

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		(9)	(2) (2)	(9)	(2)	9) (9) (9		(8)			
Surname:	00	0000000			Initials:						
First Name:		000000				Other Names:					
Nickname:		0 9 0 0 0 0 0				Date of Birth:					
Gender:		0 0000				Race:					
ID / Passport #				Citizenship:							
Home Language:	7	6 10000			Religion:			6		6	
Dexterity of learner:	Left-handed	Left-handed Right-h		light-handed							
Physical Address:	•			- 6 6			- 3		00	-	
Province:		_ 99			Postal Co	ode:)	(8)	9) (9)	(2) (
Home Telephone #		000			Cellphone #			6		60 4	
Emergency #					Cellphon	e # 2					
Deceased Parents:	Mother	Father			Both						
Mode of Transport:	Car	Car Shuttle		huttle Service	Walk			Bicycle			
FOR GRADE 1 ONLY	3 -3 -5										
Indicate pre-primary education:		None	None N		lon-Formal		Formal				
PREVIOUS SCHOOL INF	ORMATION							-	9 9		
Name of School:		6			-1	3) (3) (3) (8	9) (9)		
School Address:				000	6	900	10		000		
Province:					Code:			X			
LEARNER MEDICAL INF	ORMATION										
Medical Aid Name:	6 6	1000000000			Medical Aid #						
Main Member:		999999			Plan:						
GP / Doctor:					Doctor Telephone #						
Doctors Address:							1				
Medical Conditions:											
Special Problems Requ	iring Counselling:										
ASSESSMENT											



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Should the school require for	your child to be assessed by a profession	al therapist, will you be willing to					
have your child assessed	, , , , , , , , , , , , , , , , , , ,		Yes	No			
SUBJECT CHOICES							
FOR GRADE 10 – 11 LEARNER	DS ONLY:						
1. English HL	AS ONLY.	4.					
1. Eligisti AL		4.					
2. Afrikaans FAL/ IsiZ	Zulu	5.					
(Circle correct opti	on)	0000					
3. Life Orientation	J	6.	16				
PARENT 1 / GUARDIAN DETA	IILS	00000		8)			
Title:	3399999	Initials:	(2)	2) (2)			
First Name:		Surname:		0.0			
Other Names:		Date of Birth:		001			
Gender:	9 9 9 9	Race:	(9) (9) (9) (9) (8,			
Marital Status: (Married/Single/Divorced)		6 6	00	000			
ID / Passport #	100	Citizenship:					
Home Language:	00	Religion:	7 67	0001			
Physical Address:		(a) (f		9996			
Province:	0.00 0	Postal Code:					
Home Telephone #		Cellphone #	, 6,	0000			
Emergency #	3000	Email:		0006			
Employer:		Occupation:	0.00	000/			
Employer Address:				0001			
Province:	3 9 9 9 6	Postal Code:	7 (2) (999			
PARENT 2 / GUARDIAN DETA	IILS						
Title:		Initials:					
First Name:	9	Surname:) (0 O F			
Other Names:	201	Date of Birth:	. 5	99			
Gender:		Race:					
Marital Status: (Married/Single/Divorced)	900000	00000	0	37			
ID / Passport #	3 9 9 9 9 9	Citizenship:	9 9				
Home Language:		Religion:					
Physical Address:							
Province:	90000	Postal Code:					
Home Telephone #	7000	Cellphone #					
Emergency #		Email:					
Employer:		Occupation:					
Employer Address:							

Postal Code:

Province:



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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			No			

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