



TWEESPRUIT PRIMARY SCHOOL

APPLICATION FOR ADMISSION - APPLICATIONS CLOSE ON 31 AUGUST 2026

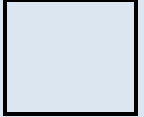
N.B. COMPULSARY DOCUMENTS

Each application must include the following documents	Office use only
1 Copy of Birth Certificate/Passport	
2 Copy of Clinic card (Immunization and birth information)	
3 Copy of both parents ID's / Guardian	
4 Copy of Progress report from previous school	
5 School fee statement from previous school Jan - Dec	
6 Transfer letter from Previous School (if accepted)	
7 Proof of residence	
8 Registration per Grade: Grade R: R4 800 - (4 x R800 SF, R200 Once Off Sport Equip, R200 T-Shirt, R300 Books and R800 Stationery). Grade 1-3: R3 400 - (3 x R800 SF, R200 Once Off Sport Equip, R800 Stationery). Grade 4-7: R3 000 - (3 x R800, R200 Once off Sport Equip, R400 Books and Book covers).	

Principal: Mr. J.W. O' Connor
 Postal Address: P O Box 27, Tweespruit, 9770
 Telephone: 051 - 963 0036

E-Mail: tweespruitprimary@gmail.com

R8 800 School Fees per year (R800 per month for 11 months)



OFFICE USE ONLY

Accepted	Grade & Class	Accession No:							
----------	---------------	---------------	--	--	--	--	--	--	--

Date:

Kwitansie:

Grade Applied for 2027: Years in fase (repeating a grade or if he or she repeated before) Current Grade in 2026

LEARNER INFORMATION

Surname:

Second Name:

Date of Birth: YYYY MM DD

Race:

Country of Residence:

If SA, indicate province of residence:

Home Address

City/Suburb

Code

Home Language

Initials: First Name:

Other Names:

Gender: Male Female

Identification or Passport No:

Citizenship:

Home Telephone

Whatsapp No. Parent

Learner Cell

Mode of Transport

Deceased Parent: Mother Father Both Religion: Boarder: Yes No

For Grade 1 only: Indicate pre-primary education: None Non Formal Formal

Name of Previous School

Physical Address of Previous School

City/Suburb

Code Province: Country:

Left-handed Right-handed Left and Right handed

MEDICAL INFORMATION - Compulsory information for the Doctor

Medical Aid No. Medical Aid Name

Medical Aid Main Member Doctor Name:

Doctor Telephone Number: Doctor's Address:

MEDICAL CONDITIONS YOU WISH TO BRING UNDER THE ATTENTION OF THE SCHOOL

Number of children in family Position in family (eg First=1) Social Grant (Yes/No) Nr.

Number of other children at this school(Brothers and Sisters only) :

Please supply full names, surname and Grade below

Name and Surname:
Name and Surname:
Name and Surname:

Grade:
Grade:
Grade:

PARENT INFORMATION

Father Surname	<input type="text"/>
Title	<input type="text"/> Initials <input type="text"/>
First Names	<input type="text"/>
ID - Number	<input type="text"/>
Occupation	<input type="text"/>
Employer	<input type="text"/>
Address Home	<input type="text"/>
Postal Address (Home)	<input type="text"/>
E-Mail	<input type="text"/>
Tel Home	<input type="text"/>
Tel Work	<input type="text"/>
Cell	<input type="text"/>
Marital Status	<input type="text"/>
Relationship to learner:	<input type="text"/>
Is the learner staying with you	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, give address where child is staying	<input type="text"/>

Mother Surname	<input type="text"/>
Title	<input type="text"/> Initials <input type="text"/>
First Names	<input type="text"/>
ID - Number	<input type="text"/>
Occupation	<input type="text"/>
Employer	<input type="text"/>
Address Home	<input type="text"/>
Postal Address (Home)	<input type="text"/>
E-Mail	<input type="text"/>
Tel Home	<input type="text"/>
Tel Work	<input type="text"/>
Cell	<input type="text"/>
Marital Status	<input type="text"/>
Relationship to learner:	<input type="text"/>
Is the learner staying with you	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, give address where child is staying	<input type="text"/>

PERSON RESPONSIBLE FOR PAYING SCHOOLFEES

Person Responsible for paying school fees	Father	Mother	Other- Specify -please provide us with that details
Surname	First Name		
Title	Initials	ID - Number	
Home Address	Postal Address (Home)		
Occupation	Employer		
Tel Home	Childs Name and Surname:		
Tel Work	Payment Date:(date that you receive your salary)		
Cell			

METHOD OF PAYING SCHOOLFEES

Full yearly payment	Quarterly payments (4)	Monthly payments (10)	Other How
Please provide date:			

I/We declare that the information entered is true and correct. I/We take note and abide to the school rules. I/We are aware that if the school fees are not been paid like indicated above, Tweespruit Primary School will be entitled to take legal action without any further notification.

_____	_____	_____
Signature of Parent/Guardian	Signature of Account Payer	Date

ONLY APPLICABLE IF LEARNER IS NOT STAYING WITH HIS/HER PARENTS

GUARDIAN INFORMATION (EXAMPLE: AUNT, GRANDPARENTS , ETC)

Relationship to learner: _____

Surname

Surname

Title Initials

Title Initials

First Names

First Names

ID - Number

ID - Number

Occupation

Occupation

Employer

Employer

Address Home

Address Home

Postal Address (Home)

Postal Address (Home)

E-Mail

E-Mail

Tel Home

Tel Home

Tel Work

Tel Work

Cell

Cell

Marital Status

Marital Status

Is the learner staying with you Yes No

Is the learner staying with you Yes No

