

APPLICATION FORM: OUTENIQUA PRIMARY

✉ Email: outeniquaprim@gmail.com

☎ Tel: 044 873 2292



This form must be handed in at Outeniqua Primary School's office.

Please ensure that all necessary documents are attached.

Important information regarding application:

- Application must be signed.
- Please ensure the correct contact details are provided.
- All documents must be attached. (You are responsible for the making of copies.)
- Complete one form per child and attach copies of the following.

Copy of birth certificate		Copy of immunisation certificate	
Copy of learner's last report from previous school		Proof of physical address	
Copies of ID's of both parents		Transfer form from previous school (if school has already been left)	

PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

INFORMATION: LEARNER									
Surname					Initials				
Full names									
Preferred Name									
Date of birth									
ID number									
Residential address									
Nationality									
RSA					Other				
Nationality, if other									
Passport number, if other									
Gender		Male				Female			
Ethnic group		Black	Coloured	Indian	White	Other			
Home language									
Language of instruction		Afrikaans				English			
Repeated any grades?		YES				NO			
Last grade passed									

INFORMATION: NEXT OF KIN (OTHER THAN PARENT)	
Name and surname	
Contact number	
Alternative contact number	
Relationship	

INFORMATION: CURRENT SCHOOL					
Name of current school		First enrolment of learner in Western Cape		YES	NO
Email address		Grade applying for		Gr	
School address		Province of current school			
Date leaving school				Indicate when you would like to become an Outie	
New to George?		YES	NO	Date moving to George?	

INFORMATION: OTHER			
Brothers or sisters in Outeniqua Primary	YES	NO	If yes, please provide name, surname and grade
Does the learner receive a social grant?		Yes ☐	No ☐
Religious Denomination			

FOR OFFICE USE ONLY (Checklist)

Date on which application was received			
CEMIS Number			
Admission number			
Register class		Language	
Birth certificate		Transfer certificate	
Proof of address		Last report	
ID's of both parents		Immunisation Certificate	

MEDICAL INFORMATION OF LEARNER:

Chronic diseases	YES	NO	Allergies	YES	NO	Medication	YES	NO
If yes, provide details								

INFORMATION: FAMILY DOCTOR

Name	
Telephone number	

INFORMATION: MEDICAL FUND

Name of fund	
Member plan	
Medical number	
Main member	

INFORMATION: BIOLOGICAL PARENT 1 / LEGAL GUARDIAN 1

Relationship to learner

Title	Initials	Residential Address							
Surname	Name								
ID number									
Nationality	RSA		Other		Does the learner live with you?	YES	NO	SOMETIMES	
Passport number, if other					Home Language				
Cell phone number					Marital Status	Married	Divorced	Widow Widower	Single
Alternative Contact no.						Other			
Email address									
Occupation					Employer				
Name of business (If self employed)					Telephone number (work)				

INFORMATION: BIOLOGICAL PARENT 2 / LEGAL GUARDIAN 2

Relationship to learner									
Title	Initials	Residential Address							
Surname	Name								
ID number									
Nationality	RSA		Other		Does the learner live with you?	YES	NO	SOMETIMES	
Passport number, if other					Home Language				
Cell phone number					Marital Status	Married	Divorced	Widow Widower	Single
Alternative Contact no.						Other			
Email address									
Occupation					Employer				
Name of business (If self employed)					Telephone number (work)				

Jou toekoms begin hier.
Your future starts here.

DECLARATION BY PARENTS OR GUARDIANS

- ☐ We hereby declare that all information supplied is true and correct.
- ☐ We hereby give consent to Outeniqua Primary to process my personal information and that of my child, as outlined in the PROTECTION OF PERSONAL INFORMATION ACT (POPIA)
- ☐ We hereby grant permission for Outeniqua Primary School to display photos/images/videos of my child.

1. _____ /_____/20
Initials and surname of Father/Guardian Signature of Parent/Guardian Date

2. _____ /_____/20
Initials and surname of Mother/Guardian Signature of Parent/Guardian Date