sibling Sport House

Last school attended: _____ Attended Grade RR: Yes/No _____ Grade applying for Grade R _____

Surname: First Name: Second Name:

Boy / Girl: Race:..... (Rqd by GDE)

Home Language: Date of Birth: I.D. Number:

Is the child an immigrant? Yes/No If so, from which country?

Residential Address:

Medical Aid Name: Medical Aid Number:

Doctor: Dr Contact Number:

NB: PARENT INFORMATION: BOTH BIOLOGICAL PARENTS REGARDLESS OF WHETHER TOGETHER OR NOT

Father: ID Number: Marital Status: Race (Rqd by GDE)

Surname: Names:

Occupation: Company:

Work Phone Number: Home Phone Number:

Cell phone Number: e-mail Address:

Residential Address:

Mother: ID Number: Marital Status: Race..... (Rqd by GDE)

Surname: Names:

Occupation: Company:

Work Phone Number: Home Phone Number:

Cell phone Number: e-mail Address:

Residential Address:

Guardian/Stepmother/Stepfather/Other: ID Number: Marital Status:
 Race :.....(Rqd by GDE) Relationship to Parent:
 Surname: Names:
 Occupation: Company:
 Work Phone Number: Home Phone Number:
 Cell phone Number: e-mail Address:
 Residential Address:

IN CASE OF EMERGENCY, IF THE PARENTS ARE UNAVAILABLE, WHO CAN WE CONTACT?

(Please supply two names and numbers, living in Johannesburg, other than those of the parents.)

Name: Relationship to child: Telephone No.:
 Name: Relationship to child: Telephone No.:

BROTHERS OR SISTERS ATTENDING WELTEVREDEN PARK PRE PRIMARY SCHOOL OR WPPS / APPLYING FOR ADMISSION NOW:

Name: **Grade:**
Name: **Grade:**

ADDITIONAL INFORMATION ABOUT THE LEARNER:

Is your child allergic to: Panado/Asprin/Elastoplast/Bees or other? Details please:
 Does your child have any health/learning/behaviour problems which the school should know about? Details please. If necessary, please attach a letter or a doctor's report.

NB: Is there any person your child is NOT PERMITTED TO SEE?.....

PERSON RESPONSIBLE FOR SCHOOL FEE PAYMENTS:

Surname..... Names:
 Mr/Mrs/Miss/Ms/Dr/Prof: Initials:
 Home Address:
 Postal Code:
 Postal Address:
 Postal Code:

NB: According to the S.A. Schools Act 84 of 1996, both biological parents are liable for school fees. A resolution was passed by the parents stating that: Parents are liable for all school fees and any legal costs incurred (attorney fees – client scale, collection commission, tracing agent fee, disbursements etc.)

If Parents fail to meet their school fee obligations, the school may record the Parent's non-performance with a credit information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.

The applicant consents to and authorises Weltevreden Park Primary School, to:-

- a) contact, request and obtain information at any time from any supplier, service or credit provider (or potential credit provider) or registered credit bureau in order to assess the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the consumer / debtor; and
- b) provide information about the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the consumer / debtor to any registered credit bureau or to any supplier, service or credit provider (or potential credit provider) seeking a trade reference regarding the debtor's dealings with the service provider.

DECLARATION BY PARENT/GUARDIAN:

I, Mr/Mrs/Miss/Ms/Dr/Profdeclare that the information supplied in this application is true and correct, and that complete details have been furnished.

Signature of Mother/Guardian

Signature of Father/Guardian Date of Application: