



APPLICATION FOR ADMISSION OF

NAME: SURNAME:

TO GRADE FOR THE YEAR

| FOR OFFICE USE ONLY | |
|---|--|
| Signed Application Form | |
| Certified copy of the Birth Certificate | |
| Certified copy of Father's ID | |
| Certified copy of Mother's ID | |
| Latest school fee statement | |
| Copy of applicant's immunisation card | |
| Proof of residence | |
| Most recent school report | |
| Copy of Guardianship | |
| Copy of Social Grant documents | |
| Assessment reports e.g. Speech Therapist / Occupational Therapist / Psychologist | |

Holy Cross Primary School

✉ P.O. Box 14
George, 6530
☎ 044 – 873 3429
📠 044 – 874 0908



115 Meade Street
George, 6529
📧 office@holycrossgeorge.org.za
🌐 www.holycrossgeorge.org.za



APPLICATION FORM

APPLICATION DOES NOT MEAN ADMISSION

- Admission to the school is subject to available space and curriculum compatibility.
- Please ensure that you complete every section of this application form.
- The Application form will only be accepted if all the documents, as requested have been attached.
- Failure to do so will result in your application not being processed.
- If parents are divorced or separated and a parent is unable to contact the other parent for their personal information or signature, or in any circumstances where only one parent has applied for admission for their child, an affidavit must be produced by the applicant parent detailing the circumstances.
- No copies will be made at the office.

LEARNER DETAILS

| | |
|---|---------------------------------|
| Surname | |
| Full Names | |
| Date of Birth | |
| Identity Number | |
| Home Language | |
| Religion | |
| Race | |
| Gender | |
| Citizenship | |
| Has your child repeated any grade? | Yes / No Year: Grade: |
| Does your child have any learning difficulties or disabilities? | Yes / No |
| If yes, please explain | |
| Is your child on any medication? | Yes / No |
| If yes, name of medication and reason | |
| Does your child participate in any sport? | Yes / No |
| If yes, please specify | |

| | |
|---|----------|
| Does your child participate in any cultural programmes? | Yes / No |
| If yes, please specify | |

FATHER'S DETAILS

| | |
|---------------------|--|
| Surname | |
| Full Names | |
| Identity Number | |
| Citizenship | |
| Employer | |
| Occupation | |
| Marital Status | |
| Cell Phone Number | |
| Work Number | |
| Home Number | |
| Email Address | |
| Residential Address | |
| Postal Address | |

MOTHER'S DETAILS

| | |
|---------------------|--|
| Surname | |
| Full Names | |
| Identity Number | |
| Citizenship | |
| Employer | |
| Occupation | |
| Marital Status | |
| Cell Phone Number | |
| Work Number | |
| Home Number | |
| Email Address | |
| Residential Address | |
| Postal Address | |

STEP-FATHER'S DETAILS (only if remarried)

| | |
|---------------------|--|
| Surname | |
| Full Names | |
| Identity Number | |
| Citizenship | |
| Employer | |
| Occupation | |
| Cell Phone Number | |
| Work Number | |
| Home Number | |
| Email Address | |
| Residential Address | |
| Postal Address | |

STEP-MOTHER'S DETAILS (only if remarried)

| | |
|---------------------|--|
| Surname | |
| Full Names | |
| Identity Number | |
| Citizenship | |
| Employer | |
| Occupation | |
| Cell Phone Number | |
| Work Number | |
| Home Number | |
| Email Address | |
| Residential Address | |
| Postal Address | |

DETAILS OF LEARNER'S GUARDIAN (if applicable)

Please attach copies of Legal Guardianship

| | |
|---------------------|--|
| Surname | |
| Full Names | |
| Identity Number | |
| Citizenship | |
| Employer | |
| Occupation | |
| Cell Phone Number | |
| Work Number | |
| Home Number | |
| Email Address | |
| Residential Address | |
| Postal Address | |

INFORMATION REGARDING PAYMENT OF SCHOOL FEES (please tick)

| | | | | | |
|--------|--------------------------|--------|--------------------------|------------------------|--------------------------|
| Father | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |
|--------|--------------------------|--------|--------------------------|------------------------|--------------------------|

PERSON RESPONSIBLE FOR SCHOOL FEES

| | |
|---------------------|--|
| Surname | |
| Full Names | |
| Identity Number | |
| Home Tel. Number | |
| Work Tel. Number | |
| Cell Phone Number | |
| Email Address | |
| Residential Address | |
| Postal Address | |

ANY BROTHER'S OR SISTER'S CURRENTLY AT HOLY CROSS

| | | | | | |
|------|--|-------|--|-------|--|
| Name | | Grade | | House | |
| Name | | Grade | | House | |
| Name | | Grade | | House | |

CURRENT SCHOOL INFORMATION

| | |
|--------------------|--|
| Name of school | |
| Contact number | |
| Reason for leaving | |

Aftercare: **Tel. Number:**

NB: PLEASE ENSURE THE FOLLOWING:

1. Contact the school office should there be any changes to your details regarding this application, e.g. address, telephone numbers, etc.
2. Incomplete applications will not be accepted.
3. Make application for enrolments at other schools as well. We have a significant number of applications each year and enrolment can thus not be guaranteed.

We as parents and/or the applicant accept that the information provided to the school was given voluntarily and that the school may:

- a. Store the data in its files and electronic systems.
- b. Generate academic, attendance, behavioural and other school-related records.
- c. Use both the provided and generated data for purposes of providing services relevant to the enrolment of the applicant at the school (including, but not limited to contacting parents, placing applicant in a class of best advantage; entering him/her in exams, competitions, leagues and the like; updating the school roll and alumni register; and researching and reporting on school demographics or performances).
- d. Pass data on (including to the provincial and national education departments) where required to do so as part of school reports, testimonials and confidential reports, for statistical or research purposes, or when legally required to do so.

SIGNATURE: DATE:

For Office Use: Interview Date and Time:

Comments:

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