





**PARTICULARS OF PARENTS OR GUARDIANS.** (If there are two parents or legal guardians, both are entitled to vote at parent meetings for the election of a Board of Governors or presentation of Budgets. The information hereunder should therefore be given in respect of each biological parent or legal guardian. Both biological parents' details are required, regardless of marital status)

**Biological Father**

Full Name:												
Identity Number												
Telephone:	Home:			Work:				Cellular:				
Residential Address												
Postal Address, if different from Residential address												
Business Particulars	Email address of father: Name of company: Telephone number: Address:											

**Biological Mother**

Full Name:												
Identity Number												
Telephone:	Home:			Work:				Cellular:				
Residential Address												
Postal Address, if different from Residential address												
Business Particulars	Email address of mother: Name of company: Telephone number: Address:											

<b>Marital Status:</b>	Married	Divorced	Separated	Single	Divorced, and Remarried	Deceased: Father/Mother
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**Additional Parent / Guardian:** (if applicable) In case of legal guardianship/ foster care, documentary proof must be attached.

Full Name:							Relationship to child						
Identity Number													
Telephone:	Home:			Business:			Cellular:						
Residential Address													
Postal Address, if different from Residential address							Email address:						
Business Particulars	Occupation:			Name of business:				Business address:					

**In case of emergency if the parents are not contactable:**

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone : \_\_\_\_\_

**MEDICAL INFORMATION**

Name of Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Aid: Name: \_\_\_\_\_ Main Member's name: \_\_\_\_\_

Member Code of child: \_\_\_\_\_ Membership number: \_\_\_\_\_

Important illness(es) from which the learner is suffering or has suffered (e.g. Asthma, Epilepsy, Diabetes). Please give details of any medication being administered:

Operation(s) learner has had: Give date and nature of operation(s):

Indicate illness(es) learner has been immunised against:

Tuberculosis (BCG)	Diphtheria	Whooping Cough	Tetanus	Measles	German Measles	Mumps	Poliomyelitis
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***N.B. Learners should have been immunised against ALL the above illnesses before being admitted to the School. Written proof of immunisations is required by the Department of Health. (Please provide a PHOTOCOPY of the Clinic Card with your child's name clearly indicated).***

**FULL NAME OF PERSON** who completed form (Please print): \_\_\_\_\_

State relationship to child: e.g. father, mother or legal guardian: \_\_\_\_\_

I understand that Golden Grove is a fee paying school, and I am willing and able to meet my obligations in this regard. I commit myself to the payment of school fees in full to Golden Grove. After my child has been accepted at Golden Grove, I will give one full term's WRITTEN notice should I intend to withdraw my child from the school.

**VERY IMPORTANT:** As well as submitting the hardcopy of this application form to the school, each application **MUST** be captured online on the WCED system by the parent. See information below.

Please apply on-line using the following:  
<https://admissions.westerncape.gov.za> is the link to the on-line portal.

- Submission of an on-line application does not guarantee a place at the selected school/s.
- As well as submitting the hardcopy of this application form to the school, each application **MUST** be captured online on the WCED system by the parent.
- Supporting documents for the on-line application: - **ONLY** the documents asked for on this hardcopy Golden Grove Primary application form need to be attached to your on-line application.
- Applications for 2022 close on the 26 March 2021.
- Please note that completed application forms must be delivered to the school. You may not fax, post or email forms.

Please tick the box below as confirmation

I confirm that this application has been loaded online by the parent

**SIGNATORY OF THIS DOCUMENT TAKES RESPONSIBILITY FOR THE PAYMENT OF SCHOOL FEES.**

- I agree to the Rules and Regulations set out in the School Prospectus and amended from time to time. I will ensure that the child abides by the said Rules, in particular undertaking to make good any damage or loss occasioned by the child and indemnifying the School, Staff and Department against any loss or damage to the person or belongings of the child.
- I give consent for the child to take part fully in school activities, including on the sports field and on official school outings.
- I understand that my child will only be eligible for enrolment once I have completed all the necessary forms, submitted all the required documents, and subject to a place being available in the school.

- I declare that the information provided on this application form is correct and I understand that any false information supplied could result in my child's application for a place at Golden Grove Pre-Primary, Primary or Aftercare not being considered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

-----OFFICE USE ONLY-----

**OFFICE NOTES**
