

h/v PG Nelson & Hospitaalstraat  
c/o PG Nelson & Hospital Street  
Malmesbury  
7299



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*Die regte grondslag gee ons vlerke / The right foundation give us wings*

### APPLICATION FOR ADMISSION OF LEARNER

Surname of Learner		Please Attach Photo of your child
Full name/s of Learner		
Birthdate		
Year Applying for	<b>2027</b>	

#### Application information and requirements :

- Please print in capitals and complete ALL sections, even if there is repetition.**  
*The supplying of false information or non-disclosure of material and / or important information will invalidate this application*
- The application must be accompanied by:**

<b>One passport-sized photo of learner in the space provided</b>	
<b>Copy of learner's birth certificate</b>	
<b>Copies of both parents / guardians / sponsors' ID documents</b>	
<b>Financial Undertaking (OCTOBER AVAILABLE 2026)</b>	
<b>Confidential information regarding your child</b>	
<b>Proof of Address</b>	
<b>ROAD TO HEALTH BOOK (bring copy of <u>Immunisation Chart only</u> - January 2027)</b>	
<b><u>TEACHING LANGUAGE</u>: ENGLISH OR AFRIKAANS</b>	
<b>DETAILS OF LEARNER</b>	

Surname:		Initials:	
First names:			
Calles name, if different to first name above:			

**ADDRESS AND CONTACT DETAILS OF LEARNER**

Physical address :			
		Postal code	

**OTHER PERSONAL DETAILS OF LEARNER**

<b>Identity number</b>			Birth date	
<b>Home language</b>			Nationality	
SA Citizenship	Yes	No	Date of arrival in SA If applicable	

Name of current school:				
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Siblings in other schools:				
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Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	

**WHO DOES THE LEARNER RESIDE WITH?**

Father	Mother	Guardian	Grandparent	Sponsor	Other
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**EMERGENCY CONTACT (other than parents)**

<b>Name:</b>		<b>Tel. no</b>	
<b>Relationship to learner</b>		<b>Cell no</b>	

**MEDICAL DETAILS OF LEARNER**

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Doctor's name:	
Practice Phone no:	
Cell no:	

### MEDICAL HISTORY OF LEARNER

Please indicate any appropriate information below. Failure to do so may result in your application being withdrawn

Allergies:

Routine Medication:

Resent Injuries:

Previous Operations:

Existing Medical Problems:

### MEDICAL AID DETAILS

Member's name		Medical Aid:	
Membership no:		Specific Plan:	

### PERSONAL DETAILS

Do you have any objections to your contact details being given to other parents for play dates / parties / other school matters?

Yes

No

### WHERE DID YOU HEAR FROM OUR SCHOOL? (MARK WITH X)

Older siblings attended school	Social Media/ Newspaper	Family/Friends/Colleagues	Drove past our school
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### DETAILS OF FATHER

Surname:		Title:	
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First names:				
Identity no			<b>EMAIL</b>	
Marital status:	Married	Divorced	Single Parent	Re-married
Home phone no:			Cell no:	
Business number:			<b>WHATSAPP NO</b>	
Physical address:				
			Postal code:	
Name of Employer				
Occupation :				

**DETAILS OF MOTHER**

Surname:			Title:	
First names:				
Identity no			<b>EMAIL</b>	
Marital status:	Married	Divorced	Single parent	Re-married
Home phone no			Cell no:	
Business number			<b>WHATSAPP NO</b>	
Physical address				
			Postal code:	
Name of Employer				
Occupation:				

**DETAILS OF STEPFATHER / STEPMOTHER  
(If applicable)**

Surname:		Title:	
First names			
Identity no		EMAIL	
Home Tel Number		Cell no:	
Business number		WHATSAPP NO	
Physical address			
		Postal code:	
Name of Employer			
Occupation :			

**DETAILS OF GUARDIAN / SPONSOR  
(If applicable)**

Surname:		Title:	
First names			
Identity no		e-mail:	
Relationship to learner	Guardian	Foster Parent	Grandparent Other
Home phone no		Cell no:	
Business number		WHATSAPP NO	
Physical address			
		Postal code:	
Name of Employer			
Occupation :			

**DECLARATION: PARENT 1**

I, ..... hereby declare that the information which I have recorded in this form is true and correct and by my signature below, **I give the Governing Body permission to check and confirm any of the details or documents given by me.**

I understand that should any of the information supplied by me is found to be false, the school reserves the right to lay a criminal charge of fraud against any of the parties involved with this application and further reserves the right to, in the event that the learner has been admitted on such falsity, have such admission reversed.

Signed on this ..... day of ..... 20.....

.....  
**SIGNATURE**

**DECLARATION: PARENT 2**

I, ..... hereby declare that the information which I have recorded in this form is true and correct and by my signature below, **I give the Governing Body permission to check and confirm any of the details or documents given by me.**

I understand that should any of the information supplied by me is found to be false, the school reserves the right to lay a criminal charge of fraud against any of the parties involved with this application and further reserves the right to, in the event that the learner has been admitted on such falsity, have such admission reversed.

Signed on this ..... day of ..... 20.....

.....  
**SIGNATURE**

**CONFIDENTIAL INFORMATION REGARDING YOUR CHILD**

Name of child in full .....

How many kids in family ..... and this child is the .....(1st, 2nd, 3rd, etc)

Home Language..... Any other language your child is exposed to... ..

**RELIGIOUS INSTRUCTION:** Have you, the parent /guardian of the above mentioned child, any objection to his/her being present when instruction in Religious Instructions given as laid down in the Education Affairs Act (House of Assembly), 1988 (Act no 70 of 1988)

**Do you have any objections? YES / NO** CHURCH:.....

Underline the illnesses which your child has had: Bilharzia, Rubella (German Measles), Enteric Fever, Whooping Cough, Malaria, Maesles, Chicken-pox, Diphtheria, Mumps, Rheumatic Fever, Scarlet Fever.

State any other medical condition, which your child has suffered or still suffers .....

State (if any) the operations, which your child has undergone, when and for what purpose? .....

Is your child using any medication? .....

If so, give details: .....

Any allergies? .....

Urination: Any problems? .....

Any problem in connection with: Hearing? ..... Sight..... Speech? .....

Social interaction? ..... Behaviour? .....

If so, please specify: .....

At what age did your child start talking? ..... At what age did your child start walking? .....

Did your child crawl?.....

Name any pre-natal problems experienced or during the child's birth .....

Has your child ever had a serious accident? If so, give details .....

Sleeping habits (e.g. sleeps peacefully, a restless sleeper, has nightmares, does not yet sleep through in his/her own bed)

At what time does your child go to bed at night..... Fall asleep at? .....

Does your child show any signs of nervous tension by day or at night?.....

Underline personality characteristics (and elaborate)

Obedient, disobedient, stubborn .....  
Independent, dependent .....  
Shy, withdrawn, outgoing (bold) .....  
Friendly, moody, aggressive .....  
Tolerant, irritable .....  
Unselfish, selfish .....  
Loving, seeks attention, aloof, does not seek attention .....  
Self-confident, lacking in confidence, over-confident .....  
Helpful, uncooperative .....  
Reacts well, does not take kindly to orders or correction .....  
Any other characteristics that the school must know about? .....

.....  
Has your child ever been assessed by an Occupational Therapist, Speech Therapist or Psychologist? .....

**IF SO, PLEASE ATTACH AVAILABLE REPORTS TO THIS APPLICATION.**

Is your child presently receiving any of the above support? YES ..... NO .....  
What support? .....  
With whom? .....  
Does your child have any special educational needs? (Please specify) .....  
.....  
Any other information regarded as important .....  
Is there any problem, which you would like to discuss confidentially? .....

**PLEASE NOTE:**

**Any non-disclosure of past / current or knowledge of future need of intervention/s, may render this application null and void.**

**Information supplied by:**

Parent 1: ..... Signed: ..... Date: .....

Parent 2: ..... Signed: ..... Date: .....