

PLACEMENT IN PROGRESS FORM LEARNER APPLICATIONS ORDINARY PUBLIC SCHOOLS

WESTERN CAPE EDUCATION DEPARTMENT (WCED) ADMISSIONS 2024

The information on this form will be captured on the WCED online admissions system to assist the parent.

The information	on on un	s ioiiii wiii be	captured or	i tile w	,	Online auniis	ود داناناه	Stelli to	assisi	tile paren	ι.		
		Prin	nary parent/	Legal gu	ıardi	ian informati	on						
arent /Legal guardian type (Please tick) Biological Adoptive Legal guardian Step Other							Other						
Title: (Please tick)			Mr	Miss	5	Mrs	Ms	F	Prof.	Dr		Rev.	
First Name				Secor				Sur	name				
Gender	Male			Fema	le		SA Citize		ES		NO		
Date of birth						Gender	Male			Female		•	
Marital status: (Please tick) Divorced					ed	Separate	ed	Single Widowed			ed		
			IMP	ORTANT	'!!! F	Please comp	lete						
						formation							
Cell phone no.					Emergency no.								
Tel. no. (work)						Alternative	no.						
Email address													
Address outside Western Ca	ре	YES		NO									
Address type: (Please tick)		Flat		Farn	n		Plot			Street			
House /Street number				Str	eet n	name							
Building / Complex / Block / Apartment name													
Town							Suburl)					
		OPTIONAL (Secondary	parent /L	Lega	l guardian ir	nformatio	n)					
Parent/Legal guardian type (P	lease tick))		Biologi	cal	Adoptive	Lega	al guardia	n	Step	Other		
Title: (Please tick)			Mr	Miss	5	Mrs.	Ms	Ms Prof.		Dr	Rev.		
First Name				Secor				Sur	name				
Gender	Male			Femal	le		SA Citiz	en Y	ES		NO		
Date of birth						Gender	Male			Female			
Marital status: (Please tick)			Divorced	Marrie	ed	Separated S			jle	Widowed			
			IMP	ORTANT!!! Please complete									
				Conta	ct in	formation							
Cell phone no.						Emergency r	10.						
Tel. no. (work)				Alternative no.									
Email address													
Address outside Western Cape YES			NO										
Address type: (Please tick)		Street		Flat			Farm			Plot			
House /Street number				Street name									
Building / Complex / Block / A	partment	name											
Town							Suburl)					
		Please	e continue to	o page 2	. Co	mplete and	sian paa	e 2.					

						Learne	er inform	ation				
First time registration in Western Cape				Yes			No					
First Name	First Name			econd				Surname				
Gender	Male			Female								
Is the address the		YES		Jinaio		NO						
primaryparent's? Population group		Black				oloured		Indian/		White		
SA Citizen	YES	Africar	1	NO				Asian d SA /Foreign	YES		NO	
Home address (whe	ere learner cur	rently resid	des) Is	the add	ress	the same a	learne s the primary		YES		NO	
Address		1 00000				El.,		I		DI. (
type Address		Street				Flat		Farm		Plot		
no.		name						Building/ Complex /Apartment name				
Town			-				Suburb					
Required grade (Th	e grade you ar	e applying	for)									
Language of Learn (LoLT)	ing andTeachi	ing	AFR	EN	IG	XHOSA	SESOTHO	TSWANA				
Do you wish to app	oly for hostel a	accommod	ation? (A	pplicab	le to	mainly rura	al areas)	YES		NO		
Do you wish to appusing the WCED le				able to I	maini	ly rural area	as at schools	YES		NO		
a) Participation in sport						YES		NO				
If yes, please indica	ate which spor	rt.						•	•			
b) Participation in cultural programme/s						YES		NO				
If yes, please indica	ate which culti	ural progra	ımme/s.									
c) Has the learner l	neld any leade	rship posit	ion/s at s	chool?		<u></u>		YES		NO		
If yes, please provid	de details.											
d) Name any aware	d/s achieved.											
e) Does the learner play an instrument/s?							YES		NO			
If yes, please indicate which instrument/s.												
f) Level of music participation (Write down the level of participation or achievement.)												
						Select	schools					
			Ple	ase in	dica	te the so	chools you	want to AP	PLY TO:			
No.1	NAME OF											
Please indicate if the learner has a sibling at the school.						NO		CEMIS NUMBER				
No.2	NAME OF	SCHOOL										
Please indicate if the sibling at the school		а	,	rES			NO		CEMIS NUMBER			

No.3	NAME OF SCHOOL								
Please indicate if the le sibling at the school.	arner has a	YES		NO		CEMIS NUMBER			
	NAME OF SCHOOL			l.					
Please indicate if the le sibling at the school.	arner has a	YES		NO		CEMIS NUMBER			
	NAME OF SCHOOL					•	•		
Please indicate if the le sibling at the school.	earner has a	YES		NO		CEMIS NUMBER			
	NAME OF SCHOOL								
Please indicate if the le sibling at the school.	earner has a	YES		NO		CEMIS NUMBER			
	NAME OF SCHOOL			l.					
Please indicate if the le sibling at the school.	arner has a	YES		NO		CEMIS NUMBER			
	NAME OF SCHOOL		•		•	•	•		
Please indicate if the le sibling at the school.	arner has a	YES		NO		CEMIS NUMBER			
No.9	NAME OF SCHOOL								
Please indicate if the le sibling at the school.	arner has a	YES		NO		CEMIS NUMBER			
No.10	NAME OF SCHOOL								
Please indicate if the le sibling at the school.	arner has a	YES		NO		CEMIS NUMBER			
		Selec	ct subjects	(Grades 10-	-12 only):				
Compulsory subject	no.1 (languages)								
Compulsory subject	no.2 (languages)								
Compulsory subject	no.3								
Compulsory subject	no.4								
Compulsory subject	no.5								
Compulsory subject	no.6								
Compulsory subject	no.7								
			Acade	emic informa	ation				
Name of the last sch	nool attended						Year		
Are you relocating to another province?	YES		NO						
If yes, write down the	e name of the province	·.							
Are you relocating to	the WC from another			YES		NO			
If yes, write down the	e name of the country.								
				1					
Required grade									
Language of Learnin	na		<u> </u>	Г	Г		<u> </u>	Γ	
andTeaching (LOLT) AFR		ENG		хно		SOTHO		
	. 1								
First time registratio WC?	n in YES		NO						

Date of application	(YYYY/ MM/DD)										
Declaration by legal parent/guardian											
I, the undersigned, declare that the above information is correct.											
Signed by legal parent/gua	rdian:										
Date:											
	REQUIRED DOCUMENTS SUE	BMITTED TO) THE SCHOOL/WO	CED							
Please ch	eck that the following documentat	tion is attac	hed.	P	lease tick						
1. Certified copy of ID / Birth certific	cate (learner)			YES	NO						
2. A study permit issued by the Delearner)	partment of Home Affairs or proof of application	on (If the learne	r is a foreign	YES	NO						
3. Copy of immunisation card / Roa	nd to Health chart (Primary schools only)			YES	NO						
4. Latest official school report card	of the learner			YES	NO						
5. Proof of residence (This could be	e: Rates account / Lease agreement / An affida	avit confirming	residence)	YES	NO						
Checked by (name and surname): _											
Checked and signed by:	_		Date:								
L											