



Dear Parents

ADMISSIONS 2024

We have received the approval from the Gauteng Department of Education to start with the admission process for 2024. The admission for Gr 1 and Gr 8 will be online.

Please take note of the following **VERY IMPORTANT** dates to avoid disappointment and keep to these dates. Upon successful submission of the online application form, parents will be provided with a waiting list number via SMS from the department.

1. Application for admission **GR 1 AND 8** will be from **15 June - 14 July 2023**.
2. **Parents must submit the supporting documents online or to all the schools they applied to within 7 days. Failing to do so will nullify your application.**
3. The waiting lists will be managed by the District Director in line with available spaces.
4. **Application for admission for Gr RR, R and Gr 2-7 will be from 07 June to 29 September 2023.**

Please! GR RR, R and Gr 2 - 7 applicants MUST apply to more than one school to avoid disappointment. DO NOT LEAVE YOUR COMPLETED FORMS WITH THE SECURITY GUARD! HAND IT INTO THE OFFICE SO THAT YOU CAN GET YOUR RECEIPT!

TAKE NOTE: A completed application form **does not** guarantee admission to the school.

ALL of the following documents **MUST** accompany your application.

1. **Certified copy** of Learner's **birth certificate** (not the baptismal certificate).
2. Copy of Child's **Immunisation/Clinic Card** - showing the inoculations.
3. **Certified copy of I.D. of both parents / guardians.**
4. Copy of latest **school/pre-school** report (whichever is applicable).
5. Original Municipal services account as proof of residence **(must show residential address).**
If you are renting a ID copy of the owner that you are renting from and a letter stating that you stay there.
6. If you do not live in our feeder area, but you work in it, an original confirmation letter on a business letterhead from your employer. **PROOF OF EMPLOYMENT** (No photocopies or salary advices).
8. If you are the child's legal guardian, the court order which appoints you as guardian.
9. **Please bring your own pen as we do not provide them.**

IMPORTANT: Documentation for GR 1 must be submitted within 7 days of applying online.



Contact nr: 012-323 1436

LEARNER DETAILS:

NAME OF LEARNER Surname / Family name _____
 First name(s) _____

NAME by which learner is called: _____

PLEASE FILL IN YOUR CHILD'S ID NUMBER

↓ (Birth certificate)

DATE OF BIRTH _____ ID number _____

HOME ADDRESS of child _____
 _____ code _____

NUMBER OF CHILDREN IN FAMILY: _____
 POSITION IN THE FAMILY (CHILD applying for) (e.g. first) _____

GRADE applying for _____ SEX: M / F _____

Verified COPY of Birth and Immunisation Certificates attached YES NO

PARENT(S) / GUARDIAN(S) DETAILS:

	FATHER - biological / other	MOTHER - biological / other
SURNAME		
FIRST NAMES		
TITLE (Rev; Dr; Mr; Mrs; Ms; Miss)		
ID NUMBER		
RESIDENTIAL ADDRESS code code
POSTAL ADDRESS code code
TELEPHONE NUMBER - home	()	()
TELEPHONE NUMBER - work	()	()
CELL NUMBER		
NAME OF COMPANY YOU WORK FOR		
WORK - ADDRESS code code
MARITAL STATUS		

NB: Who does child live with: Father Mother Both Other

Other (who): _____

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NEXT OF KIN / FRIEND / RELATIVE (who could be contacted in case of an emergency)

NAME Surname and initials _____
RELATIONSHIP TO LEARNER _____
ADDRESS _____
TELEPHONE NUMBER (Code _____) _____ (home / work)
CELL NUMBER _____

LANGUAGE PREFERENCES OF LEARNER

HOME LANGUAGE _____
OTHER LANGUAGES SPOKEN WELL _____
ACTUAL LANGUAGE OF COMMUNICATION AT HOME _____
LANGUAGE OF LEARNING AND TEACHING AT CAPITAL PARK PRIMARY SCHOOL IS:
ENGLISH

PREVIOUS SCHOOL ATTENDED **NB!!NB!!NB!!NB!!**

NAME OF SCHOOL / PRE-SCHOOL _____
ADDRESS & TELEPHONE OF SCHOOL: _____

PROVINCE _____

SPECIAL NEEDS OF LEARNER If parent / guardian requires that special attention is required for the learner, this information could be given here, e.g. epilepsy, allergies, learning disabilities, etc.)

FAMILY DOCTOR'S DETAILS

NAME: _____ TELEPHONE NUMBER _____

MEDICAL AID DETAILS:

IF YOU HAVE A MEDICAL AID THE MEMBER NUMBER MUST BE FILLED IN

NAME: _____

MEMBER No. _____

PRINCIPAL MEMBER: _____

SIBLINGS
(Your
own -
not
family)

NAME	AGE	GRADE	ATTENDING WHICH SCHOOL

Capital Park Primary School
P.O. Box 28038, Gezina 0031
Tel: 012 323 1436
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E-mail: capps@capps.co.za