



WELTEVREDEN PARK PRE PRIMARY SCHOOL

APPLICATION FOR ADMISSION
(PLEASE COMPLETE IN DUPLICATE)

THE SCHOOL OFFICE NEEDS COPIES OF:

1. 2 x completed information forms (Application Form).
2. 2 x copies of proof of residence in our area (street address only accepted).
3. 2 x copies of child's Birth Certificate.
4. 2 x copies of each parents' Identity Document.
5. 2 x copies of child's Clinic Card.
6. 2 x 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: _____ 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.
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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: 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.

DECLARATION BY PARENT/GUARDIAN:

I, Mr/Mrs/Miss/Ms/Dr/Prof declare 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: