



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.

Grade Applied For:		Highest Grade Passed:	
Has the learner ever failed a year? If yes, which year?		Year when Grade was passed:	

LEARNER DETAILS			
Surname:		Initials:	
First Name:		Other Names:	
Nickname:		Date of Birth:	
Gender:		Race:	
ID / Passport #		Citizenship:	
Home Language:		Religion:	

Dexterity of learner:	Left-handed	<input type="checkbox"/>	Right-handed	<input type="checkbox"/>
-----------------------	-------------	--------------------------	--------------	--------------------------

Physical Address:			
Province:		Postal Code:	
Home Telephone #		Cellphone #	
Emergency #		Cellphone # 2	

Deceased Parents:	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Both	<input type="checkbox"/>
-------------------	--------	--------------------------	--------	--------------------------	------	--------------------------

Mode of Transport:	Car	<input type="checkbox"/>	Shuttle Service	<input type="checkbox"/>	Walk	<input type="checkbox"/>	Bicycle	<input type="checkbox"/>
--------------------	-----	--------------------------	-----------------	--------------------------	------	--------------------------	---------	--------------------------

FOR GRADE 1 ONLY						
Indicate pre-primary education:	None	<input type="checkbox"/>	Non-Formal	<input type="checkbox"/>	Formal	<input type="checkbox"/>

PREVIOUS SCHOOL INFORMATION			
Name of School:			
School Address:			
Province:		Code:	

LEARNER MEDICAL INFORMATION			
Medical Aid Name:		Medical Aid #	
Main Member:		Plan:	
GP / Doctor:		Doctor Telephone #	
Doctors Address:			
Medical Conditions:			
Special Problems Requiring Counselling:			

ASSESSMENT				
Should the school require for 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"/>



SUBJECT CHOICES	
FOR GRADE 10 – 11 LEARNERS ONLY: (Learners cannot take Accounting in Grade 10 – 12 UNLESS EMS is taken in Grade 7 – 9)	
English HL	
Afrikaans FAL	
Life Orientation	

SIBLINGS		
Full Names:	Grade:	Learners position in the family eg: first

PARENTS / GUARDIAN DETAILS (Complete a SEPARATE form for each parent living at a different physical address)			
Title:		Initials:	
First Name:		Surname:	
Other Names:		Date of Birth:	
Gender:		Race:	
ID / Passport #		Citizenship:	
Home Language:		Religion:	
Physical Address:			
Province:		Postal Code:	
Home Telephone #		Cellphone #	
Emergency #		Email:	
Employer:		Occupation:	
Employer Address:			
Province:		Postal Code:	



SPOUSE DETAILS: WE ARE SEPARATED BY DIVORCE; 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:	
Home Telephone #		Cellphone #	
Emergency #		Email:	
Employer:		Occupation:	
Employer Address:			
Province:		Postal Code:	

LEARNERS RESIDENTIAL STATUS				
Learner resides with his/her parent/s	Yes		No	
Learner resides with his/her guardian/s	Yes		No	

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.
