



# Bizweni Primary School

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

**Postal Address:** PO Box 1601 Somerset West Cape town  
Western Cape South Africa 7129

**School Phone:** +27 21 851 2048

**School Fax:**

**School Mobile:**

## Admission Application

<b>Learner Information:</b>											
Grade Application:		Highest Grade Achieved:		Year of 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:		Initials:									
Name:		Preferred Name:									
Birth Date:		YYYY: <input type="text"/>		MM: <input type="text"/>		DD: <input type="text"/>		Gender:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Country:		Ethnic Group:									
Citizenship:		Religion:									
Identity Number:		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Passport Number:		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Physical Address:		Postal Address:								Same as Physical Address?: <input type="checkbox"/>	
Province:		Province:								Postal Code: <input type="text"/>	<input type="text"/>
Country:		Country:								Postal Code: <input type="text"/>	<input type="text"/>
Distance From Home To School:		0 - 5 km <input type="checkbox"/>		5 - 10 km <input type="checkbox"/>		10 - 20 km <input type="checkbox"/>		20 km + <input type="checkbox"/>			
Home Phone:		Home Language:									
Alternative Phone:		Preferred Language:									
Mobile Telephone:		Parents Deceased:		Both <input type="checkbox"/>		Father <input type="checkbox"/>		Mother <input type="checkbox"/>			
Email Address:		Boarder:		Yes <input type="checkbox"/>		No <input type="checkbox"/>		<input type="checkbox"/>			
Name of previous School:		Postal Address:								Same as Physical Address?: <input type="checkbox"/>	
Physical Address:		Province:								Postal Code: <input type="text"/>	<input type="text"/>
Province:		Country:								Postal Code: <input type="text"/>	<input type="text"/>
Country:		Doctor:								Postal Code: <input type="text"/>	<input type="text"/>
Medical Aid Name:		Doctor Telephone:									
Aid Main Member:		Social Grant:								Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Medical Aid Number:		Medical Condition:									
Special problems requiring Counselling:		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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Language:	
Passport Number:	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Language:	
Passport Number:	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Preferred Language:	



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



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Province:		Province:	
Country:		Country:	
	Postal Code:		Postal Code:

By submitting my personal information via this form, I provide consent for Bizweni Primary School to use my information for the Admission Application and whilst enrolled at Bizweni Primary School.

Consent

Bizweni Primary School respects the privacy of your personal information and will not share it with any other party. Please visit our Privacy Notice on our website. [www.bizweniprimaryschool.co.za](http://www.bizweniprimaryschool.co.za)

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:	