

Application year: _____

Section 21 Company: 2003/005664/08 School Reg. No: 212241 | NPO Reg. No: 53-015

Contact: +27 12 656 9228 | info@theway.co.za Address: 229 Erasmus Ave, Raslouw, Centurion, 0157

APPLICATION FOR ADMISSION TO THE WAY CHRISTIAN SCHOOL

Surname: Initials: Nickname: Dexterity of learner: Left handed Right handed	Grade Applied For:	Highest Grade Passed:	Year When Grade was passed:	Has the learner ever failed a year? If yes, which year?		
Date Of Birth: Gender: Race: Citizenship:	Gurname:	Initials:	Nickname:	Dexterity of learner: Left handed Right handed		
Identification or Passport No: Citizenship: Home Telephone: Emergency Telephone: Learner Cell: Learner E-mail: Postal Code: Postal Code: Bedgion: FOR GRADE 1 ONLY: Indicate pre-primary education: None Non-Formal Formal Previous School Information Learner Medical Information Learner Medical Information Previous School: Medical Aid Number: Medical Aid Name: Medical Aid Name: Doctor Name: Doctor Name: Doctor Name: Doctor Valme: Doctor Valme: Doctor Valme: Doctor Seleccion Problems Requiring Counseling: Assessment Should the school require your child to be assessed by a professional therapist, will you be wiling to have your child assessed? Yes No To be completed by Grade 10 - 11 learners only: (Subject choices): English HL Afrikaans FAL	First Name:	9 0 0 0	Other Names:			
Physical Address: Home Telephone:	Date Of Birth:	Gender:	Race:	10000000		
Emergency Telephone: Learner Cell: Learner E-mail: Home Language: Postal Code: Previous School Mother	dentification or Passport No:	2 2 2		Citizenship:		
Learner Cell: Learner E-mail: Home Language: Postal Code:	Physical Address:		000	Home Telephone:		
Learner E-mail: Postal Code:	001		000	Emergency Telephone:		
Postal Code: Home Language:	100	3) (3)	19999	Learner Cell:		
Deceased Parents: Mother Father Both Mode of transport to school: Car Shuttle service Walk Bicycle FOR GRADE 1 ONLY: Indicate pre-primary education: None Non-Formal Formal Previous School Information Learner Medical Information Name of Previous School: Medical Aid Number: Medical Aid Number: Medical Aid Name: Doctor Name: Doctor Name: Doctor Name: Doctor Name: Country: Medical Condition: Medical Condition: Special Problems Requiring Counseling: Assessment		8 /		Learner E-mail:		
Religion: Previous School Information Learner Medical Information Name of Previous School: Medical Aid Number: Medical Aid Main Member: Medical Aid Mane: Doctor Name: Doctor Telephone Number: Province: Country: Medical Condition: Code: Special Problems Requiring Counseling: Assessment Should the school require your child to be assessed by a professional therapist, will you be wiling to have your child assessed? Yes No To be completed by Grade 10 - 11 learners only: {Subject choices}: English HL Afrikaans FAL	ostal Code:		0000	Home Language:		
Previous School Information Name of Previous School: Medical Aid Number: Medical Aid Main Member: Medical Aid Name: Doctor Name: Doctor Name: Doctor Felephone Number: Province: Doctors Address: Medical Condition: Code: Special Problems Requiring Counseling: Assessment Should the school require your child to be assessed by a professional therapist, will you be wiling to have your child assessed? Yes No To be completed by Grade 10 - 11 learners only: (Subject choices): English HL Afrikaans FAL	Deceased Parents: Mother	Father Both	Mode of transport to school: Car Shuttle service Walk Bicycle			
Name of Previous School: Medical Aid Number: Medical Aid Main Member: Medical Aid Name: Doctor Name: Doctor Name: Doctor Telephone Number: Province: Doctors Address: Country: Medical Condition: Code: Special Problems Requiring Counseling: Assessment Should the school require your child to be assessed by a professional therapist, will you be willing to have your child assessed? Yes No To be completed by Grade 10 - 11 learners only: (Subject choices): English HL Afrikaans FAL	Religion:		FOR GRADE 1 ONLY: Indicate pre-primary education: None Non-Formal Formal			
Previous School Address: Medical Aid Main Member: Medical Aid Name: Doctor Name: Doctor Telephone Number: Province: Doctors Address: Country: Medical Condition: Code: Special Problems Requiring Counseling: Assessment Should the school require your child to be assessed by a professional therapist, will you be wiling to have your child assessed? Yes No To be completed by Grade 10 - 11 learners only: (Subject choices): English HL Afrikaans FAL	Previous School Information		Learner Medical Information			
Medical Aid Name: Doctor Name: Doctor Telephone Number: Province: Doctors Address: Country: Medical Condition: Code: Special Problems Requiring Counseling: Assessment Should the school require your child to be assessed by a professional therapist, will you be wiling to have your child assessed? Yes No To be completed by Grade 10 - 11 learners only: {Subject choices}: English HL Afrikaans FAL	Name of Previous School:		Medical Aid Number:			
Doctor Name: Doctor Telephone Number: Province: Doctors Address: Country: Medical Condition: Code: Special Problems Requiring Counseling: Assessment Should the school require your child to be assessed by a professional therapist, will you be wiling to have your child assessed? Yes No To be completed by Grade 10 - 11 learners only: (Subject choices): English HL Afrikaans FAL	revious School Address:	3) (3) (3) (3)	Medical Aid Main Member:			
Doctor Telephone Number: Doctors Address: Country: Medical Condition: Code: Special Problems Requiring Counseling: Assessment Should the school require your child to be assessed by a professional therapist, will you be wiling to have your child assessed? Yes No To be completed by Grade 10 - 11 learners only: {Subject choices}: English HL Afrikaans FAL	0000000		Medical Aid Name:			
Province: Country: Medical Condition: Code: Special Problems Requiring Counseling: Assessment Should the school require your child to be assessed by a professional therapist, will you be wiling to have your child assessed? Yes No To be completed by Grade 10 - 11 learners only: (Subject choices): English HL Afrikaans FAL			Doctor Name:			
Country: Code: Special Problems Requiring Counseling: Assessment Should the school require your child to be assessed by a professional therapist, will you be wiling to have your child assessed? Yes No To be completed by Grade 10 - 11 learners only: (Subject choices): English HL Afrikaans FAL	5000		Doctor Telephone Number:			
Special Problems Requiring Counseling: Assessment	Province:		Doctors Address:			
Assessment Should the school require your child to be assessed by a professional therapist, will you be wiling to have your child assessed? Yes No To be completed by Grade 10 - 11 learners only: {Subject choices}: English HL Afrikaans FAL	Country:	3) (Medical Condition:			
Should the school require your child to be assessed by a professional therapist, will you be wiling to have your child assessed? Yes No To be completed by Grade 10 - 11 learners only: Subject choices From the completed by all Grade 8 - 9 learners only: Proposed subjects to be taken in Grade 10 - 12	Code:	9.0	Special Problems Requiring Counseling:			
To be completed by Grade 10 - 11 learners only: {Subject choices}: English HL Afrikaans FAL	should the school require you	ur child to be assessed by a profe				
English HL Afrikaans FAL	To be completed by Grade 10 - 11 learners only:			To be completed by all Grade 8 - 9 learners only:		
Afrikaans FAL Afrikaans FAL	- 181	{Subject choices}:	 			
Life Orientation			0000			
		966	0000	Life Orientation		
			9999			
		(4)				



Siblings Number of other Children at this school:										
Number of other Children o				at this school: Grade	Learners position in the family e.g. first					
Nume				Grade	Learners position in the jaminy eigr first					
			Parent / Guardian Inf	ormation						
Complete a SEPARATE parent form for each parent living at a different physical address										
Title: Initials: Su		Surname:		First Name:						
Gender:	Race: Home Language:		Identification/Passport Number:							
Residential Street Address:		Occupation:	Employer:							
			Surname of Spouse:		First Name:					
			Occupation of Spouse:		Learner resides with his/her parent/s: Yes No					
			Spouse ID Number:							
City/Suburb:			Marital status of parent:							
Postal Code:			Relationship to learner:							
	Coi	respondence Details			Other Contact Details					
Surname:		Title:	Home Telephone:							
Postal Address:				Work Telephone:						
				Cell Number :						
				Spouse Work Telephone:						
				Spouse Cell:						
				E-Mail Address:						
Code:				Spouse E-Mail Address:						
I hereby declare that to the he	est of my kr	nowledge the above in	formation as supplied is accurate an	d correct						
	.se or my ki	rowiedge, the above in	rormation as supplied is decurate an	d correct.	1					
Name of Parent / Guardian (Please Print):										
Signature of Parent / Guardia	n :									
				_						
Date:										
		I		I						