



DALPARK INDEPENDENT EDUCATIONAL CENTRE

GROWTH THROUGH KNOWLEDGE

ESTABLISHED 1988

34 Umkomaas Rd, Dalpark, Brakpan, 1541

DALPARK PRIVATE SCHOOL BRAKPAN

Enquiries : office@dalparkprivate.co.za
 Accounts : accounts@dalparkprivate.co.za
 P.O.Box 4098, Leachville, Brakpan, 1553
 011 915 5700

APPLICATION FOR ENROLMENT & RE-ENROLMENT

PLEASE USE BLACK INK AND PRINT CLEARLY IN THE BLOCKS PROVIDED

1. LEARNER'S DETAILS:

Office Use

Admission Number:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Receipt Number for Admin Fee:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Application for Grade: _____

Application for year: _____

Family Surname: _____

Child's highest grade completed: _____

Child's Surname: _____

Child's Name: _____

Date of Birth:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

I.D.

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Child's Home Address: _____

Gender: _____

Distance from School: _____ km

Home Language: _____

Ethnic Group: _____

Religion: _____

Citizenship: _____

Position in family (e.g. first born): _____

2. PARENT/GUARDIAN DETAILS:

Parents Deceased (Tick applicable):

| | | | |
|--------|--------|------|------|
| Mother | Father | Both | None |
|--------|--------|------|------|

| Details of Father/ Male Guardian | Details of Mother/ Female Guardian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------------------------|----|----|--|---|-----|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Surname: _____ | Surname: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: _____ | Name: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I.D. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | I.D. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation: _____ | Occupation: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: _____ | Company: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone (H): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | Phone (H): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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| Cell No.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | Cell No.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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| E-mail: _____ | E-mail: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marital Status: _____ | Marital Status: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lives in area: <table style="display: inline-table;"><tr><td style="width: 60px;">Yes</td><td style="width: 20px; height: 20px;"></td><td style="width: 60px;">No</td><td style="width: 20px; height: 20px;"></td></tr></table> | Yes | | No | | Lives in area: <table style="display: inline-table;"><tr><td style="width: 60px;">Yes</td><td style="width: 20px; height: 20px;"></td><td style="width: 60px;">No</td><td style="width: 20px; height: 20px;"></td></tr></table> | Yes | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Works in area: <table style="display: inline-table;"><tr><td style="width: 60px;">Yes</td><td style="width: 20px; height: 20px;"></td><td style="width: 60px;">No</td><td style="width: 20px; height: 20px;"></td></tr></table> | Yes | | No | | Works in area: <table style="display: inline-table;"><tr><td style="width: 60px;">Yes</td><td style="width: 20px; height: 20px;"></td><td style="width: 60px;">No</td><td style="width: 20px; height: 20px;"></td></tr></table> | Yes | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

3. ADDRESS:

Residential Address: _____

Suburb: _____ Town: _____ Code: _____

Postal Address: _____

Suburb: _____

Town/City: _____ Code: _____

4. SIBLINGS IN SCHOOL (IF ANY):

| | | | |
|---|-------|----------|-------|
| 1 | _____ | in Grade | _____ |
| 2 | _____ | in Grade | _____ |
| 3 | _____ | in Grade | _____ |

5. DETAILS OF PREVIOUS SCHOOL:

Name of School: _____

Contact Number: _____

6. MEDICAL DETAILS:

Medical Aid Name: _____ Medical Aid Number: _____

Main Member: _____ Family Doctor Name: _____

Doctor's Number: _____

Health Problems (If any): _____

Allergies and Dietary requirements: _____

7. ALTERNATIVE CONTACT DETAILS (If parents cannot be reached):

1. Name and Surname: _____

Relationship to child: _____

Contact Number: _____

2. Name and Surname: _____

Relationship to child: _____

Contact Number: _____

| Where did you hear about us? |
|-------------------------------------|
| 1. Word of mouth |
| 2. Social media |
| 3. Website |
| 4. Advertising digital/Newspaper |

8. ACCOUNT INFORMATION:

Person responsible for School Fee Account:

Name: _____

I.D.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Address: _____

Cell No: _____

Email:

| |
|--|
| |
|--|

Bank: _____

Account Name: _____

Branch: _____

Account type: _____

Account number: _____

As per our current admission terms and conditions, and in compliance with the National Credit Act 34 of 2005, the school will conduct a credit enquiry on the parents, guardian or payer for the purpose of setting a limit to services provided.

I, parent/guardian of the above mentioned learner/s acknowledge that the information provided above is true and accurate and accept the terms and conditions of this application.

Signed (Father/Guardian): _____

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

Signed at: _____

Signed (Mother/Guardian): _____

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

Signed at: _____

9. Documents required with application form

Tick box

| | | | |
|-----|---|--|--|
| 1. | Latest utility bill | | |
| 2. | Fee account from the last school / Final school statement | | |
| 3. | References from 3 accounts | | |
| 4. | Copy of child's birth certificate | | |
| 5. | Copy of child's Immunisation Card or Clinic Card (please make sure it is updated) | | |
| 6. | Copy of both Parent's / Guardians identity documents | | |
| 7. | Latest school report | | |
| 8. | Two I.D. sized photographs of your child | | |
| 9. | Administration Fee (2023) R 2 000.00 (Gr RR - 9) which is payable when the application is submitted. This fee is non refundable regardless of acceptance or non-acceptance of your child into our school. | | |
| 10. | Administration Fee (2023) R 3 000.00 (Gr 10 - 12) which is payable when the application is submitted. This fee is non refundable regardless of acceptance or non-acceptance of your child into our school. | | |