WELTEVREDEN PARK PRIMARY SCHOOL

APPLICATION FORM

2027

Documentation Required:

1. 2 x Completed Application Forms.
2. 2 x Certified copies of learners Unabridged Birth Certificate.
3. 2 x Certified copies of each parents' Identity Document.
4. 2 x Divorce & Maintenance agreement/Single Parent Declaration.
5. Immigrants – 2 x Certified copies of the valid Passport and the relevant Permit.
6. 2 x Certified copies of proof of parents' residence in our area (street address only accepted).
   Valid documents that are accepted are:
   a. Municipal account (if you own your own property)
   b. Signed Lease agreement
   c. Parents who are renting where no lease agreement is available, need a dated letter from the owner of the property stating they are renting plus proof they own the property (Municipal acc) and a copy of landlord ID.
7. 2 x Certified copies of learners latest report (GRADE 2 – 7 ONLY)
8. If a new learner has a sibling already in the school, 2 x Certified copies of the school report of sibling is required.
9. 2 x Certified copies of clinic card is needed. 6 year Booster must be done once the child has turned 6.

ALL SUPPORTING DOCUMENTS MUST TO BE CERTIFIED!!

Weltevreden Park Primary School

Tel. 679-5625
Email: admin@welties.org.za

APPLICATION FORM FOR ADMISSION FOR 2027 (Grade 1 - 7)

NB: It is imperative that you complete this form correctly. Failure to do so will result in you being sent away to complete it. False documentation will result in your application being denied.

Office use only

Waiting List Number:_____ **Class:**_____ **#**_____

School Sports House:	Admission No:	Family No:

(We serve the right to reassess the child's grade entry should we feel that it is warranted.)

LEARNER INFORMATION: **PLEASE PRINT CLEARLY!** **Grade Applying for:** _____

SIBLING AT WPPS: **YES /NO** _____ **SIBLING SPORTS HOUSE:** _____

Right or Left Handed _____ Last school attended: _____ Province: _____

Surname: _____ Names: _____ **(as per Birth Certificate)**

Preferred name: _____ **(not Nickname)** Boy/Girl: _____ Home Language: _____ Race: _____ **(Rqd by GDE)**

Is the learner an immigrant? _____ If "yes", from which country? _____

Learner Date of Birth: _____ Learner ID Number (on Birth Cert.)_____

Residential Address: _____

Medical Aid Name: _____ Medical Aid Number: _____

NB : PARENT INFORMATION: BOTH BIOLOGICAL PARENTS WHETHER TOGETHER OR NOT.

FATHER: ID Number/Passport No: _____ Marital Status: _____ Race: _____ **(Rqd by GDE)**

Surname: _____ First Names: _____

Occupation: _____ Company: _____

Work Phone Number: _____ Cellphone Number: _____

Residential Address : _____

E-mail Address: _____ **(PLEASE PRINT CLEARLY!)**

MOTHER: ID Number/Passport No: _____ Marital Status: _____ Race: _____ **(Rqd by GDE)**

Surname: _____ First Names: _____

Occupation: _____ Company: _____

Work Phone Number: _____ Cellphone Number: _____

Residential Address : _____

E-mail Address : _____ **(PLEASE PRINT CLEARLY!)**

Guardian/Stepmother/Stepfather/Other: ID Number/Passport No : _____ Race: _____ **(Rqd by GDE)**

Marital Status: _____ Relationship to Parent: _____

Surname: _____ First Names: _____

Occupation: _____ Company: _____

Work Phone Number: _____ Cellphone Number: _____

E-mail Address : _____ **(PLEASE PRINT CLEARLY!)**

Residential Address: _____

IN CASE OF EMERGENCY, IF THE PARENTS ARE UNAVAILABLE, WHO CAN WE CONTACT?

(Please supply two names and numbers, living in Johannesburg, other than those of the parents.)

Name: _____ Relationship to learner: _____ Cell No: _____

Name: _____ Relationship to learner: _____ Cell No. _____

BROTHERS OR SISTERS ALREADY ATTENDING THIS SCHOOL / APPLYING FOR ADMISSION NOW:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

ADDITIONAL INFORMATION ABOUT THE LEARNER:

Is your child allergic to: Panado / Aspirin/Elastoplast/Bees or other? Details please: _____

Does your child have any health/learning/ behavioural problems which the school should know about? Details please. If necessary, please attach a letter or a doctor's report.

_____

_____

NB: Is there any person your child is **LEGALLY NOT PERMITTED TO SEE?** _____

_____

NB: A RESOLUTION WAS PASSED BY THE PARENTS STATING THAT: **Parents are liable for all school fees and any legal costs incurred (attorney fees – client scale, collection commission, tracing agent fees, disbursements etc.)**

If Parent/s fail to meet their school fee obligations, the school may record the Parent/s non-performance with a credit information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.

- **I/we understand that both biological parents are jointly and severally liable to pay school fees as in terms of the South African School's Act.**
- **Both biological parents are liable to pay the school fees irrespective of any Divorce or Maintenance Agreement.**

DECLARATION BY PARENTS/GUARDIAN:

I, (Father) Mr/Dr/Prof _____ declare that the information supplied in this application is true and correct, and that complete details have been furnished.

Signature of Father / Guardian: _____ Date of Application: _____

I, (Mother) Mrs/Ms/Miss/Dr/Prof _____ declare that the information supplied in this application is true and correct, and that complete details have been furnished.

Signature of Mother/Guardian: _____ Date of Application: _____

Please notify the office of any change in any of the above details