

CAPITAL PARK  **PRIMARY SCHOOL**
PERSEQUAR

TSHWANE WEST D15

EMIS:700230193

PRINCIPAL: MR. V. ETSANE

012-323-1436

ADMIN@CAPPS.CO.ZA

290 PAUL KRUGER ST. CAPITAL PARK, PTA.

ADMISSIONS 2024 (GRADE RR & R)

Dear Parents

Thank you for choosing Capital Park Primary School for Grade R and RR in 2024. Kindly fill in the form attached and return before 29 September 2023. The following documents must also be handed in:

1. Certified copy of Learner's birth certificate.
2. Copy of child's Immunization/clinic card (Showing the inoculations).
3. Certified copy of I.D (both parents/guardians).
4. Copy of latest pre-school report.
5. 1x Child's I.D photo
6. Original Municipal services account as proof of residence (**must show residential address not later than 3 months**).
7. If you are renting, I.D copy of the owner and letter confirming that you are residing at that address.
8. If you do not live in our feeder area but work in it, please provide an original confirmation from employer with business letterhead.
9. If you are the child's legal guardian, provide the court order which appoints you as one.
10. Communication of confirmation/acceptance will be made after the closing date and further details will be given.
11. Please return forms with necessary documents in the correct order, to the Pre-school office.



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
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