

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

Application year:

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

			Highest G	rade Passed:				
ed a year? If yes	e) (3	999	Year whe	n Grade was pas	ssed:			
J (D)	00	000	006	9 (9 (16			
	00	000	Initials:	900				
			Other Na	mes:				
		6 6 6	Date of B	rth:		(54)		
	(2) (2)	999	Race:	9 (9) (8			(a) (c)	
	00	00	Citizenshi	p:			00	
	90	000	Religion:	.06		9		
Left-handed	77 (2)	Right-handed						
T		-						
9		BBB	Postal Co	de:	7	(67)	(E) (E)	
		00	Cellphone	e #			60 60	06
			Cellphone	e # 2		Ă	<u> </u>	
Mother		Father		Both				
Car		Shuttle Service		Walk	5	<u></u>	Bicycle	
ucation:	None		Non-Formal		Formal	Y		
ORMATION						-	9 9	
							(a) (c)	
	<u> </u>		-16	000		3	00)
	<u></u>	000	Code:			3		
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ORMATION ring Counselling:		000000000000000000000000000000000000000	Medical A Plan: Doctor Te	9 (9) (
	Left-handed Mother Car ucation:	Left-handed Mother Car ucation: None	Left-handed Right-handed Mother Father Car Shuttle Service	Initials: Other Nation Other Nat	Initials: Other Names: Date of Birth: Race: Citizenship: Religion: Postal Code: Cellphone # Cellphone # Cellphone # 2 Mother Father Both Both Car Shuttle Service Walk Walk Won-Formal Non-Formal Non-Formal Non-Formal Non-Formal Non-Formal	Year when Grade was passed: Initials:	Initials: Other Names: Date of Birth: Race: Citizenship: Religion: Postal Code: Cellphone # Cellphone # 2 Cellphone # 2 Car Shuttle Service Walk Walk Formal Formal Formal Formal Car Shuttle Service Shuttle Service Walk Car Car	Year when Grade was passed: Year when Grade was passed:



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FOR GRADE 10 – 11 LEARNERS ONLY: (Learners	cannot take Accounting in Grade 10 – 12 UNLESS EMS is	s taken in Grade 7 – 9)
English HL		
Afrikaans FAL		
Life Orientation		
	AAAAAA.	
SIBLINGS	55555555	6
Full Names:	Grade:	Learners position in the family eg first
0000	000000	
20000	000000000	0000
100000	00000000	0000
0000	000 - 100	0000
PARENTS / GUARDIAN DETAILS (Complete a SEPARATE form for each parent liv	ring at a different physical address)	
(Complete a SEPARATE form for each parent liv	ring at a different physical address) Initials:	
(Complete a SEPARATE form for each parent liv		
(Complete a SEPARATE form for each parent live Title:	Initials:	
Complete a SEPARATE form for each parent liv Title: First Name:	Initials: Surname:	
Complete a SEPARATE form for each parent liv Title: First Name: Other Names: Gender:	Initials: Surname: Date of Birth:	
(Complete a SEPARATE form for each parent live Title: First Name: Other Names:	Initials: Surname: Date of Birth: Race:	
Complete a SEPARATE form for each parent live. Title: First Name: Other Names: Gender: ID / Passport #	Initials: Surname: Date of Birth: Race: Citizenship:	
Complete a SEPARATE form for each parent live. Title: First Name: Other Names: Gender: ID / Passport # Home Language:	Initials: Surname: Date of Birth: Race: Citizenship:	
(Complete a SEPARATE form for each parent liv Title: First Name: Other Names: Gender: ID / Passport # Home Language: Physical Address:	Initials: Surname: Date of Birth: Race: Citizenship: Religion:	
Complete a SEPARATE form for each parent live. Title: First Name: Other Names: Gender: ID / Passport # Home Language: Physical Address: Province:	Initials: Surname: Date of Birth: Race: Citizenship: Religion:	

Postal Code:

Province:



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SPOUSE DETAILS: WE ARE SEPARATED BY DIVOR	CE; DIVORCE DECREE WILL BE ATTACHED		
Title:	Initials:		
First Name:	Surname:		
Other Names:	Date of Birth:		
Gender:	Race:		
ID / Passport #	Citizenship:		
Home Language:	Religion:		
Physical Address:			
Province:	Postal Code:	66	
Home Telephone #	Cellphone #	(0) (0) (1)	9)
Emergency #	Email:	000	50 0
Employer:	Occupation:		9-6
Employer Address:	<u>9 </u>	9 (9) (1)	90
Province:	Postal Code:		900
	0000	Yes	No No
Learner resides with his/her parent/s Learner resides with his/her guardian/s	900		
Learner resides with his/her guardian/s	the above information as supplied is accurate and cor	Yes	
Learner resides with his/her guardian/s	the above information as supplied is accurate and cor	Yes	
Learner resides with his/her guardian/s	the above information as supplied is accurate and cor	Yes	
Learner resides with his/her guardian/s	the above information as supplied is accurate and cor	Yes	
Learner resides with his/her guardian/s	the above information as supplied is accurate and cor	Yes	
Learner resides with his/her guardian/s	the above information as supplied is accurate and cor	Yes	
Learner resides with his/her guardian/s	the above information as supplied is accurate and cor	Yes	
Learner resides with his/her guardian/s	the above information as supplied is accurate and cor	Yes	
Learner resides with his/her guardian/s I hereby declare that to the best of my knowledge,		Yes rect.	No
Learner resides with his/her guardian/s I hereby declare that to the best of my knowledge,	9 E 9 E 9 E	Yes rect.	No No
Learner resides with his/her guardian/s I hereby declare that to the best of my knowledge,		Yes rect.	No No
Learner resides with his/her guardian/s I hereby declare that to the best of my knowledge,	9 E 9 E 9 E	Yes rect.	No No
Learner resides with his/her guardian/s I hereby declare that to the best of my knowledge,	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Yes Yes	No No
Learner resides with his/her guardian/s I hereby declare that to the best of my knowledge,	9 0 0 0 0 0 0 0 9 0 0 0 0 0 0 0 9 0 0 0 0	Yes Yes	No No
Learner resides with his/her guardian/s I hereby declare that to the best of my knowledge,	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Yes Yes	No No