



VAAL TRIANGLE PRIMARY SCHOOL

Version 2013-Jan 09/2013/13

APPLICATION FOR ADMISSION

Address: Joseph Addison Street, Vanderbijlpark
Telephone: 016 933 2200
Email: reception@vaaltriangleprimary.co.za

Grade:
 Year:

DOCUMENTS / INFORMATION REQUIRED

Copy of birth certificate / ID document		Latest month's proof of household income/ salary advice	
Copy of study permit/refugee permit (if foreign)		Water & lights account (latest) or proof of residence	
Copy of learner's latest progress report - (Grade 1-7)		3 x months bank statements	
Copy of parents/legal guardian's ID document		Two recent colour photos of the learner (ID size)	
Copy of responsible person's ID document		Application form completed in full (Sections A - J)	
Transfer document (once available)		Annexure A - Consent to sharing of personal information	
Copy of vaccination record (Pre-primary & Foundation Phase)		Annexure B - Aftercare application form	
Copy of Medical Aid card (Front and Back)		Annexure C - Debit order instruction form	

A) LEARNER'S DETAILS

Admin number: (if issued)	Grade and class applied for
Surname	Home Language
First names (in full)	Religion
Preferred Name	Country of birth (if not SA)
ID/Passport no.	Ethnic group
Learner cell no.	Signature - Father
Gender: Male ☐ Female ☐	Signature - Mother

Means of transport to/from school: Motor vehicle ☐ Bus ☐ Taxi ☐ Walk ☐

Distance from home to school: _____ Telephone number of Transporter: _____

B) LEARNER'S EDUCATIONAL DETAILS

Current school: _____ Telephone no. (parent school) _____

Last grade passed: _____ Year: _____ Grade/s repeated: (if any) _____

Has admission to any other school/s ever been refused? If yes, please state reason: _____

Have you as parent/guardian been called to school for discipline issues? If yes, please state reason: _____

C) FAMILY DETAILS

Father / Guardian	Surname	_____	Title	_____	Initials	
	First names	_____	ID/Passport number	_____		
	Home address	_____	Postal address	_____		
	Postal code		Phone: Home	_____		
	Employer	_____	Work	_____		
	Occupation	_____	Cell	_____		
Mother / Guardian	Surname	_____	Title	_____	Initials	
	First names	_____	ID/Passport number	_____		
	Home address	_____	Postal address	_____		
	Postal code		Phone: Home	_____		
	Employer	_____	Work	_____		
	Occupation	_____	Cell	_____		
	WhatsApp number	_____				
	Email address	_____				
	Relation to learner	_____				

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Thirumalaisamy P.
Velavancorresponding



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