



Bizweni Primary School

Physical Address: Bizweni Campus,
Bizweni Avenue Somerset West Cape town Western Cape
South Africa

Postal Address:

School Phone: +27 21 851 2048

School Fax:

School Mobile:

Admission Application

Learner Information:			
Grade Application:		Highest Grade Achieved:	
For Grade 1 Applicants only		Specify Pre-primary Education:	Formal: <input type="checkbox"/> Non-Formal: <input type="checkbox"/> None: <input type="checkbox"/>
Surname:			
Name:			
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MM: <input type="text"/> <input type="text"/>	DD: <input type="text"/> <input type="text"/>
Country:			
Citizenship:			
Identity Number:	<input type="text"/>		
Passport Number:	<input type="text"/>		
Physical Address:	<input type="text"/>		
.....			
.....			
.....			
Province:			
Country:			
	Postal Code:	<input type="text"/>	
Distance From Home To School:	<input type="checkbox"/> 0 - 5 km	<input type="checkbox"/> 5 - 10 km	<input type="checkbox"/> 10 - 20 km
Home Phone:	<input type="text"/>		
Alternative Phone:	<input type="text"/>		
Mobile Telephone:	<input type="text"/>		
Email Address:	<input type="text"/>		
Name of previous School:	<input type="text"/>		
Physical Address:	<input type="text"/>		
.....			
.....			
.....			
Province:			
Country:			
	Postal Code:	<input type="text"/>	
Medical Aid Name:	<input type="text"/>		
Aid Main Member:	<input type="text"/>		
Medical Aid Number:	<input type="text"/>		
Medical Condition:	<input type="text"/>		
Special problems requiring Counselling:	<input type="text"/>		
Number of children in family:	<input type="text"/>	Position of child in family:	<input type="text"/>
Number of other Children in the School:	<input type="text"/>		



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Specify details of other children in the school:			
Name:		Grade:	Class: Position:
Name:		Grade:	Class: Position:
Name:		Grade:	Class: Position:
Marital status of parents:	<input type="checkbox"/> Married	<input type="checkbox"/> Widower	<input type="checkbox"/> Widow
After school care:	<input type="checkbox"/> After School Center	<input type="checkbox"/> Father	<input type="checkbox"/> Mother
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Step Father	<input type="checkbox"/> Step Mother
	<input type="checkbox"/> Domestic Worker	<input type="checkbox"/> Friend	<input type="checkbox"/> Family <input type="checkbox"/> None <input type="checkbox"/> Other
Primary Guardian Details:			
Surname:		Initials:	
Name:		Title:	
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/> DD: <input type="text"/> <input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country:		Ethnic Group:	
Citizenship:		Religion:	
Identity Number:	<input type="text"/>	Home Language:	
Passport Number:	<input type="text"/>	Preferred Language:	
Physical Address:		Postal Address:	Same as Physical Address?: <input type="checkbox"/>
.....			
.....			
Province:		Province:	
Country:		Country:	
	Postal Code: <input type="text"/>		Postal Code: <input type="text"/>
Stays in the area (Within 10km)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Works in the area (Within 10km)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation:		Work Address:	
Employer:		Email Address:	
Home Phone:		Work Telephone:	
Mobile Telephone:		Relationship to Learner:	
Secondary Guardian Details:			
Surname:		Initials:	
Name:		Title:	
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/> DD: <input type="text"/> <input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country:		Ethnic Group:	
Citizenship:		Religion:	
Identity Number:	<input type="text"/>	Home Language:	
Passport Number:	<input type="text"/>	Preferred Language:	



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Province:		Province:		Province:	
Country:		Country:		Country:	
Postal Code:		Postal Code:		Postal Code:	
Stays in the area (Within 10km) <input type="checkbox"/>		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Occupation:		Work Address:		Email Address:	
Employer:		Work Telephone		Relationship to Learner:	
Home Phone:					
Mobile Telephone:					
Alternative Contact Details:					
Name and Surname:		Contact Number:			
Relationship:					
Physical Address:		Postal Address:		Same as Physical Address?:	
Province:		Province:		Province:	
Country:		Country:		Country:	
Postal Code:		Postal Code:		Postal Code:	
Home Phone:		Mobile Telephone:		Email Address:	
Alternative Phone:					
Account Holder Details:					
Account Holder:		Primary Guardian: <input type="checkbox"/>		Secondary Guardian: <input type="checkbox"/>	
Debit Order:		Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
Payment Agreement:		Monthly: <input type="checkbox"/>		By Term: <input type="checkbox"/>	
EFT:		Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
Account Holder:		Account Number:		Branch Code:	
Bank Name:		Branch Code:		Action Day:	
Amount:					



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Signature of applicant (Father): _____	Signature of applicant (Mother): _____																																																												

If the learner is accepted, the following documents must be submitted to the school					
1. Copy of Immunisation Records	Y	N	2. Copy of Birth Certificate	Y	N
3. Progress Report from previous school	Y	N	4. Transfer Letter from previous school	Y	N
5. Copy of ID - Father	Y	N	6. Copy of ID - Mother	Y	N
7. Proof of address	Y	N	8. Proof of address	Y	N

For office use:			
Waiting list and No.:		Class Placed:	
Reason:		Date Accepted:	
Signature Clerk:		Admission Number:	
Date:		Outstanding Documents:	