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| **2023 PETUNIA PRIMARY REGISTRATION FORM**  **LEARNER INFORMATION** | | | | | | | | | | | | | | | |
| **Learner CEMIS number** | | | | | | | | | | **Date of birth** | | | | | |
| **Surname** |  | | | | | | | | **Name** |  | | | | | |
| **Learner's ID number** | |  | | | | | | | | **Gender** | **Male** |  | | **Female** |  |
| **Population group** | | **Black / African** | | |  | | **Coloured** | |  | **Indian / Asian** |  | **White** | |  |  |
| **SA Citizen** | **YES** |  | | | **NO** | |  | | **Undocumented SA / Foreign learner** | | **YES** |  | | **NO** |  |
| **If “No”, did you apply for birth certificate** | | | **Yes** |  | | **No** | |  | **If “Yes” what is the date applied for birth certificate** | | | |  | | |
| **Please indicate if the learner has a**  **sibling at the school. (1)** | | | | | **YES** | |  | | **NO** |  | Grade |  | | | |
| **Please indicate if the learner has a**  **sibling at the school. (2)** | | | | | **YES** | |  | | **NO** |  | Grade |  | | | |
| **Please indicate if the learner has a**  **sibling at the school. (3)** | | | | | **YES** | |  | | **NO** |  | Grade |  | | | |

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| **Medical Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergies |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Doctor |  | | | Contact number | | | | | |  | | | Road to Health Card shown | | | Yes | |  | | | | | No | | |  | | |
| Medical Aid |  | | | | Medical Aid Number | | | | | |  | | | | **Main member** | | | | |  | | | | | | | | |
| Any indication of problems with regards to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s growth progress | | | | Yes | | |  | | No | |  | Prenatal/Postnatal information | | | | | Yes | | | |  | | | No | | | |  |
| Hospital admissions | | Yes |  | | | No | |  |  | | | | | Any chronic condition | | | | | Yes | | |  | | | No | |  | |
| Visual / hearing / weight / speech / physical / locomotor screening results | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Parent / Legal Guardian Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent / Legal Guardian type (Please tick)** | | | | | | | | | Biological | | | | | | Adoptive | | | Legal Guardian | | | | | | Step | | | | Other | |
| **Title: (Please tick)** | | | | | | Mr | | | | | Miss | | | Mrs | | | Ms | | | | | Prof. | | | Dr | | | | Rev. |
| **Surname** |  | | | | | | | | | | | **Name** | | | |  | | | | | | | | | | | | | |
| **Date of birth** | | |  | | | | | | | | | **SA Citizen** | | | | **YES** | | |  | | | | **NO** | | |  | | | |
| **ID / Passport number** | | |  | | | | | | | | | **Gender** | | | | **Male** | | |  | | | | **Female** | | |  | | | |
| **If “No”, did you apply for ID document / permit** | | | | **Yes** |  | | | **No** | | **If “Yes” what is the date applied of application** | | | | | | | | | | |  | | | | | | | | |
| **Marital status: (Please tick)** | | Married | | | | | Single | | | | | | Widow / Widower | | | | | | | Divorced | | | | | | | Never married | | |
| **Home Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address type** | | | **Street** | | |  | | | **Flat** | | |  | | | | **Farm** | | |  | | | | **Plot** | | |  | | | |
| **Address no.** | | |  | | | | | | **Street name** | | | | | | |  | | | | | | | | | | | | | |
| **Suburb** |  | | | | | | | | | | | | | | | **Town** | | |  | | | | | | | | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cell phone no.** | | |  | | | | | | | | | **Tel. no. (work** | | | | | | |  | | | | | | | | | | |
| **Emergency contact number (1)** | | |  | | | | | | | | | **Emergency contact umber** | | | | | | |  | | | | | | | | | | |

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| ***Academic Information*** | | | | | | | | | | | | | | |
| **Name of last school attended** | | |  | | | | | | | **Year** | |  | | |
| **Required Grade** |  | Language of Learning and Teaching | | English | | |  | Afrikaans | | | | | |  |
| **Are you relocating to the Western Cape (WC) from another province?** | | | | | **YES** |  | | | No | |  | | | |
| **If yes, write down the name of the province.** | | | |  | | | | | | | | | | |
| **Are you relocating to the WC from another country?** | | | | | **YES** |  | | | No | |  | | | |
| **If yes, write down the name of the country.** | | | |  | | | | | | | | | | |
| **Declaration by legal parent / guardian** | | | | | | | | | | | | | | |
| I hereby consent to the rules and ethos of the school and will do everything in my power to instil this in my child.  I acknowledge the code of conduct of the school. I will assist the school in the execution of the code of conduct for the full duration of his/her term at the school. I expect the school to execute the code of conduct in all fairness and in accordance with applicable procedures.  I will pay the school fees of my child. I was informed that I can apply for exemption of school fees. I will inform the school if my financial position changes and I cannot adhere to my financial obligations. | | | | | | | | | | | | | | |
| **I**, the undersigned, declare that the above information is correct.  Signed by legal parent / guardian **............................... Date 2022 / ......... / ......** | | | | | | | | | | | | | | |
| **REQUIRED DOCUMENTS SUBMITTED TO THE SCHOOL** | | | | | | | | | | | | | | |
| **Please check that the following documentation is attached** | | | | | | | | | | **Please tick** | | | | |
| 1. Certified copy of Birth certificate (learner) | | | | | | | | | | YES | | | NO | |
| 2. Certified copy of Identity document of parent(s) | | | | | | | | | | YES | | | NO | |
| 3. A study permit issued by the Department of Home Affairs or proof of application (If the learner is a  foreign learner) | | | | | | | | | | YES | | | NO | |
| 4. Copy of immunisation card / Road to Health chart (Primary schools only) | | | | | | | | | | YES | | | NO | |
| 5. Latest official school academic report of the learner | | | | | | | | | | YES | | | NO | |
| 6. Proof of residence (This could be: Rates account / Lease agreement / An affidavit confirming  residence) | | | | | | | | | | YES | | | NO | |
| Checked by (Name and surname):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date: 2022 / .......... / ................. | | | | | | | | | |

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| **Parent / Legal Guardian Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent / Legal Guardian type (Please tick)** | | | | | | | Biological | | | | | | Adoptive | | | | Legal Guardian | | | | | Step | | | | | Other | |
| **Title: (Please tick)** | | | | Mr | | | | Miss | | | | Mrs | | | | Ms | | | Prof. | | | | | Dr | | | | Rev. |
| **Surname** |  | | | | | | | | | | **Name** | | |  | | | | | | | | | | | | | | |
| **Date of birth** | |  | | | | | | | | | **SA Citizen** | | | **YES** | | | |  | | **NO** | | | | |  | | | |
| **ID / Passport number** | |  | | | | | | | | | **Gender** | | | **Male** | | | |  | | **Female** | | | | |  | | | |
| **If “No”, did you apply for ID document / permit** | | | **Yes** | |  | **No** | | |  | | **If “Yes” what is the date applied of application** | | | | | | | | | | | |  | | | | | |
| **Marital status: (Please tick)** | | | | Married | | | | | | Single | | | | | Widow / Widower | | | | | | Divorced | | | | | Never married | | |
| **Home Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address type** | | **Street** | |  | | | **Flat** | | | |  | | | **Farm** | | | |  | | **Plot** | | | | |  | | | |
| **Address no.** | |  | | | | | **Street name** | | | | | | |  | | | | | | | | | | | | | | |
| **Suburb** |  | | | | | | | | | | | | | **Town** | | | |  | | | | | | | | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cell phone no.** | |  | | | | | | | | | **Tel. no. (work)** | | | | | | |  | | | | | | | | | | |