



**SHELANTI CENTRE OF EXCELLENCE
APPLICATION FORM**

LEARNER INFORMATION

Surname and Full name of learner:

Learner's date of birth:

ID number:

Date of desired enrolment:

Current grade:

Which was the last grade the learner completed:

List all previous schools attended and the current teacher's name and surname:

With whom does the child stay?:

Who will transport the child to school and back? Also provide their contact numbers

List all professionals and contact numbers who has assessed the learner:

May we contact them? Yes No

PARENT INFORMATION/LEGAL GUARDIAN

Mother

Marital status:

Surname and full name:

ID number:

Physical Address:

Postal Address:

Home telephone number:

Cell no:

E-mail address:

Occupation and Employer:

Employer's physical address:

Employer's postal address:

Telephone number (work):

Signature:



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Father

Surname and full name:

ID number:

Physical Address:

Postal Address:

Home telephone number:

Cell no:

E-mail address:

Occupation and Employer:

Employer's physical address:

Employer's postal address:

Telephone number (work):

Signature:

Please attach the following documentation to your application:

A copy of:

- * Mother's and Father's ID
- * Learner's unabridged birth certificate
- * Proof of address
- * Latest school report
- * All latest professional reports

FORMS:

- * Fee structure form
- * Medical aid form
- * Indemnity form
- * Outings indemnity
- * Social Media form
- * Transport form