



ERASMIA PRIMARY SCHOOL

Tel: (012) 370 2450/3

Email: admin@erasmiaprimary.co.za

GRADE 2-7 APPLICATION FOR ADMISSION – 2024

FOR OFFICE USE ONLY:

1. Please do not fill in on this section (Page 1)
2. All documents to be certified at the SAPS
3. NO emailed applications will be accepted. Hard copies to be delivered to the school.

Application date: ____//____//2023	Time	Waiting list 1	Home		
		Waiting list 2	Siblings		
		Waiting list 3	Work address within feeder zone (Erasmia)		
		Waiting list 4	Home address within 30km		
		Waiting list 5	Home address beyond 30km		

NB: PLEASE ATTACH THE FOLLOWING CERTIFIED DOCUMENTATION MARKED WITH AN (X)



Name of learner: _____ Grade: _____ (2024)

Birth certificate	(X)	
Clinic card	(X)	
Passport (I FOREIGNER)	(X)	
Study Permit		
Asylum Papers		
Report Card		
Transfer Card		

PARENT/S / GUARDIAN/S DOCUMENTS

Father's Identity Document / Passport	(X)	
Mother's I.D. Document / Passport	(X)	
Father's Asylum Papers		
Mother's Asylum Papers		
Work Permit		
Permanent residence		
Proof of residence (Water & Lights; Lease; Bank statement; FICA Document)	(X)	




PARTICULARS OF LEARNER:

Surname of learner	
First name of learner	
Preferred name	
Identity / Passport number of learner	
Date of birth of learner	
Religious domain of learner	
Gender of learner (Male/female)	
Race of learner	
Home language	
Dexterity of learner (left/ right handed)	
Any barriers to learning (learning problems)	
Does learner have any deceased parent/s	
Does learner have any allergies	
Residential area	
Residential address of learner 	
Contact number at home	
Contact number in case of emergency	
Name of previous school	
Address of previous school 	
Contact number for previous school	




MEDICAL AID DETAILS: (Should your child need medical attention)

Name of medical aid	
Medical aid number	
Name of family doctor	
Contact details of family doctor	

PARTICULARS OF FATHER / GUARDIAN:

Relationship to learner			
Surname			
First name			
Identity number			
Passport number			
Residential address 			
Postal address 			
Cell phone number		Home no	
Email address			
Name of employer			
Physical address of employer 			
Contact number of employer			

PARTICULARS OF MOTHER / GUARDIAN:

Relationship to learner			
Surname			
First name			
Identity number			
Passport number			
Residential address 			
Postal address 			
Cell phone number		Home no:	
Email address			
Name of employer			
Physical address of employer 			
Contact number of employer			

NAMES OF OTHER SIBLINGS CURRENTLY IN THE SCHOOL:

Name of learner	
Current grade (2023)	
Name of learner	
Current grade (2023)	
Name of learner	
Current grade (2023)	

RESPONSIBLE PERSON (1) FOR SCHOOLFEES OWING TO ERASMIA PRIMARY SCHOOL:

Relationship to learner	
Surname	
First name	
Identity number	
Passport number	
Contact number/s	

I, hereby declare that to the best of my knowledge, the above information as stipulated is accurate and correct.

Parent/guardian signature

____//____// 2023
Date

RESPONSIBLE PERSON (2) FOR SCHOOLFEES OWING TO ERASMIA PRIMARY SCHOOL:

Relationship to learner	
Surname	
First name	
Identity number	
Passport number	
Contact number/s	

I, hereby declare that to the best of my knowledge, the above information as stipulated is accurate and correct.

Parent/guardian signature

____//____// 2023
Date