



VAAL TRIANGLE PRIMARY SCHOOL

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APPLICATION FOR ADMISSION

Address: Joseph Addison Street, Vanderbijlpark
Telephone: 016 933 2200
Email: reception@vaaltriangleprimary.co.za

Grade:
 Year:

DOCUMENTS / INFORMATION REQUIRED

| | | | |
|---|--|---|--|
| Copy of birth certificate / ID document | | Latest month's proof of household income/ salary advice | |
| Copy of study permit/refugee permit (if foreign) | | Water & lights account (latest) or proof of residence | |
| Copy of learner's latest progress report - (Grade 1-7) | | 3 x months bank statements | |
| Copy of parents/legal guardian's ID document | | Two recent colour photos of the learner (ID size) | |
| Copy of responsible person's ID document | | Application form completed in full (Sections A - J) | |
| Transfer document (once available) | | Annexure A - Consent to sharing of personal information | |
| Copy of vaccination record (Pre-primary & Foundation Phase) | | Annexure B - Aftercare application form | |
| Copy of Medical Aid card (Front and Back) | | Annexure C - Debit order instruction form | |

A) LEARNER'S DETAILS

| | | |
|---|--|-----------------------------------|
| Admin number: <input type="text"/> | Grade and class: <input type="text"/> | Applied for: <input type="text"/> |
| Surname: <input type="text"/> | Home Language: <input type="text"/> | |
| First names (in full): <input type="text"/> | Religion: <input type="text"/> | |
| | Country of birth: <input type="text"/> | (if not SA) |
| Preferred Name: <input type="text"/> | Ethnic group: <input type="text"/> | |
| ID/Passport no.: <input type="text"/> | | |
| Learner cell no.: <input type="text"/> | Signature - Father: <input type="text"/> | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | Signature - Mother: <input type="text"/> | |

Means of transport to/from school: Motor vehicle ☐ Bus ☐ Taxi ☐ Walk ☐

Distance from home to school: Telephone number of Transporter:

B) LEARNER'S EDUCATIONAL DETAILS

Current school: Telephone no. (parent school):

Last grade passed: Year: Grade/s repeated: (if any)

Has admission to any other school/s ever been refused? If yes, please state reason:

Have you as parent/guardian been called to school for discipline issues? If yes, please state reason:

C) FAMILY DETAILS

| | | | |
|-------------------|---|---|--------------------------------|
| Father / Guardian | Surname: <input type="text"/> | Title: <input type="text"/> | Initials: <input type="text"/> |
| | First names: <input type="text"/> | ID/Passport number: <input type="text"/> | |
| | Home address: <input type="text"/> | Postal address: <input type="text"/> | |
| | Postal code: <input type="text"/> | Postal code: <input type="text"/> | |
| | Employer: <input type="text"/> | Phone: Home: <input type="text"/> | |
| | Occupation: <input type="text"/> | Work: <input type="text"/> | |
| Mother / Guardian | Home address: <input type="text"/> | Cell: <input type="text"/> | |
| | Postal code: <input type="text"/> | WhatsApp number: <input type="text"/> | |
| | Employer: <input type="text"/> | Email address: <input type="text"/> | |
| | Occupation: <input type="text"/> | Relation to learner: <input type="text"/> | |
| | Work address: <input type="text"/> | Title: <input type="text"/> | Initials: <input type="text"/> |
| | Postal code: <input type="text"/> | ID/Passport number: <input type="text"/> | |
| | Postal address: <input type="text"/> | | |
| | Postal code: <input type="text"/> | Postal code: <input type="text"/> | |
| | Phone: Home: <input type="text"/> | | |
| | Work: <input type="text"/> | | |
| | Cell: <input type="text"/> | | |
| | WhatsApp number: <input type="text"/> | | |
| | Email address: <input type="text"/> | | |
| | Relation to learner: <input type="text"/> | | |

Vaal Triangle Application Form 2015

Scott C. Dulebohn



Vaal Triangle Application Form 2015:

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