



Grade 00- R & Grade 1 - 12 Application Form

Branch name

2 Colour ID
Photos of
Learner

Section 1: Application details

⇒ Please confirm availability at applicable branch.

Grade

Grade applied for
 Year applied for
 Family code
 (existing parents only)

Section 2: Child's personal details

Surname
 Name/s as on birth certificate/ID
 Preferred name
 ID number

Date of birth Current age Gender: Male Female

Home language 2nd language
 1st teaching language 2nd teaching language

Number of children in family Position of child in family

Nationality Country of origin Immigration date

Race: Asian African Coloured White Indian Other

Resides with: Parents Guardian Religion

Transport: Car Motorcycle Bus Taxi Bicycle Walk

Parent/ Guardian Details

Name ID/Passport No.
 Address Telephone

Section 3: For office use only

Interview date	<input type="text"/>	Approved	YES/NO	Family code	<input type="text"/>
Notes		Date approved		Credit reference	<input type="text"/>
		Commencement date		Siblings at the school	1
		Group/Grade			2

Section 4: Previous Nursery/ Crèche or School's Details

Current school	<input type="text"/>	Previous school	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Tel. no.	<input type="text"/>	Tel. no.	<input type="text"/>
Contact person	<input type="text"/>	Contact person	<input type="text"/>

Has admission to any other school/s ever been refused? Yes No

If yes, please state the reason below:

Section 5: Child's medical details

Blood type O+ O- A+ A- AB+ AB- B+ B- Unknown

Family doctor

Name	<input type="text"/>	Tel. no.	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		

Medical aid

Name	<input type="text"/>	Member no.	<input type="text"/>
Main member initials and surname	<input type="text"/>		
Main member ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option	<input type="text"/>		

Has the child received all the necessary immunisations? Yes No

If no, please state the reason below:

Has the child suffered from any of the following illnesses? Please indicate with an X.

Asthma	Enteric fever	Measles	Scarlet fever
Chickenpox	German measles	Mumps	Tick bite fever
Diabetes	Hepatitis	Polio	Typhoid fever
Diphtheria	Malaria	Rheumatic fever	Whooping cough

Does the child suffer from any allergies? Yes No

If yes, please provide details below:

Does the child have any special medical needs? Yes No

If yes, please provide details below:

Section 6: Personal details of Father, Stepfather, Mother, Stepmother, or Legal Guardian

Parental status Child residing with Both Parents Child residing with legal guardian
 Child residing with Father/Mother Only Access rights to child in emergency only
 (Please specify)

Section 7: Emergency contact details (not parents)

Full names and surname
 Relationship
 Tel. H Tel. W Cell
 Email address

Section 8: Details – Person responsible for account

Surname
 Full names as on ID
 ID number

Designation Mr Mrs Ms Miss Dr
 Rev. Prof. Other

Relationship Marital status
 Occupation Employer

Residential address	Work address	Postal address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tel. H Tel. W Cell
 Email address

Parental status: Child residing with Both Parents Child residing with legal guardian
 Child residing with Father/Mother Only Access rights to child in emergency only
 (Please specify)

Details of children in your care who are currently at this school:

1. Name <input type="text"/>	Gr <input type="text"/>	2. Name <input type="text"/>	Gr <input type="text"/>
3. Name <input type="text"/>	Gr <input type="text"/>	4. Name <input type="text"/>	Gr <input type="text"/>

Method of payment Monthly debit order * Debit order form to be completed with Enrolment contract.

Section 9: Signature of parent, legal guardian, and/or account holder

We/I, the undersigned, _____, hereby certify that the information provided in this application for admission is complete and accurate. We/I acknowledge that enrolment is subject to signing a child enrolment contract that contains the detailed requirements and the terms & conditions for admission into the school.

We/I hereby authorise the Allied school and/or its associates to conduct any credit inquiries on us/me as may be deemed necessary from time to time.

We/I acknowledge that we have read the school-specific policies, as well as the school rules and will accept an offer of placement for our child at the school in accordance with the terms and conditions as set out therein. These documents, as amended from time to time, are available on the official school website.

NB: The signatures of the account holder and both parents and/or legal guardians are required where applicable.

_____ Signature of account holder	_____ Date
_____ Signature of father/stepfather/legal guardian	_____ Date
_____ Signature of mother/stepmother/legal guardian	_____ Date

Section 10: Services or facilities required

School transport	Yes	No	From	<input type="text"/>
Aftercare	Yes	No		
Swimming Lessons	Yes	No	To	<input type="text"/>

Section 11: Survey – Marketing

Where did you hear about us? Please indicate with an X.

Billboard	Newspaper	Magazine	Radio	Presentation
Friend	Brochure	Flyer	Exhibition	Web
Other (specify):	<input type="text"/>			

How satisfied are you with the service you have received during the application process?

Very satisfied Satisfied Unsatisfied Very unsatisfied

Was the information received during the application process:

Relevant Informative Sufficient

If not, please provide further details below: