



## APPLICATION FOR ADMISSION TO THE WAY CHRISTIAN SCHOOL

Application year: \_\_\_\_\_

**Note: This form must be completed in full. All changes to be initialed or signed by parent / guardian.  
 Completing the form does not necessarily mean that the learner has been accepted into the school.**

Grade Applied For:	Highest Grade Passed:	Year When Grade was passed:	Has the learner ever failed a year? If yes, which year?
Surname:	Initials:	Nickname:	Dexterity of learner: Left handed <input type="checkbox"/> Right handed <input type="checkbox"/>
First Name:	Other Names:		
Date Of Birth:	Gender:	Race:	
Identification or Passport No:	Citizenship:		
Physical Address:	Home Telephone:		
	Emergency Telephone:		
	Learner Cell:		
	Learner E-mail:		
Postal Code:	Home Language:		
Deceased Parents: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/>	Mode of transport to school: Car <input type="checkbox"/> Shuttle service <input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/>		
Religion:	<b>FOR GRADE 1 ONLY:</b> Indicate pre-primary education: None <input type="checkbox"/> Non-Formal <input type="checkbox"/> Formal <input type="checkbox"/>		
<b>Previous School Information</b>		<b>Learner Medical Information</b>	
Name of Previous School:	Medical Aid Number:		
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:		
<b>Assessment</b>			
Should the school require your child to be assessed by a professional therapist, will you be willing to have your child assessed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>To be completed by Grade 10 - 11 learners only: {Subject choices}:</b>		<b>To be completed by all Grade 8 - 9 learners only: {Proposed subjects to be taken in Grade 10 - 12}:</b>	
		English HL	
		Afrikaans FAL	
		Life Orientation	



<i>Siblings</i>			
<i>Number of other Children at this school:</i>			
<i>Name</i>	<i>Grade</i>	<i>Learners position in the family e.g. first</i>	

  

Parent / Guardian Information			
<i>Complete a SEPARATE parent form for each parent living at a different physical address</i>			
Title:	Initials:	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 <input type="checkbox"/> No <input type="checkbox"/>	
	Spouse ID Number:		
City/Suburb:	Marital status of parent:		
Postal Code:	Relationship to learner:		

  

Correspondence 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 best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian  
(Please Print):

Signature of Parent / Guardian :

Date: