

FOR OFFICIAL USE

Processing Fee (R50.00)	
Birth Certificate	
Clinic Card	
Parents IDs	
Admission No.	
Proof of Address	
Report (Grade 2-7)	

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Admission Number	Admitted to Grade
PLEASE NOTE: Single parents making application on behalf of their child must supply an unabridged birth certificate. Please apply to Home Affairs timeously.	

APPLICATION FOR ADMISSION TO THE GROVE PRIMARY SCHOOL

Grove Avenue, Claremont 7700. Tel: (021) 674-2077 Fax: (021) 683-3532
E-mail: postmaster@grove.wcape.school.za <http://www.thegrove.co.za>

TO ENTER THE GRADE: _____ YEAR OF ENTRY _____

DETAILS OF PUPIL

SURNAME _____

FULL FIRST NAMES _____

DATE OF BIRTH _____ DAY _____ MONTH _____ YEAR _____

CHILD'S ID NUMBER _____ SEX _____

DETAILS OF PARENTS/GUARDIAN

(Prof/Rev/Dr/Mr etc.) _____

FULL NAME OF FATHER _____ ID NO. _____

RESIDENTIAL ADDRESS _____ P.CODE _____

EMPLOYERS NAME AND ADDRESS _____

TEL NO. (W) _____ CELL NO. _____ TEL NO. (H) _____

(Prof/Rev/Dr/Mrs/Miss etc.) _____

FULL NAME OF MOTHER _____ ID NO. _____

RESIDENTIAL ADDRESS _____ P.CODE _____

EMPLOYERS NAME AND ADDRESS _____

TEL NO. (W) _____ CELL NO. _____ TEL NO. (H) _____

MARITAL STATUS _____

IF DIVORCED/SEPARATED, STATE LEGAL GUARDIAN _____ (Mother/Father)

NUMBER OF CHILDREN IN FAMILY _____ STATE WHETHER PUPIL IS 1st, 2nd etc. _____

STATE NAME(S) AND GRADE(S) OF SIBLINGS PRESENTLY AT GROVE

SCHOOL(S) ATTENDED BY OTHER SIBLINGS (If any) _____

HOME LANGUAGE OF PUPIL _____ RELIGION _____

NAME AND ADDRESS OF PREVIOUS SCHOOL/PRE-SCHOOL ATTENDED BY PUPIL

(Grade 2 – Grade 7 Please attach copy of your child's most recent report.)

NAME OF SCHOOL _____

ADDRESS OF SCHOOL _____

_____ PHONE NO. _____

DATE OF LEAVING ABOVE SCHOOL _____ LAST GRADE PASSED _____

OTHER SCHOOLS ATTENDED BY PUPIL _____

HAS YOUR CHILD EVER REQUIRED REMEDIAL OR OCCUPATIONAL THERAPY? YES NO

IF YES, PLEASE SUPPLY BRIEF DETAILS(Use a separate page if necessary)

MEDICAL HISTORY

Underline illness(es) pupil has had: Measles, German Measles, Whooping Cough, Chicken Pox, Mumps. State any other important illness(es) from which the pupil is suffering or has suffered (e.g. Asthma, Epilepsy)

OPERATION(S) PUPIL HAS HAD. Give date and nature of operation(s)

UNDERLINE ILLNESS(ES) PUPIL HAS BEEN IMMUNISED AGAINST: Tuberculosis(B.C.G.) Diptheria, Whooping Cough, Tetanus, Measles, German Measles, Mumps, Poliomyelitis. Pupils should have been immunized against ALL the above illnesses before school attendance.

***NOTE:** An immunization certificate or copy of Clinic Card will be required prior to admission.

FORMER GROVE ASSOCIATION

If applicable state school house of parent and/or sibling (present or past pupil)

Please ✓

SPARTA		TROY		ATHENS		ROME	
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The following must accompany this application :

- A copy of the child's birth certificate
- A copy of your child's most recent report
- A certified verification of your address (Rates account etc.)
- A copy of your child's clinic card
- A certified copy of both parents Identity Documents

- A **non-refundable** R50.00 application fee.

Any other relevant information _____

DECLARATION AGREEMENT

All of the above information is, to the best of my knowledge, true and correct. On acceptance of my child as a pupil at The Grove, I undertake to abide by the rules of the school as detailed in the School Prospectus and undertake to meet my financial obligations to the school.

SIGNATURE

DATE

STATE RELATIONSHIP
Mother/Father/Guardian

PLEASE NOTE :	Pre-school will be contacted to determine school readiness for Grade 1. Place of residence is a criterion. Other applicants will also undergo and entrance test to ensure that they will benefit from the education offered at The Grove. Please attach all supporting documents where requested. Photocopies are acceptable. The processing fee, as required by the Board of Governors, should be enclosed.
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