

Bizweni Primary School

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

School Phone: +27 21 851 2048

Email Address: admin@bizweniprimaryschool.co.za

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

School Fax:

School Mobile:

Admission Application

Learner Informa	tion:				
Grade Application:		Highest Grade Achieved:	Year	of Highest Grade Achie	eved:
For G	rade 1 Applicants only	Specify Pre-primary Education	n:	Formal: Non-Form	mal: None:
Surname:			Initials:		
Name:			Preferred Name:	T	
Birth Date:	YYYY:	MM: DD:	Gender:	Male:	Female:
Country:			Ethnic Group:		
Citizenship:			Religion:		
Identity Number:					
Passport Number:					
Physical Address:			Postal Address:	<u> </u>	Same as Physical Address?:
Province:			Province:		
Country:			Country:		
	Postal (Code:		Postal Cod	e:
Distance From Home	To School:	0 - 5 km 5 - 10 km	10 - 20 km	20 km +	
Home Phone:			Home Language:		
Alternative Phone:			Preferred Language:		
Mobile Telephone:			Additional language:		
Email Address:			Parents Deceased:	Both	Father Mother
Name of previous Sch	hool:		Boarder:	Yes	No
Physical Address:			Postal Address:	7	Same as Physical Address?:
Province:			Province:		
Country:			Country:		
	Postal (Code:		Postal Cod	e:
Medical Aid Name:			Doctor:		
Aid Main Member:			Doctor Telephone:	1	
Medical Aid Number:			Social Grant:	Yes:	No:
Medical Condition:					
Special problems req	uiring Counselling	:			
Number of children in	family:	<u>'</u>	Position of child in fam	nily:	
Number of other Child	dren in the School	<u>-</u>			



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Western Cape Couli Amea

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Specify details of ot	her c	hildr	en in	the	scl	hool	:																				
Name:												Grade:			Class:				Position:								
Name:												Grade:			Class:				Position:								
Name:											Grade:			Class:					Position:								
Marital status of parer	nts:	nts: Married Widower Widow]	Divorced Step Fat] [Ste	ер Мо	othe	r							
After school care:	Α	fter S	choo	l Ce	nter		Fatl	her		M	1oth	her		Domestic Wor	ker		Frien	ıd		Fan	nily]	No	ne		Oth	ier
Primary Guardian Details:																											
Surname:													Initials:														
Name:]	Title:																
Birth Date:	YYYY: MM: DD:								Gender:					M	ale				Fema	le							
Country:]	Ethnic Group:															
Citizenship:]	Religion:															
Identity Number:]	Home Languag	je:	:											
Passport Number:]	Preferred Lang	uag	je:											
Physical Address:													_	Postal Address	:						S	ame	as Phy	sical A	ddre	ss?:	
Province:														Province:													
Country:	ļ									_				Country:					 								
			Post	al C				<u> </u>			_]				Postal Code:				Ļ			_			
Stays in the area (Wit	hin 1	0km)			Υ	es_			1	Vo				Works in the ar	ea	(With	in 10kn	n)			Yes	<u> </u>		<u> </u>	No		
Occupation:													ļ	Work Address:			<u> </u>										
Employer:													ļ	Email Address:													
Home Phone:													<u> </u>	Work Telephon													
Mobile Telephone:														Relationship to	Lea	arner	:										
Secondary Guardiar	Det	ails:																									
Surname:]	Initials:													
Name:	<u> </u>]	Title:			<u> </u>										
Birth Date:	YYYY	/:				MM:			DE): [Gender:					M	ale	<u></u>			Fema	le	<u></u>	
Country:													ļ	Ethnic Group:													
Citizenship:]	Religion:													
Identity Number:]	Home Languag													
Passport Number:											Preferred Language:																



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Province:		Province:				
Country:		Country:	_			_
	Postal Code:			stal Code:		
Stays in the area (With	hin 10km) Yes No	Works in the area (With	nin 10km)	Yes	No	
Occupation:		Work Address:				
Employer:		Email Address:				
Home Phone:		Work Telephone				
Mobile Telephone:		Relationship to Learner	:			
Alternative Contact I	Details:		-			
Name and Surname:		Contact Number:				
Relationship:						
Physical Address:		Postal Address:	1	Same as I	Physical Address?:	
Province:		Province:				
Country:		Country:				
	Postal Code:		Pos	stal Code:		
Home Phone:		Mobile Telephone:				
Alternative Phone:		Email Address:				
Account Holder Deta	ills:					
Account Holder:	Primary Guardian: Secondary	y Guardian: Oth	er/Company:			
Debit Order:	Yes:	No:	_			
Payment Agreement:	Monthly:	By Term:	Annually:		AdHoc:	
EFT:	Yes:	No:	_			
Account Holder:		Account Number:				
Bank Name:		Branch Code:				
Amount:		Action Day:				



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Province:								Province:						_		
Country:								Country:								_
	Postal Code:								Po	ostal Code):			\Box		
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														C	Conse	ent
							or E	sizweni Primary School to	o use my info	ormation fo	or the	,		Г	201130	
Admission Application	and whilst enrolled at	Bizwe	ni Prir	mary S	Scho	ol.								L		
	ool respects the privacy of bizweniprimaryschool.c		ır pers	onal i	nfori	mati	on a	and will not share it with a	any other par	ty. Please	visit	our F	Privac	y No	otice)
Signature of applican	t (Father):						-	Signature of applicant (Mother):							
If the learner is acce	epted, the following do	cume	nts m	ust b	e su	bmi	ittec	I to the school				—		—		
1. Copy of Immunisat	· · ·				Υ	N		2. Copy of Birth Certific	ate					Y	7	N
3. Progress Report from	om previous school			Ì	Υ	N		4. Transfer Letter from	fer Letter from previous school							N
5. Copy of ID - Father	r			Ì	Υ	N		6. Copy of ID - Mother						Y	7	N
7. Proof of address					Υ	N		8. Proof of address						Y	′	Ν
For office use:																
Waiting list and No.:								Class Placed:								
Reason:								Date Accepted:								
Signature Clerk:								Admission Number:								
Date:								Outstanding Documents	s:							

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