



Laerskool A. F. Louw Primary
Stellenbosch

P.O. Box 2113
Dennesig
7601

Tel. 021 - 886 4791
Fax. 021 - 887 1901

Please attach photo

APPLICATION FOR ADMISSION

Gr

Year

LEARNER'S INFORMATION

Surname		Date of birth						
Names		Country of birth						
Name by which learner is called					Home language			
ID number (birth certificate)					Sex (M / F)			
Number of children in household or family		Race		Nationality				
Position in family: (Indicate with X)	Only child	First child	Second child	Third child	Fourth child	Fifth / more		
Disability (if any)								
Type social grant (e.g. foster care, child-support etc.)								
Religion:	African	Bahai	Buddist	Christian	Hindu	Islam	Jewish	Other:

PREVIOUS SCHOOL

Name of last school attended
Province
Reason for leaving

MEDICAL INFORMATION

Family doctor/Clinic and contact no	
Allergies	Chronic illness
Any development problems	
Name of Medical Aid	Medical Aid no.
Name of principal member and contact number	
Contact person and number (not parent or guardian) in case of emergency	

Learner's parents deceased? (None/Father/Mother/Both)

Does the learner receive a social grant? (Yes / no)

Learner Immigrant? (Yes/No) (If yes, attach proof of status in RSA).

Parents immigrant? (Yes/No) (If yes, attach proof of status in RSA).

	FATHER	MOTHER	GUARDIAN
Type	<input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive	<input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive	<input type="checkbox"/> Legal <input type="checkbox"/> Unofficially
Surname			
Initials			
Name			
ID/passport number			
Date of birth			
Nationality			
Race			
Marital status			
Home language			
Residential address			
Postal address			
Tel. (home)			
Tel. (work)			
Cellphone			
E-mail			
Occupation			
Employer			
Religion			
Highest education			
Disability			

PERSON WITH WHOM THE LEARNER LIVES

Name and Surname

BROTHER(S) / SISTER(S) ENROLLED WITH A.F LOUW PRIMARY

Surname	Name	Grade

PERSONS AUTHORIZED TO COLLECT LEARNER FROM SCHOOL (Fill in only if this is different from parents/guardians mentioned above):

DECLARATION:

We the undersigned parents/guardians of declare:

1. to pay the required school fees as approved by the Governing Body
2. to respect and obey the school rules and admission policy

Signed (Father / Guardian) : Date:

Signed (Mother / Guardian): Date:

Photocopies of documents for learner and parents/guardians that must accompany this application:

- | |
|---|
| <p><u>Learner</u></p> <ul style="list-style-type: none">• Birth certificate• Most recent report• Clinic card (Immunisation Record)• Immigrant – proof of status in RSA |
|---|

- | |
|--|
| <p><u>Parents/Guardians</u></p> <ul style="list-style-type: none">• ID document/Passport• Proof of RSA address• Proof of legal guardianship• Immigrant – proof of status in RSA |
|--|

Decision on admission of a learner:

This is to certify that(name of learner)
has been admitted / not admitted to Gr

Comments:

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.....
.....

.....
Signature of Principal

.....
Date