



GRADE 1 EXPRESSION OF INTEREST CHECKLIST:

ALL DOCUMENTS MUST BE CERTIFIED AND INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE ACCEPTED.

1	ONLINE REFERENCE NUMBER	
2	UNABRIDGED BIRTH CERTIFICATE (showing both parent's details)	
3	IMMUNISATION CARD	
4	SCHOOL READINESS REPORT FOR GRADE 1 (Should the transfer take place during the academic year, a most recent report and transfer card to be accompany the application)	
5	CURRENT PASSPORT PHOTOGRAPH OF LEARNER	
6	COPY OF FATHER'S ID	
7	COPY OF MOTHER'S ID	
8	COPY OF PROOF OF ADDRESS (Should parents not live together, secondary guardian proof of address <u>IS REQUIRED</u>)	
9	COPY OF LEGAL GUARDIANSHIP OR COURT ORDER SHOULD THE LEARNER BE ADOPTED OR NOT LIVE WITH THE BIOLOGICAL PARENT/S	
10	COPY OF A VALID STUDY PERMIT & PASSPORT (should you not be a South African Citizen)	
11	PROOF OF FATHER'S EMPLOYMENT TOGETHER WITH PROOF OF WORK ADDRESS	
12	PROOF OF MOTHER'S EMPLOYMENT TOGETHER WITH PROOF OF WORK ADDRESS	



It is the responsibility of the Parent / Guardian to notify the school in writing should you withdraw your interest in this school.

EXPRESSION OF INTEREST FORM:

GRADE 1 APPLICANTS ONLY

Pre-Primary education		Formal:		Non-Formal:		ADMISSION NO:																																					
LEARNER INFORMATION																																											
Sibling in the School : Name, Grade & Sports House				Position of applicant learner in family																																							
Surname				Initials																																							
Name				Preferred Name																																							
Date of Birth	y	y	y	m	m	d	d																																				
		Gender		Male		Female																																					
Country of Birth	RSA			Other		Specify if other																																					
Citizenship				Religion																																							
South African ID Number				Passport Number if <u>Not</u> SOUTH AFRICAN CITIZEN																																							
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Ethnic Group		African <input type="checkbox"/>		Distance from Home to School		5 – 10 km <input type="checkbox"/>																																					
		Asian <input type="checkbox"/>				10 – 15 km <input type="checkbox"/>																																					
		Coloured <input type="checkbox"/>				15 – 20 km <input type="checkbox"/>																																					
		Indian <input type="checkbox"/>				20 – 25 km <input type="checkbox"/>																																					
		White <input type="checkbox"/>				25 – 30 + km <input type="checkbox"/>																																					
Home Language				Preferred Language																																							
Who does the learner live with				Both Parents <input type="checkbox"/>																																							
				Mother <input type="checkbox"/>																																							
				Father <input type="checkbox"/>																																							
				Grandparents <input type="checkbox"/> Specify if both or only 1																																							





		Aunt <input type="checkbox"/>	
		Uncle <input type="checkbox"/>	
		Sister <input type="checkbox"/>	
		Brother <input type="checkbox"/>	
		Step parent <input type="checkbox"/> Specify who	
		Other <input type="checkbox"/> Specify who	
Medical Aid Name		Main Member Name	
Medical Aid Number		Doctors Name	
Doctors Number		Medical Conditions	
Status of Parents	Married <input type="checkbox"/>		
	Divorced <input type="checkbox"/>		
	Separated <input type="checkbox"/>		
	Single <input type="checkbox"/>		
	Living with Life Partner <input type="checkbox"/>		
	Father Deceased <input type="checkbox"/>		
	Mother Deceased <input type="checkbox"/>		
Both Parents Deceased <input type="checkbox"/>			
Please indicate who is to receive the school report.	Primary Guardian <input type="checkbox"/>	Secondary Guardian <input type="checkbox"/>	Other <input type="checkbox"/> - Specify
Please indicate who is to receive the school fees account.	Primary Guardian <input type="checkbox"/>	Secondary Guardian <input type="checkbox"/>	Other <input type="checkbox"/> - Specify





PRIMARY GUARDIAN INFORMATION																																			
RELATIONSHIP TO LEARNER																																			
Surname						Initials			Title																										
Name						Preferred Name																													
Date of Birth			y	y	y	y	m	m	d	d	Gender		Male	Female																					
Country of Birth		RSA				Other				Specify if other																									
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South African ID Number						Passport Number if <u>Not</u> SOUTH AFRICAN CITIZEN																													
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Home Language								Preferred Language																											
Physical Home Address								Postal Address																											
Province						Province																													
Country						Country																													
Occupation								Employer																											



Work Address				Email address																																							
				(Work & Private)																																							
Work Number				Home Number																																							
				Mobile Number																																							
SECONDARY GUARDIAN INFORMATION																																											
RELATIONSHIP TO LEARNER																																											
Surname				Initials																																							
				Title																																							
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Home Language						Preferred Language																																					
Physical Home Address						Postal Address																																					





Province		Province				
Country		Country				
Postal code:		Postal code:				
[][][][][][][][]		[][][][][][][][]				
Occupation			Employer			
Work Address			Email address (Work & Private)			
Work Number		Home Number		Mobile Number		
ALTERNATIVE CONTACT INFORMATION (in case of an emergency)						
RELATIONSHIP TO LEARNER						
Surname			Initials		Title	
Name			Preferred Name			
Physical Home Address				Postal Address		
Province		Province				
Country		Country				
Postal code:		Postal code:				
[][][][][][][][]		[][][][][][][][]				
Work Number		Home Number		Mobile Number		
PERSON RESPONSIBLE FOR THE SCHOOL FEES ACCOUNT						
Primary Guardian <input type="checkbox"/>		Secondary Guardian <input type="checkbox"/>		Other / Company <input type="checkbox"/> Specify if other:		





PAYMENT OPTIONS (Please tick preferred payment option)	OPTION 1 ONCE OFF ANNUAL PAYMENT	YES <input type="checkbox"/> NO <input type="checkbox"/>	OPTION 2 MONTHLY DEBIT ORDER PAYMENT	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Physical Home Address		Postal Address	
_____ _____ _____		_____ _____ _____		
Province	_____	Province	_____	
Country	_____	Country	_____	
Postal code:		Postal code:		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

NB: PUBLIC SCHOOLS FEES ARE A STATUTORY DUTY IN TERMS OF THE SOUTH AFRICAN SCHOOLS ACT NO. 84 OF 1996. OUR SCHOOL FEES FOR 2023 ARE R26 587.00

GAUTENG DEPARTMENT OF EDUCATION
SAXONWOLD PRIMARY SCHOOL 13 ALDSWOLD ROAD SAXONWOLD 2132 P.O. BOX 2178 SAXONWOLD 2132 TEL: (011) 6465510 FAX: (086) 6111823 Email: office@saxonwoldprimary.co.za Web: www.saxonwoldprimary.co.za

