



WIERDA INDEPENDENT SCHOOL

"RESPECT FOR ALL"

474 Theuns van Niekerk Street
 Rooihuiskraal North X16
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Attach photo here

STUDENT APPLICATION - 2027

This application must be filled out completely before it can be processed. An interview with parent(s) and student(s) might be required with the Committee before final acceptance into the school.

STUDENT INFORMATION

| | | | |
|-----------------------------|------------------------------------|-------------------------------------|--|
| Grade applied for: | | | |
| Surname: | | | |
| Initials: | | | |
| First Name: | | | |
| Other Names: | | | |
| Date of Birth: | Year: | Month: | Day: |
| Gender (Mark with X): | Male: <input type="checkbox"/> | Female: <input type="checkbox"/> | |
| Race (Mark with X): | African: <input type="checkbox"/> | Coloured: <input type="checkbox"/> | Indian: <input type="checkbox"/> White: <input type="checkbox"/> |
| Home Language (Mark with X) | English: <input type="checkbox"/> | Afrikaans: <input type="checkbox"/> | Sesotho: <input type="checkbox"/> IsiZulu: <input type="checkbox"/> |
| | SiSwati: <input type="checkbox"/> | Xitsonga: <input type="checkbox"/> | Tshivenda: <input type="checkbox"/> Setswana: <input type="checkbox"/> |
| | IsiXhosa: <input type="checkbox"/> | SePedi: <input type="checkbox"/> | Other: _____ |
| Identity Number: | | | |
| | Physical Address | | Is the learner right or left-handed: |
| Address: | | | Right <input type="checkbox"/> Left <input type="checkbox"/> Unsure <input type="checkbox"/> |
| Suburb: | | | |
| Town/City: | | Code: | |

FAMILY INFORMATION

| Father's Information | | Mother's Information | |
|---|--|----------------------|--|
| Name & Surname: | | Name & Surname: | |
| ID Number: | | ID Number: | |
| Employer: | | Employer: | |
| E-mail address: | | E-mail address: | |
| Work No.: | | Work No.: | |
| Cell No.: | | Cell No.: | |
| Marital status: | | | |
| Child's position in family (first born, etc.): | | | |
| Name and contact no. of a person who can be contacted in the event of an emergency (other than those already listed): | | Name: | |
| | | Cell No.: | |

MEDICAL INFORMATION

| | |
|--|--|
| Medical Aid: | Number: |
| Does the student have any physical defects or allergies? | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| If yes, explain: | |
| | |

(This form must be completed by the Principal/Vise of the Current school the learner is attending)

| CURRENT SCHOOL | | | | | | | |
|---|--|------|--|---------|--|------|--|
| Name of School: | | | | | | | |
| Contact number: | | | | | | | |
| SCHOLASTIC INFORMATION | | | | | | | |
| Has the student ever been expelled, dismissed, suspended or refused admission to another school? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| If yes, explain: | | | | | | | |
| | | | | | | | |
| Has the student ever had disciplinary difficulty at school? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| If yes, explain: | | | | | | | |
| | | | | | | | |
| Does the student have a juvenile arrest record? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| If yes, explain: | | | | | | | |
| | | | | | | | |
| Has the student ever used tobacco or non-prescription drugs of any kind? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| If yes, explain: | | | | | | | |
| | | | | | | | |
| Has the student ever failed an academic grade/s in school? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| If yes, explain: | | | | | | | |
| | | | | | | | |
| Please indicate academic level of the students previous work: | | | | | | | |
| Excellent | | Good | | Average | | Poor | |
| FINANCIAL INFORMATION AT CURRENT SCHOOL | | | | | | | |
| School fees per year: | | | | | | | |
| Outstanding amount: | | | | | | | |
| | | | | | | | |

| SCHOOL STAMP |
|--------------|
| |

SIGNATURE OF PRINCIPAL / VICE PRINCIPAL

DOCUMENTS NEEDED FOR ADMISSION

- A signed, completed admission document.
- A transfer document
- Copy of ID documents of parents.
- Copy of clinic card of learner.
- Reports (Occupational Therapist, Psychologist etc.)

As soon as the learner is admitted, profiles or confidential information will be requested from previous schools.

ADMISSION OF NON-CITIZENS

The South African Schools Act, 1996 and this policy apply equally to learners who are not citizens of the Republic of South Africa and whose parents are in possession of a permit for temporary or permanent residence issued by the Department of Home Affairs.

A learner who entered the country on a study permit must present the study permit on admission to the school.

Persons classified as illegal aliens must, when they apply for admission for their children or for themselves, show evidence that they have applied to the Department of Home Affairs to legalise their stay in the country in terms of the Aliens Control Act, 1991 (No. 96 of 1991).

SHOULD YOUR CHILD, FOR ANY REASON, BE REMOVED FROM THE SCHOOL, THE FOLLOWING WILL APPLY

- A full month's calendar notice is to be given before removing the student from the school. November is not seen as a notice month. Learners leave the school at the end of December.
- Registration fees and advance payments are non-refundable.

PLEDGE

I hereby pledge to pay my financial obligations to the school, on the date due and understand that it may be deemed necessary to withdraw my child if adequate arrangements are not made on an overdue account. I acknowledge that interest may be added to accounts that are in arrears.

I hereby give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises. I absolve the school from liability to myself or my child because of any injury which may occur to my child either at the school or during any school activity.

I hereby agree to uphold and support the high academic standard of the school by providing a place at home for my child to study as well as giving my child encouragement in the completion of any homework assignments.

I appreciate the standards of the school and will not tolerate profanity, obscenity in word or action, or disrespect to the personnel of the school. I hereby agree to support all rules and regulations of the school on the applicant's behalf and authorise the school to employ discipline deemed wise and expedient for the training of my child.

I understand the school reserves the right to dismiss any student who fails to comply with the established rules and regulations or whose financial obligation remains unpaid.

I read and understand the Rules and Regulations of Wierda Independent School and agree to them.

SIGNATURE OF FATHER

SIGNATURE OF MOTHER

DATE

DATE

SIGNATURE OF PRINCIPAL

DATE