

# WHITTLESEA GET AHEAD PRIMARY



*Where every child feels worthy and validated.*

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**REGISTRATION FEE:** .....

**PLEASE NOTE:**

***This application is not a guarantee of acceptance until the school informs you of a vacancy in this grade.***

## APPLICATION FORM

**FOR OFFICE USE ONLY**

Date of Admission:	_____	Grade Applying For:	_____
Deposit (amount paid):	_____	Accepted:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Receipt No:	_____	XL	<input type="checkbox"/>
Account No:	_____	SAMS	<input type="checkbox"/>
Rep Code:	_____	SMS	<input type="checkbox"/>
Recurring Charges:	_____		

### **1. STUDENT INFORMATION**

Surname: ..... Date of Birth: .....  
First Names: ..... Home Language: .....  
Gender: ..... Students' Cell Number: .....

Physical Address where student stays DURING the school term:

.....  
.....  
.....

Does the student stay with (*mark with an X*): Mother  Father  Both  Guardian

Number of children in family: ..... Position of child in family: .....

Do you receive a child grant (*mark with an X*): YES  NO

Name of brother/sister at Get Ahead Project (if applicable):

1. .... Grade .....

2. .... Grade .....

**2. PARENT INFORMATION**

Are the parents deceased (late): YES  NO

Marital status (mark with an X): Married  Single  Divorced  Widowed

DETAIL	FATHER	MOTHER	GUARDIAN
Title			
Surname			
Name			
ID Number			
Physical Address			
Cellphone Number			
Work Telephone Number			
Email Address			
Occupation			
Name of Employer			
Name of Medical Aid			
Member Number			

Main member of medical aid (mark with an X): Mother  Father  Guardian

Is the child covered on this medical aid (mark with an X): YES  NO

**3. EMERGENCY CONTACT NUMBERS (an adult who can be contacted during school hours)**

*(The emergency contact should not be the father, mother or guardian.  
It should be a friend or relative who works in or around Queenstown, Ezibeleni or Mlungisi.)*

Surname: ..... Physical Address: .....

First Name: .....

Cellphone Number: .....

**4. STUDENT TRANSPORT**

How will the child get to and from the school (mark with an X):

Mother  Father  Guardian  Bus  Taxi  Other

Name of bus or taxi driver: ..... Cellphone Number: .....

**5. SCHOOLS PREVIOUSLY ATTENDED**

Most recent school attended: .....

Address of school: ..... Date Enrolled: .....  
 ..... Date Left: .....  
 ..... Tel Number: .....  
 ..... Principal's Name: .....

Other schools attended:

NAME OF SCHOOL	DATE ENROLLED	DATE LEFT

Pre-school education (mark with an **X**):      None       Non-Formal       Formal

**6. MEDICAL RECORD**

Has the child had any of the following illnesses (*mark with an X*):

ILLNESS	YES	NO	ILLNESS	YES	NO
Measles			Diphtheria		
Scarlet Fever			Whooping Cough		
Chicken Pox			Mumps		

State if the child has any allergies or disabilities and what they are:.....  
 .....  
 .....

Doctor's Name and Surname: .....

Doctor's Telephone Number: .....

**THE FOLLOWING DOCUMENTS TO ACCOMPANY THE APPLICATION.**

*(Please ensure documents are attached in correct sequence order from 1 to 8.)*

No applications will be considered unless accompanying documents are attached!  
Get Ahead will not make any photocopies. Incomplete applications will not be considered.

		<b>X</b> when attached
1.	Copy of child's <b>unabridged birth certificate</b> (this should reflect both parent's details).*	
2.	Child's original most recent <b>school report</b> .	
3.	Child's original <b>1<sup>st</sup> term report</b> .	
4.	Copy of child's <b>clinic card</b> .	
5.	Copy of Mother's/Guardian's <b>ID</b> .	
6.	Copy of Father's/Guardian's <b>ID</b> .	
7.	Copy of both parents'/guardian's most recent <b>pay slips</b> (salary advices).	
8.	(If you are self-employed, please attach the latest <b>3 months bank statements</b> .)	
9.	Copy of both sides of <b>medical aid</b> card.	

*\*(Please attach a copy of receipt from Home Affairs to your child's present birth certificate, should your child not have an Unabridged Birth Certificate.)*

<b>I hereby declare that to the best of my knowledge, the above information supplied is accurate and correct.</b>			
Signature of Parent/Guardian:		Date:	
<b>I read the attachment (Fee Collection Process) and understand the consequences for non-fee payment.</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>
Signature of Parent/Guardian:		Date:	
<b>I request that the debit order be actioned for January 2024.</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>
If no, I understand that should I fail to meet my school fee commitment, I am then obligated to action the debit order, or risk contract suspension or termination.			
Signature of Parent/Guardian:		Date:	

**Please download the PARENT CONTRACT from our website ([qgap.getahead.org.za](http://qgap.getahead.org.za)).  
Read through the entire contract,  
and both the parent and payer is to sign where required on each page.  
The parent contract is to accompany the application form.**