

53 Cathedral Street
George
6529

☎ 044 – 873 4063



P.O. Box 14
George
6530

admin@littlecrosses.org.za ✉

Application for Admission

Provide two recent colour ID photos of learner

Names(s):

Surname:

Applying for: Pre-Grade R Year: Grade R Year:

FOR OFFICE USE ONLY

Signed Application Form		Most Recent School Report	
Birth Certificate		Latest School Fee Statement	
ID: Father/Guardian		Assessment Reports – if any (e.g. Speech Therapist/Occupational Therapist/Phycologist, etc.)	
ID: Mother/Guardian			
Proof of Guardianship (if applicable)		Proof of Residence	
Copy: Clinic Card/Vaccination Records		Copy: Social Grant Documents	

Take Note:

- ✚ Admission to the school is subject to available space and curriculum compatibility.
- ✚ You will be contacted to arrange an interview.
- ✚ Alternatively, should we be unable to assist, notification will be done in writing.
- ✚ Ensure completion of every section of this application form for submission – either delivered to the school in hard copy or scanned and emailed to admin@littlecrosses.org.za.
- ✚ Hard copies of all relevant documents need to accompany this application form when attending your interview.
- ✚ No copies will be made at the office.

SECTION 1: LEARNER DETAILS

Surname												
Name(s) on birth certificate/ID												
Preferred name												
ID Number												
Date of birth			YY	YY	MM	DD	Current age			Gender: Male		Female
Home Language				2 nd Language								
Nationality						Country of origin						
Religion						Race						
Number of children in family				Position of child in family								
Siblings currently at Holy Cross Primary School:												
Name		Grade				House						
Name		Grade				House						
Name		Grade				House						
Resides with:		Parents				Guardian						

SECTION 2: AFTERCARE

Current aftercare			
Address			Contact number
			Contact person

SECTION 3: LEARNER'S EDUCATIONAL DETAILS

Current school				Previous school			
Address				Address			
		Code				Code	
Contact number				Contact number			
Principal				Principal/Owner			
Teacher				Teacher			
Has admission to other schools been refused? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Reason if yes							

SECTION 4: LEARNER'S MEDICAL DETAILS

Blood type	O+		O-		A+		A-		AB+		AB-		B+		B-		Unknown		
Family doctor:																			
Name									Contact number										
Address																			
Medical Aid:																			
Name									Member number										
Main member initials and surname																			
Main member ID number																			
Option																			
Has the learner received all the necessary immunisations? Yes <input type="checkbox"/> No <input type="checkbox"/>																			
If no, state the reason(s):																			
Indicate with an X illnesses/diseases/medical condition(s) that learner is suffering/has suffered from:																			
Asthma		Chickenpox		Polio		Scarlet fever													
Epilepsy		German measles		Hepatitis		Tick bite fever													
Diabetes		Measles		Tuberculosis		Typhoid fever													
Malaria		Mumps		Whooping Cough		Rheumatic fever													
Other:																			
Chronic medication:																			
Specify allergies:																			
Chronic medication:																			
Specify operation(s) learner has undergone:																			
Specify any treatment learner has undergone/is undergoing for psychological/emotional upset :																			

SECTION 5: PERSONAL DETAILS OF FATHER/STEPFATHER/LEGAL GUARDIANComplete only if **NOT** the account holder (as stated in Section 8)

Surname												
Full names as stated on ID												
ID number												
Relationship						Marital status						
Occupation						Employer						
Residential address				Postal address				Work address				
Tel. cell				Tel. home				Tel. work				
Email address(es)												
Parental status if child does not live with both parents:		Learner living with female parent				Learner's legal guardian						
		Access rights to learner				Access rights in emergency only						

SECTION 6: PERSONAL DETAILS OF MOTHER/STEPMOTHER/LEGAL GUARDIAN

Surname												
Full names as stated on ID												
ID number												
Relationship						Marital status						
Occupation						Employer						
Residential address				Postal address				Work address				
Tel. cell				Tel. home				Tel. work				
Email address(es)												
Parental status if child does not live with both parents:		Learner living with male parent				Learner's legal guardian						
		Access rights to learner				Access rights in emergency only						

SECTION 7: EMERGENCY CONTACT DETAILS (not parental)

Surname												
Full names as stated on ID												
Relationship												
Tel. cell				Tel. home				Tel. work				
Email address(es)												

SECTION 8: DETAILS OF PERSON RESPONSIBLE FOR SCHOOL ACCOUNT

Surname												
Full names as stated on ID												
ID number												
Relationship						Marital status						
Occupation						Employer						
Residential address				Postal address				Work address				
Tel. cell				Tel. home				Tel. work				
Email address(es)												
Parental status if child does not live with both parents:			Learner living with other parent				Learner's legal guardian					
			Access rights to learner				Access rights in emergency only					
Details of children in your care who are currently at this school (if NOT the same as in Section I)												
Name			Gr			Name			Gr			
Name			Gr			Name			Gr			
Payment option:												
Monthly debit order				Quarterly debit order				Annual payment				

Contact the school (in writing) should there be any changes to your details regarding this application.
 Apply at other schools as well as enrolment is not guaranteed.

We as parents/legal guardian and/or the applicant accept that the information provided to the school was given voluntarily and that the school may:
 Store the data in its files and electronic systems.
 Generate academic, attendance, behavioural and other school-related records.
 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).
 Pass data on (including the provincial and national education departments or the Department of Social Development) 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.

FOR OFFICE USE: Interview date: Interview time:

Comments:

We, the undersigned, have read the contents of this Admission Application form and declare that we understand the content thereof and agree to be bound by its terms and conditions.

PARENT/LEGAL GUARDIAN #1:

Full names and surname:

Identity number:

Domicilium address:

Email address:

Signature:

As witnesses:

1. Signed:

2. Signed:

Dated at on this day of 20.....

PARENT/LEGAL GUARDIAN #2:

Full names and surname:

Identity number:

Domicilium address:

Email address:

Signature:

As witnesses:

1. Signed:

2. Signed:

Dated at on this day of 20.....

ACCOUNT HOLDER:

Full names and surname:

Identity number:

Domicilium address:

Email address:

Signature:

As witnesses:

1. Signed:

2. Signed:

Dated at on this day of 20.....

ON BEHALF OF LITTLE CROSSES PRE-PRIMARY SCHOOL:

Full names and surname:

Capacity:

As witnesses:

1. Signed:

2. Signed:

Dated at on this day of 20.....

School Stamp:

