



## GRADE 2 – 7 EXPRESSION OF INTEREST CHECKLIST:

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

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

**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 2 – 7 APPLICANTS ONLY

Primary Education		Formal:		Non-Formal:		ADMISSION NO:																																					
<b>LEARNER INFORMATION</b>																																											
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	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







<b>Work Address</b>			<b>Email address</b>  (Work & Private)		
<b>Work Number</b>		<b>Home Number</b>		<b>Mobile Number</b>	

**SECONDARY GUARDIAN INFORMATION**

**RELATIONSHIP TO LEARNER**

<b>Surname</b>			<b>Initials</b>		<b>Title</b>								
<b>Name</b>			<b>Preferred Name</b>										
<b>Date of Birth</b>	y	y	y	y	m	m	d	d	<b>Gender</b>	<b>Male</b>		<b>Female</b>	
<b>Country of Birth</b>	<b>RSA</b>			<b>Other</b>		<b>Specify if other</b>							
<b>Citizenship</b>				<b>Religion</b>									

<b>South African ID Number</b>	<b>Passport Number if <u>Not</u> SOUTH AFRICAN CITIZEN</b>																																								
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<b>Ethnic Group</b>	<b>African</b> <input type="checkbox"/>	<b>Distance from Home to School</b>	<b>5 – 10 km</b> <input type="checkbox"/>	<b>Distance from Work to School</b>	<b>5 – 10 km</b> <input type="checkbox"/>
	<b>Asian</b> <input type="checkbox"/>		<b>10 – 15 km</b> <input type="checkbox"/>		<b>10 – 15 km</b> <input type="checkbox"/>
	<b>Coloured</b> <input type="checkbox"/>		<b>15 – 20 km</b> <input type="checkbox"/>		<b>15 – 20 km</b> <input type="checkbox"/>
	<b>Indian</b> <input type="checkbox"/>		<b>20 – 25 km</b> <input type="checkbox"/>		<b>20 – 25 km</b> <input type="checkbox"/>
	<b>White</b> <input type="checkbox"/>		<b>25 – 30 + km</b> <input type="checkbox"/>		<b>25 – 30 + km</b> <input type="checkbox"/>

<b>Home Language</b>		<b>Preferred Language</b>	
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<b>Physical Home Address</b>		<b>Postal Address</b>	
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<b>Province</b>		<b>Province</b>	
<b>Country</b>		<b>Country</b>	

<b>Postal code:</b>	<input type="text"/>	<b>Postal code:</b>	<input type="text"/>
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<b>Occupation</b>		<b>Employer</b>	
<b>Work Address</b>	<input type="text"/>	<b>Email</b>	
	<input type="text"/>	<b>address</b>	
	<input type="text"/>	<b>(Work &amp; Private)</b>	

<b>Work Number</b>	<input type="text"/>	<b>Home Number</b>	<input type="text"/>	<b>Mobile Number</b>	<input type="text"/>
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**ALTERNATIVE CONTACT INFORMATION (in case of an emergency)**

**RELATIONSHIP TO LEARNER**

<b>Surname</b>	<input type="text"/>	<b>Initials</b>	<input type="text"/>	<b>Title</b>	<input type="text"/>
<b>Name</b>	<input type="text"/>	<b>Preferred Name</b>	<input type="text"/>		

<b>Physical Home Address</b>	<input type="text"/>	<b>Postal Address</b>	<input type="text"/>
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<b>Province</b>		<b>Province</b>	
<b>Country</b>		<b>Country</b>	

<b>Postal code:</b>	<input type="text"/>	<b>Postal code:</b>	<input type="text"/>
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<b>Work Number</b>	<input type="text"/>	<b>Home Number</b>	<input type="text"/>	<b>Mobile Number</b>	<input type="text"/>
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**PERSON RESPONSIBLE FOR THE SCHOOL FEES ACCOUNT**

<b>Primary Guardian</b> <input type="checkbox"/>	<b>Secondary Guardian</b> <input type="checkbox"/>	<b>Other / Company</b> <input type="checkbox"/> <b>Specify if other</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>





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

