



ST PAULUS PRE-PRIMARY AND PRIMARY SCHOOL  
ST PAULUS PRE-PRIMÈRE EN PRIMÈRE SKOOL

**APPLICATION FORM**

GRADE APPLIED FOR: \_\_\_\_\_ YEAR: \_\_\_\_\_

CHILD'S SURNAME: \_\_\_\_\_

CHILD'S NAME(S): \_\_\_\_\_

CHILD KNOWN AS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

SCHOOL PRESENTLY ATTENDING: \_\_\_\_\_

HOME LANGUAGE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

NAME OF PARENT/GUARDIAN (in full):  
\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

CONTACT NUMBERS:

HOME: \_\_\_\_\_

MOTHER: (Cell) \_\_\_\_\_ FATHER: (Cell) \_\_\_\_\_

MOTHER: (Work) \_\_\_\_\_ FATHER: (Work) \_\_\_\_\_

MOTHER: (E-mail) \_\_\_\_\_

FATHER: (E-mail) \_\_\_\_\_

OTHER CHILDREN AT THIS SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

1. This application does not ensure your acceptance. Failure to have this application registered with the office will be considered as a cancellation. This application is only for the Grade for which you apply.
2. Should you be successful, an interview can be arranged for with the Principal.
3. Once acceptance has been finalised, an acceptance fee will be levied and a tuition agreement signed.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

☎ (012) 804 9670 📠 (012) 804 5039 / ✉ admissions@stpaulus.co.za





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**AANSOEKVORM**

AANSOEK VIR GRAAD: \_\_\_\_\_ JAAR: \_\_\_\_\_

KIND SE VAN: \_\_\_\_\_

KIND SE NAAM/NAME: \_\_\_\_\_

KIND SE NOEMNAAM: \_\_\_\_\_

GEBOORTEDATUM: \_\_\_\_\_ OUDERDOM TANS: \_\_\_\_\_ GESLAG: \_\_\_\_\_

TANS SKOOLGAANDE BY: \_\_\_\_\_

HUISTAAL: \_\_\_\_\_ GELOOF: \_\_\_\_\_

VERWYS DEUR: \_\_\_\_\_

VOLLE NAAM/NAME VAN OUER/VOOG: \_\_\_\_\_

\_\_\_\_\_

POSADRES: \_\_\_\_\_

\_\_\_\_\_ POSKODE: \_\_\_\_\_

FISIESE ADRES: \_\_\_\_\_

\_\_\_\_\_ POSKODE: \_\_\_\_\_

KONTAKNOMMERS:

HUIS: \_\_\_\_\_

MOEDER: (Sel) \_\_\_\_\_ VADER: (Sel) \_\_\_\_\_

MOEDER: (Werk) \_\_\_\_\_ VADER: (Werk) \_\_\_\_\_

MOEDER: (E-pos) \_\_\_\_\_

VADER: (E-pos) \_\_\_\_\_

ANDER KINDERS BY DIE SKOOL: \_\_\_\_\_ GRAAD: \_\_\_\_\_

NAAM: \_\_\_\_\_

NAAM: \_\_\_\_\_

1. Hierdie aansoek verseker nie u aanvaarding nie. Indien u nie die aansoek by die kantoor registreer nie, sal dit as 'n kanselasie beskou word. Hierdie aansoek is alleenlik vir die Graad waarvoor u aansoek doen.
2. Indien u aansoek suksesvol is, kan ons 'n afspraak vir u met die Hoof reël.
3. Wanneer aanvaarding gefinaliseer is, sal 'n registrasie fooi gehef word en 'n kontrak geteken word.

HANDTEKENING: \_\_\_\_\_ DATUM: \_\_\_\_\_

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**ADDITIONAL FAMILY INFORMATION**

**FOR OFFICE USE ONLY:**

**Family Code:**

**Family Surname:** \_\_\_\_\_ **Home Language:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Medical Details:**

**Name of Doctor :** \_\_\_\_\_ **Contact number:** \_\_\_\_\_

**Details of Father:**

**Surname:** \_\_\_\_\_

**Names:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Details of Mother:**

**Surname:** \_\_\_\_\_

**Names:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Alternative Guardian:**

**Surname:** \_\_\_\_\_

**Full name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Full name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**Account Information:**

**Person responsible for account:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Contact Number(s):** (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Contact person at company:** \_\_\_\_\_



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**ADDISIONELE FAMILIE INLIGTING**

**SLEGS VIR KANTOORGEBRUIK:**

Familie-Kode:

Familie Van: \_\_\_\_\_ Huistaal: \_\_\_\_\_

Huwelikstatus: \_\_\_\_\_

**Mediese Besonderhede:**

Naam van Dokter: \_\_\_\_\_ Kontaknommer: \_\_\_\_\_

**Vader Besonderhede:**

Van: \_\_\_\_\_

Name: \_\_\_\_\_

Titel: \_\_\_\_\_

ID Nommer: \_\_\_\_\_

Maatskappy: \_\_\_\_\_

Beroep: \_\_\_\_\_

**Moeder Besonderhede:**

Van: \_\_\_\_\_

Name: \_\_\_\_\_

Titel: \_\_\_\_\_

ID Nommer: \_\_\_\_\_

Maatskappy: \_\_\_\_\_

Beroep: \_\_\_\_\_

**Alternatiewe Voog:**

Van: \_\_\_\_\_

Volle Naam: \_\_\_\_\_

Verwantskap: \_\_\_\_\_

Kontaknommer: \_\_\_\_\_

Van: \_\_\_\_\_

Volle Naam: \_\_\_\_\_

Verwantskap: \_\_\_\_\_

Kontaknommer: \_\_\_\_\_

**Rekening Inligting:**

Persoon verantwoordelik vir die rekening: \_\_\_\_\_

Posadres: \_\_\_\_\_

Kontaknommer(s): (W) \_\_\_\_\_ (Sel) \_\_\_\_\_

E-pos adres: \_\_\_\_\_

Maatskappy: \_\_\_\_\_

Beroep: \_\_\_\_\_

Kontakpersoon by maatskappy: \_\_\_\_\_