



# APPLICATION FOR ADMISSION - 2026

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes

No

Name of other learner(s) : \_\_\_\_\_

DATE: 4 FEB 2025

## LEARNER INFORMATION

### LEARNER

Full names: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Preferred name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
ID number: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Religious denomination: \_\_\_\_\_  
Gender: ☐ Male ☐ Female  
Ethnic group: \_\_\_\_\_  
Home language: \_\_\_\_\_  
Preferred tuition language: \_\_\_\_\_  
Dexterity: ☐ Left ☐ Right ☐ Both  
Learner mobile number: \_\_\_\_\_  
Learner e-mail address: \_\_\_\_\_  
Admission date: \_\_\_\_\_  
Grade in 2026 : \_\_\_\_\_  
Years in grade for 2026 : \_\_\_\_\_  
Years in phase for 2026 : \_\_\_\_\_  
Pre-primary education attended: ☐ Formal ☐ Informal  
☐ Other: \_\_\_\_\_

Attach learner photo:



Method of transport: \_\_\_\_\_  
Taxi/Bus registration number: \_\_\_\_\_  
Name of driver: \_\_\_\_\_  
Contact number: \_\_\_\_\_

## NEXT OF KIN INFORMATION

Name: \_\_\_\_\_  
Contact number: \_\_\_\_\_  
Alternative contact number: \_\_\_\_\_  
Relation: \_\_\_\_\_

## OFFICE USE ONLY

Family code: \_\_\_\_\_ Waiting list: ☐ A ☐ B  
Register class: \_\_\_\_\_ Number on waiting list: \_\_\_\_\_  
Admission number: \_\_\_\_\_ ID copy: ☐  
Application fee: ☐  
Proof of residence: ☐  
Birth certificate: ☐  
Clinic card ☐

## FAMILY INFORMATION

Family status: ☐ Both parents ☐ Single parent - Unmarried  
☐ Foster care ☐ Childrens home ☐ Single parent - Divorced  
☐ Other ☐ Re-composed ☐ Widow/Widower  
Parents deceased: ☐ Mother ☐ Father ☐ None

## LEARNER HEALTH INFORMATION

Chronic diseases: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medication: \_\_\_\_\_

## MEDICAL AID INFORMATION

Name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Primary member: \_\_\_\_\_

## FAMILY DOCTOR INFORMATION

Name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Business address: \_\_\_\_\_

## INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Eastern Cape: ☐ Yes ☐ No  
Learner attended school last year ☐ Yes ☐ No  
If yes, in which Province/Country: \_\_\_\_\_  
Previous school \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Province \_\_\_\_\_  
Highest grade in previous school \_\_\_\_\_  
Reason for leaving the school \_\_\_\_\_

**BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

Marital status: ☐ Common law marriage ☐ Divorced  
☐ Married ☐ Separated ☐ Single  
☐ Widowed

Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Comm language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is the learner living with this parent? ☐ Yes ☐ No

Residential address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation status: ☐ Own Employer Professional  
☐ Own Employer Non-Professional  
☐ House wife ☐ Part time  
☐ Contract worker ☐ Pensioner  
☐ Student ☐ Temporary  
☐ Full time ☐ Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

Marital status: ☐ Common law marriage ☐ Divorced  
☐ Married ☐ Separated ☐ Single  
☐ Widowed

Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Comm language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is the learner living with this parent? ☐ Yes ☐ No

Residential address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation status: ☐ Own Employer Professional  
☐ Own Employer Non-Professional  
☐ House wife ☐ Part time  
☐ Contract worker ☐ Pensioner  
☐ Student ☐ Temporary  
☐ Full time ☐ Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION BY PARENT / GUARDIAN**

I \_\_\_\_\_ (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ Signature Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

**ACCOUNTABLE PERSON'S INFORMATION**☐ Biological Parent 1☐ Biological Parent 2☐ Other

Only if 'Other', please complete section A or B below:

**A) INDIVIDUAL**

Title:	_____
Full names:	_____
Surname:	_____
Initials:	_____
Preferred name:	_____
ID number:	_____
Home language:	_____
Communication:	<input type="checkbox"/> SMS <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> By hand
Comm language:	_____
Mobile number:	_____
Telephone number:	_____
Fax number:	_____
E-mail:	_____
Residential address:	_____ _____ _____
Postal address:	_____ _____ _____

**B) COMPANY / CLOSED CORPORATION / TRUST**

Title:	_____
Name:	_____
Registration number:	_____
Comm language:	_____
Contact number:	_____
Fax number:	_____
Business address:	_____ _____ _____
Postal address:	_____ _____ _____

**BANKING DETAILS**

Bank:	_____
Branch:	_____
Branch code:	_____
Account type:	<input type="checkbox"/> Cheque <input type="checkbox"/> Transmission <input type="checkbox"/> Savings
Bank account number:	_____
Account holder:	_____

Agreement between Willow Academy and \_\_\_\_\_ (Name of parent / guardian as indicated on pg3 as responsible account payer) with regards to the payment of school fees in respect of fees for: \_\_\_\_\_

- a. I accept responsibility for the payment of fees for above child before or on the seventh (7th) day of each month. I hold myself responsible for the payment of the full amount of fees as determined by the Governing Body of Willow Academy and disbursements to be charged by Willow Academy in respect of the whole period during which my son/daughter/ward is registered as a pupil at Willow Academy, failing which I understand that my son/daughter/ward may be suspended from attending Willow Academy or have his/her enrolment at Willow Academy terminated. I agree to inform the Bursar in writing if I am unable to pay the fees. My child's admission will be secured for one month.
- b. I understand that the school will take the necessary legal steps to recover any outstanding fees. I accept liability for all penalty fees, collection commission and tracing charges should fees and/or disbursements become overdue; interest may be charged on overdue accounts. Accept liability for all attorney and client charges, collection commission and tracing charges, should legal action be instituted against me.
- c. I agree to give one (1) term's notice prior to my child no longer attending school, failing which I will be liable for one term's fees. In the last term, I undertake to give notice in October.
- d. I declare that the forms have been completed correctly. I have read and I understand the acceptance requirements and school rules. I hereby grant Willow Academy unrestricted access to financial, academic and conduct from the previous school/s.
- e. Statements will be sent by e-mail, to: \_\_\_\_\_
- f. I accept any jurisdiction of the Supreme Court and/or Magistrates Court of South Africa.
- g. The school may conduct an enquiry and/or information search about the parents with an information bureau, persons acting as their agents and/or credit grantors. If parent/s fail to meet their school fee obligations the school may record the parent/s non-performance with an information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.
- h. I understand that the school reserves the right to verify all information supplied via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application. This commitment in its entirety will be valid from the day on which it is signed by the parent/guardian to the day on which the pupil officially leaves the school.

First name and Surname Parent 1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First name and Surname Parent 2: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

1. I / we / parent / guardian of the aforementioned learner hereby grant permission that he/she may participate in all academic, sport and cultural activities presented by the school, and to participate in assessments conducted by the school support team with the objective of improvement in school work and to identify other areas of concern. I understand that no learner will be exempted from devotions, assemblies or religious activities.
2. I grant permission for my child to be transported by a public bus company or transport provider approved by the school management. If there is only a small group of learners who need to be transported, parents / teachers with valid drivers licences may be asked to transport my child.
3. I accept that all reasonable care will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of medical/hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's gross negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child in obeying all school policies including the Code of Conduct, School Uniform Policy, Sport Uniform Policy, Sport Participation Policy and the disciplinary system of Willow Academy as included in the Policies of the school.
8. I hereby confirm that the school may use digital images or biometric data of my child in any format for promotional or other purposes.
9. I undertake to conform to all the rules and regulations laid down by the Willow Academy Governing Body and/or Principal which may be amended from time to time and to ensure that my son/daughter/ward does the same, failing which, I understand that the Governing Body may expel my son/daughter/ward from Willow Academy following a disciplinary hearing.
10. I undertake to seek alternative schooling should my son/daughter/ward not manage academically and/or if the age of my son/daughter/ward should fall out of the normal range for a particular grade.
11. I consent to the collection, processing, storing, transmitting and deletion of special and sensitive information regarding the learner and parents listed in Section 1 in all matters of his/her education, as required by law, and for operational procedures (POPI Act 4 of 2013).
12. I am aware of and have familiarized myself with the Statement of Faith, and acknowledge that all teaching is from a Biblical Worldview.
13. I accept financial liability for any damage caused by my child to any school property, if such damage is caused through willful disobedience, rebellion or neglect. This includes fixed and movable property.

First name and Surname: Parent 1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First name and Surname: Parent 2: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### INDEMNITY

I / We the parents / guardian of the aforementioned learner indemnify unconditionally and without restriction Willow Academy, any person employed by Willow Academy or any person acting on behalf of Willow Academy, against any losses, claims, injury or death that may befall the learner by virtue of his or her use of any of the facilities or transport provided by Willow Academy.

First name and Surname: Parent 1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First name and Surname: Parent 2: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_