



Laerskool J.J. van der Merwe



PRIVATE BAG X9035, ERMELO, 2350

TEL: (017) 811 5954 FAX NO: (017) 811 5955

Application Form : New Learners

* FOR OFFICE USE:	
ADMISSION NUMBER _____	ACCOUNT NUMBER: _____
Surname of Learner:	
ID-Number (of learner): <input style="width: 100px; height: 20px;" type="text"/>	
Date of enrolment:	
Name of previous school:	
Tel. No. (Previous school):	
Gender (*Choose the correct block) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Population group: (*Choose the correct block):	
<input type="checkbox"/> African <input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/> Other <input type="checkbox"/> Asian	
Application for grade (20_____) R 1 2 3 4 5 6 7	
Home Language (*Choose the correct block):	
<input type="checkbox"/> Afrikaans <input type="checkbox"/> IsiZulu <input type="checkbox"/> IsiXhosa <input type="checkbox"/> English <input type="checkbox"/> Siswati <input type="checkbox"/> IsiNdebele <input type="checkbox"/> Setswana <input type="checkbox"/> Sesotho <input type="checkbox"/> TsiVenda <input type="checkbox"/> Sepedi <input type="checkbox"/> Xitshonga <input type="checkbox"/> Ander	
Position of child in the family (1st born/2nd born) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	
Number of children in the family: <input style="width: 40px;" type="text"/>	
Other family members (brothers and/or sisters) in the school:	
Preferred Language of Education: (*Choose the correct block)	
<input type="checkbox"/> Afrikaans <input type="checkbox"/> English	
Name & Grade:	
Name & Grade:	
Name & Grade:	
Name & Grade:	
Doctor (Name and Tel. no):	
Medical Aid:	
1st Parent/Guardian	2nd Parent/Guardian
Surname:	
Initials: Title:	
ID-Number: <input style="width: 100px; height: 20px;" type="text"/>	
Occupation:	
Employer:	
Work Address:	
Telephone Number (Work):	
Email Address:	
Postal Address:	Home Address:
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Cell No:	
<input style="width: 100%; height: 20px;" type="text"/>	

Marital status: (*Choose the correct block)			Person responsible for payment of school fees	
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Divorced, live with father	<input type="checkbox"/> Guardians	Surname & Initials:	
<input type="checkbox"/> Single Parent	<input type="checkbox"/> Divorced, live with mother	<input type="checkbox"/> Stepfather	Relationship to learner:	
<input type="checkbox"/> Stepfather/own mother	<input type="checkbox"/> Widow	<input type="checkbox"/> Stepmother	Address:	
<input type="checkbox"/> Own father/stepmother	<input type="checkbox"/> Widower	<input type="checkbox"/> Other		
Religion:			Contact Number:	
Contact person if parents cannot be reached:				
Name:			Contact number 1:	
Relationship:			Contact number 2:	

PHOTOSTAT COPIES OF THE LEARNER'S BIRTH CERTIFICATE, TRANSFER NOTE AND ASSESSMENT OF THE PREVIOUS SCHOOL MUST BE HANDED IN WITH THE APPLICATION FORM.

1. Birth certificate
2. Report from previous school (*Gr 2-7 learners*).
3. Transfer card from previous school.
4. Immunisation card (*Gr 1 learners*).

I UNDERTAKE TO PAY ALL SCHOOL FEES AND I DECLARE THAT ALL INFORMATION GIVEN IS CORRECT IN ALL ASPECTS.
 I UNDERTAKE TO PAY THE SCHOOL FEES AS FOLLOWS:

1. The full amount (once off) before the end of January (with discount):
2. Three (3) equal amounts, once per term for the first three (3) terms. This amount is payable during the first week of the first three (3) terms.
3. Ten (10) equal payments (January to October) payable in advance at the beginning of each month.

 DATE

 SIGNATURE OF PARENT/GUARDIAN