



APPLICATION FOR ADMISSION - 2027

PLEASE COMPLETE WITH A BLACK PEN
DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes No

Name of other learner(s) : _____

DATE: 23 APR 2026

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: _____

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home language: _____

Preferred tuition language: _____

Dexterity: Left Right Both

Learner mobile number: _____

Learner e-mail address: _____

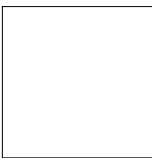
Admission date: _____

Grade in 2027 : _____

Years in grade for 2027 : _____

Years in phase for 2027 : _____

Pre-primary education attended: Formal Informal
 Other: _____

Attach learner photo: 

Method of transport: _____

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Family code: _____

Register class: _____

Admission number: _____

Waiting list: A B

Number on waiting list: _____

ID copy:

Application fee:

Proof of residence:

Birth certificate:

Clinic card:

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried
 Foster care Childrens home Single parent - Divorced
 Other Re-composed Widow/Widower

Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng: Yes No

Learner attended school last year Yes No

If yes, in which Province/Country: _____

Previous school: _____

Telephone Number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: Common law marriage Divorced
 Engaged Married Separated
 Single Traditional marriage Widowed

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: Common law marriage Divorced
 Engaged Married Separated
 Single Traditional marriage Widowed

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

ACCOUNTABLE PERSON'S INFORMATION Biological Parent 1 Biological Parent 2 Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Comm language: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Account type: Cheque Transmission Savings

Bank account number: _____

Account holder: _____

1. I, parent / guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
3. I undertake to inform the school if any of the above information may change.
4. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Hammanskraal Elite Primary School as included in the Policy of the school.
5. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signature of Parent / Guardian: _____ Date: _____