





# 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:

Email Address: admin@bizweniprimaryschool.co.za

School Mobile:

## Admission Application

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"/>	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"/>	Preferred Language:	
Physical Address:	Postal Address: <input type="checkbox"/> Same as Physical Address?:		
.....			
.....			
Province:		Province:	
Country:		Country:	
	Postal Code: <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"/>
Stays in the area (Within 10km)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Works in the area (Within 10km)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/>	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"/>	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:		Email Address:		Work Telephone	
Home Phone:		Relationship to Learner:			
Mobile Telephone:					
<b>Alternative Contact Details:</b>					
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:					
<b>Account Holder Details:</b>					
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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Physical Address:		Postal Address:	Same as Physical Address?:
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:	