Mocke Road, Prime Park, Elfindale, Diep River
Unit D26
Cape Town, South Africa
7945
Tell: +27 63 564 0155
Email: reception@aspeling.org.za
Registration number: 2023/605425/07

APPLICATION FORM

APPLICATION FOR ADMISSION – 20____ ACADEMIC YEAR

SECTION A: LEARNER INFORMATION

1. Full Name of Learner: _____

2. Preferred Name (if any): _____3. Date of Birth: ___ / ___ / _____

4. Gender: ☐ Male ☐ Female ☐ Other 5. Home Language: _____

6. Nationality: _____ 7. ID / Birth Certificate Number: _____

8. Current Grade: _____ 9. Applying for Grade: _____ in Year _____

10. Previous School Name: _____

11. Reason for Leaving Previous School: _____

SECTION B: PARENT / GUARDIAN DETAILS

Parent / Guardian 1

1. Full Name: _____ 2. ID / Passport Number: _____

3. Relationship to Learner: _____4. Cellphone Number: _____

5. Work Number: _____6. Email Address: _____

7. Residential Address: _____

_____

8. Occupation: _____9. Employer: _____

Parent / Guardian 2 (if applicable)

1. Full Name: _____ 2. ID / Passport Number: _____

3. Relationship to Learner: _____4. Cellphone Number: _____

5. Work Number: _____6. Email Address: _____

7. Residential Address: _____

_____

8. Occupation: _____9. Employer: _____

SECTION C: MEDICAL INFORMATION

1. Medical Aid Name: _____2. Medical Aid Number: _____

3. Family Doctor: _____ Contact: _____

4. Any allergies or medical conditions?

☐ Yes ☐ No

If yes, please specify: _____

5. Emergency Contact (if parents cannot be reached):

Name: _____ Relationship: _____

Contact Number: _____

SECTION D: DOCUMENTS TO BE ATTACHED

☐ Copy of Birth Certificate / ID

☐ Latest School Report

☐ Immunisation Card (if applicable)

☐ Proof of Residence

☐ Copy of Parent/Guardian ID

☐ Transfer Letter (if applicable)

SECTION E: DECLARATION

I, the undersigned, declare that the above information is true and correct. I understand that any false information may result in the application being rejected. I agree to abide by the school's code of conduct and policies if this application is successful.

Parent / Guardian Signature: _____

Date: ___ / ___ / _____