

# APPLICATION FOR ADMISSION

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A division of the Dunamis Education Centre  
 Reg. No: 400410

## For Office Use Only

<b>Date Application Received:</b>	<input type="text"/>	<b>Registration / Date Paid:</b>	<input type="text"/>	<b>Assessment Date:</b>	<input type="text"/>
		<b>Amount:</b>	<input type="text"/>		
		<b>Method: (Eft/Rec/Card)</b>	<input type="text"/>		
<b>Accepted:</b>	<input type="text"/>	<b>Rejected:</b>	<input type="text"/>		
		<b>Reason For Rejection:</b>	<input type="text"/>		

## CERTIFIED DOCUMENTATION RECEIVED (tick)

ID photo of Learner	<input type="checkbox"/>	Copy of Previous school Report	<input type="checkbox"/>
Copy of Clinic Card	<input type="checkbox"/>	Copy of Legal Guardians ID	<input type="checkbox"/>
Copy of Birth Certificate	<input type="checkbox"/>	Copy of Psychological / Therapist Reports (If Any)	<input type="checkbox"/>
Proof of Physical Address	<input type="checkbox"/>	DSC Signed policy & Procedures Document	<input type="checkbox"/>
R950 Registration Fee ( <b>Non-Refundable</b> )	<input type="checkbox"/>	Copy of Medical Aid Card (both sides)	<input type="checkbox"/>
Transfer Card / Letter from the previous school	<input type="checkbox"/>		

**NB: This form must be completed in FULL. All changes need to be initialed or signed by parent / guardian.  
 Completing this form does not mean that the learner has been accepted into the school.**

GRADE: (APPLYING FOR)	<input type="text"/>	YEAR OF APPLICATION:	<input type="text"/>	Accession No:	<input type="text"/>
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## LEARNERS DETAILS

SURNAME	<input type="text"/>				
NAME	<input type="text"/>				
DATE OF BIRTH:	<input type="text"/>			Nick Name:	
	<b>DD</b>	<b>MM</b>	<b>YYYY</b>		
Identification or Passport No:	<input type="text"/>				
RACE:	<input type="text"/>				
COUNTRY OF RESIDENCE:	<input type="text"/>				
PROVINCE OF RESIDENCE	<input type="text"/>				
Gender	<input type="checkbox"/>	<input type="checkbox"/>	(tick appropriate block)		
	Male	Female			
Learners Physical Address	<input type="text"/>				
Name of Previous School Attended	<input type="text"/>				
Previous School Address:	<input type="text"/>				
Previous School Contact Details:	(T) <input type="text"/>	Email Address: <input type="text"/>			
Principal:	<input type="text"/>				

For Gr. 1 Only (Indicate pre-primary education)	<b>NONE</b>	<b>NON FORMAL</b>	<b>FORMAL</b>
	<b>Right Handed</b>	<b>Left handed</b>	<b>Ambidextrous</b>
Dexterity of Learner:			
Preferred Language of Instruction			
Home Language			

### MEDICAL INFORMATION

Name of Medical Aid:		Medical Aid Number	
Main Member		Family Doctors Name	
Doctors Contact Number		Doctors Physical Address	
Medical Conditions			
Chronic Medication			
Allergies			
Special Problems Requiring Counselling:			
Contact Person Incase of Emergency:			<b>Contact Numbers</b>
(NOT A PARENT)			<b>Name and Surname</b>
Relationship:			

### SIBLINGS

Number of siblings in the school:  Position in the Family  (First / Second / Third ect.)

**Please supply full names and surnames below:**

1		GR	
2		GR	
3		GR	
4		GR	

## PARENT RESPONSIBLE FOR SCHOOL ACCOUNT AND CORRESPONDENCE

Title and Initials:		Surname:	
Name:		Identity Number:	
Email Address (Please PRINT Neatly)			
Are you the account payer?		(Yes/No)	

## PARENT / GUARDIAN INFORMATION - FATHER

Title		Initials:		Surname:	
First Name:			Gender:		
Home Language:			Race:		
Identity Number:					
Residential Address:					
City/Suburb					
					Postal Code
Occupation:					
Employer:					
Work Telephone Number:					
Cellular Number:					
Relationship to Learner:					
Marital Status of Parent					
Email Address: (PLEASE PRINT CLEARLY)					

## PARENT / GUARDIAN INFORMATION - MOTHER

Title		Initials:		Surname:	
First Name:			Gender:		
Home Language:			Race:		
Identity Number:					
Residential Address:					
City/Suburb					
					Postal Code
Occupation:					
Employer:					
Work Telephone Number:					
Cellular Number:					
Relationship to Learner:					
Marital Status of Parent					

Email Address: (PLEASE PRINT CLEARLY)

## GENERAL INFORMATION

<b>With who does the learner reside?</b>	Both Mother / Father	Mother Only	Father Only
<b>Religion:</b>			
<b>Mode of Transport?</b>			
<b>Deceased Parent:</b>	Mother:	Father:	

I, the undersigned hereby declare that: -

1. I have read and understood the policies and procedures manual and full comply and submit to the policy and procedures as set out in such document.
2. The authority reserves the right to verify the information given on this form.
3. Any offer of a place will be on the basis that the information supplied is accurate.

**Name of Parent / Guardian (Please Print)**

**Signature of Parent / Guardian**

**Dunimas Education Centre**

**Date**

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Dunamis Education Centre offers exciting promotions such as invitations to exclusive events, and will communicate these to you by sms and or e/mail. Do you wish to receive this communication?

YES
NO