



Bizweni High School

Physical Address: Bizweni Campus, Bizweni Avenue
Somerset West Cape town Western Cape South Africa

School Phone: +27 21 851 2048

Postal Address: PO Box 1601 Somerset West Cape town
Western Cape South Africa 7129

Email Address: admin@bizweniprimaryschool.co.za

Admission Application

Learner Information:	
Grade Application:	Highest Grade Achieved:
Year of Highest Grade Achieved:	
Surname:	Initials:
Name:	Preferred Name:
Birth Date: YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/> DD: <input type="text"/> <input type="text"/>	Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Country:	Ethnic Group:
Citizenship:	Religion:
Identity Number:	
Passport Number:	
Physical Address:	Postal Address:
	Same as Physical Address?: <input type="checkbox"/>
Province:	Province:
Country:	Country:
Postal Code:	Postal Code:
Distance From Home To School: <input type="checkbox"/> 0 - 5 km <input type="checkbox"/> 5 - 10 km <input type="checkbox"/> 10 - 20 km <input type="checkbox"/> 20 km +	
Home Phone:	Home Language:
Alternative Phone:	Preferred Language:
Mobile Telephone:	Additional language:
Email Address:	Parents Deceased: Both <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/>
Name of previous School:	Boarder: Yes <input type="checkbox"/> No <input type="checkbox"/>
Physical Address:	Postal Address:
	Same as Physical Address?: <input type="checkbox"/>
Province:	Province:
Country:	Country:
Postal Code:	Postal Code:
Medical Aid Name:	Doctor:
Aid Main Member:	Doctor Telephone:
Medical Aid Number:	Social Grant: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Medical Condition:	
Special problems requiring Counselling:	
Number of children in family: <input type="text"/>	Position of child in family: <input type="text"/>
Number of other Children in the School: <input type="text"/>	



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Specify details of other children in the school:			
Name:		Grade:	Class: Position:
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Name:		Grade:	Class: Position:
Marital status of parents:	<input type="checkbox"/> Married	<input type="checkbox"/> Widower	<input type="checkbox"/> Widow
After school care:	<input type="checkbox"/> After School Center	<input type="checkbox"/> Father	<input type="checkbox"/> Mother
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Step Father	<input type="checkbox"/> Step Mother
	<input type="checkbox"/> Domestic Worker	<input type="checkbox"/> Friend	<input type="checkbox"/> Family <input type="checkbox"/> None <input type="checkbox"/> Other
Primary Guardian Details:			
Surname:		Initials:	
Name:		Title:	
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/> DD: <input type="text"/> <input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country:		Ethnic Group:	
Citizenship:		Religion:	
Identity Number:	<input type="text"/>	Home Language:	
Passport Number:	<input type="text"/>	Preferred Language:	
Physical Address:		Postal Address:	Same as Physical Address?: <input type="checkbox"/>
Province:		Province:	
Country:		Country:	
	Postal Code: <input type="text"/>		Postal Code: <input type="text"/>
Stays in the area (Within 10km)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Works in the area (Within 10km)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation:		Work Address:	
Employer:		Email Address:	
Home Phone:		Work Telephone:	
Mobile Telephone:		Relationship to Learner:	
Secondary Guardian Details:			
Surname:		Initials:	
Name:		Title:	
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/> DD: <input type="text"/> <input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country:		Ethnic Group:	
Citizenship:		Religion:	
Identity Number:	<input type="text"/>	Home Language:	
Passport Number:	<input type="text"/>	Preferred Language:	



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By submitting my personal information via this form, I provide consent for Bizweni High School to use my information for the Admission Application and whilst enrolled at Bizweni High School.

Bizweni High School respects the privacy of your personal information and will not share it with any other party.

Consent

Signature of applicant (Father): _____

Signature of applicant (Mother): _____

If the learner is accepted, the following documents must be submitted to the school

1. Copy of Immunisation Records	Y	N	2. Copy of Birth Certificate	Y	N
3. Progress Report from previous school	Y	N	4. Transfer Letter from previous school	Y	N
5. Copy of ID - Father	Y	N	6. Copy of ID - Mother	Y	N
7. Proof of address	Y	N			

For office use:

Waiting list and No.:		Class Placed:	
Reason:		Date Accepted:	
Signature Clerk:		Admission Number:	
Date:		Outstanding Documents:	

How did you hear about Bizweni High School: Advertisement Google Friend Primary School

Application Checklist	
Mom ID Copy	
Dad ID Copy	
Birth Certificate	
Recommendation Form	
Previous Year End Report	
Most Recent Report	
Proof of Address	
<p>Please provide the above documentation along with the completed application form and signed fee structure via email or in person.</p>	

Parent / Guardian and Pupil Contract

I confirm that all details provided on this Application Form are accurate and complete. I accept full responsibility for the payment of all fees owed to Bizweni High School. I further understand that the school reserves the right to deny re-admission should fees and related costs remain unpaid, or if my child's conduct is deemed unacceptable.

Signed by Parent / Guardian: _____

Date: _____