The Way
CHRISTIAN SCHOOL

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.

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		Right-handed	

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

Deceased Parents:	Mother		Father		Both		

Mode of Transport:	Car		Shuttle Service		Walk		Bicycle		

FOR GRADE 1 ONLY						
Indicate pre-primary education:	None		Non-Formal		Formal	

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			

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Should the school require for your child to be assessed by a professional therapist, will you be willing to have your child assessed	Yes		No	
SUBJECT CHOICES				

FOR GRADE 10 – 11 LEARNERS ONLY:	
1. English HL	4.
2. Afrikaans FAL/ IsiZulu (Circle correct option)	5.
3. Life Orientation	6.

PARENT 1 / GUARDIAN DETAILS			
Title:		Initials:	
First Name:		Surname:	
Other Names:		Date of Birth:	
Gender:		Race:	
Marital Status: (Married/Single/Divorced)			
ID / Passport #		Citizenship:	
Home Language:		Religion:	
Physical Address:			
Province:		Postal Code:	
Home Telephone #		Cellphone #	
Emergency #		Email:	
Employer:		Occupation:	
Employer Address:			
Province:		Postal Code:	
PARENT 2 / GUARDIAN DETAILS			
Title:		Initials:	
First Name:		Surname:	
Other Names:		Date of Birth:	
Gender:		Race:	
Marital Status: (Married/Single/Divorced)			
ID / Passport #		Citizenship:	
Home Language:		Religion:	
Physical Address:			
Province:		Postal Code:	
Home Telephone #		Cellphone #	
Emergency #		Email:	
Employer:		Occupation:	
Employer Address:			
Province:		Postal Code:	

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SIBLINGS		
Full Names:	**Grade:**	**Learners position in the family e.g.: first**

LEARNERS RESIDENTIAL STATUS				
Learner resides with both parents	Yes		No	
Learner resides with parent 1	Yes		No	
Learner resides with parent 2	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.