



WELTEVREDEN PARK PRIMARY SCHOOL

APPLICATION FORM

2026

Documentation Required:

1. 2 x Completed Application Forms.
2. 2 x CERTIFIED Copies of child's Birth Certificate.
3. 2 x CERTIFIED Copies of each parents' Identity Document.
4. Immigrants – 2 x CERTIFIED copies of the valid Passport and the CERTIFIED relevant Permit.
5. 2 x CERTIFIED copies of proof of parents' residence in our area (street address only accepted).

Valid CERTIFIED documents that are accepted are:

- a. Municipal account (if you own your own property)
 - b. Valid Lease agreement signed by all relevant parties.
 - c. Parents who are renting where no lease agreement is available, need a dated letter OR Affidavit from the owner of the property stating they are renting plus proof they own the property (CERTIFIED Municipal acc) and a CERTIFIED copy of landlord ID.
6. 2 x CERTIFIED copies of child's latest report (**GRADE 2 – 7 ONLY**)
 7. If a new child has a sibling already in the school, 2 x CERTIFIED copies of the school report of sibling is required.
 8. 2 x CERTIFIED copy of clinic card is needed. 6 year Booster must be done once the child has turned 6 (**GRADE 1 ONLY**).

ALL SUPPORTING DOCUMENTS ARE TO BE CERTIFIED !!

Weltevreden Park Primary School

P O Box 5964
Weltevreden Park
1715

Tel. 679-5625/6 and 475-5451/7937
Email admin@welties.org.za



APPLICATION FORM FOR ADMISSION FOR 2026 (Grade 1 - 7)

NB: It is imperative that you complete this form correctly. Failure to do so will result in you being sent away to complete it. False documentation will result in your application being denied.

Office use only

Waiting List Number: _____ Class: _____

School Sports House.

Admission No.

Family No.

(We serve the right to reassess the child's grade entry should we feel that it is warranted.)

LEARNER INFORMATION: PLEASE PRINT CLEARLY !

Grade Applying for: _____

SIBLING AT WPPS: YES / NO _____ **SIBLING SPORTS HOUSE** _____

Right or Left Handed _____ **Last school attended:** _____ **Province:** _____

SURNAME: _____ **Names:** _____ (as per birth certificate)

Preferred name: _____ (**not Nickname**) **Boy/Girl:** _____ **Home Language:** _____ **Race:** _____ (Rqd by GDE)

Is the child an immigrant? _____ **If "yes", from which country?** _____

Child's Date of Birth: _____ **Child's ID Number (on birth cert.):** _____

Residential Address: _____

Medical Aid Name: _____ **Medical Aid Number:** _____

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

Father: ID Number/Passport No: _____ Marital Status: _____ Race: _____ (Rqd by GDE)

Surname: _____ **First Names:** _____

Occupation: _____ **Company:** _____

Work Phone Number: _____ **Cellphone Number:** _____

E-mail Address: _____ (Please print clearly)

Residential Address: _____

Mother: ID Number/Passport No: _____ Marital Status: _____ Race: _____ (Rqd by GDE)

Surname: _____ **First Names:** _____

Occupation: _____ **Company:** _____

Work Phone Number: _____ **Cellphone Number:** _____

E-mail Address: _____ (Please print clearly)

Residential Address: _____

Guardian/Stepmother/Stepfather/Other: ID Number/Passport No : _____ Race: _____ (Rqd by GDE)

Marital Status: _____ **Relationship to Parent:** _____

Surname: _____ **First Names:** _____

Occupation: _____ **Company:** _____

Work Phone Number: _____ **Cellphone Number:** _____

E-mail Address: _____ (Please print clearly)

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: _____ Cell No: _____

Name: _____ Relationship to child: _____ Cell No: _____

BROTHERS OR SISTERS ALREADY ATTENDING THIS SCHOOL / APPLYING FOR ADMISSION NOW:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

ADDITIONAL INFORMATION ABOUT THE LEARNER:

Is your child allergic to: Panado/Aspirin/Elastoplast/Bees or other? Details please: _____

Does your child have any health/learning/behavioural 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 **LEGALLY NOT PERMITTED TO SEE?** _____

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 fees, disbursements etc.)**

If Parent/s 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.

- I/we understand that both biological parents are jointly and severally liable to pay school fees as in term of the South African School's Act.
- Both biological parents are liable to pay the school fees irrespective of any Divorce or Maintenance Agreement.

DECLARATION BY PARENTS/GUARDIAN:

I,(Father) Mr/Dr/Prof _____ declare that the information supplied in this application is true and correct, and that complete details have been furnished.

Signature of Father / Guardian: _____ Date of Application: _____

I,(Mother) Mrs/Ms/Miss/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: _____ Date of Application: _____

Please notify the office of any change in any of the above details