

Year:.....

General Information

1. This application form must be completed in full by the parents/ guardian of a learner.
2. A separate form must be completed for each learner, accompanied by the following required documents :

Please note: all certified copies must not be older than 3 months

- Certified copy of the learner's birth certificate
- Certified copy of the learner's last school report signed by the principal
(if applicable)
- Certified copy of the parent's ID
- In case of foreign nationals certified copies of passport /study permit/work permit/ Asylum document is required.
- Certified copy of the transfer certificate from previous school (if Applicable)
- In case of a learner with special needs, attach certified copy of assessment document or Referral letter from the medical practitioner.
- Motivation why the parent wishes the learner to be educated at home.
- Full details of the educational programme (subjects, teaching hours per subjects, assessment, extra mural activities, excursions, library, programme use of tutor).

Instructions on how to complete this form:

- *Complete the form by ticking check box and Write in the text box where applicable*
- *Select relevant option from given options in a dropdown-list*
- *Submit the form with the required documents to:Deon.louw@westerncape.gov.za .*

Note: Submission of the application form does not imply that the learner is registered with Provincial Department of Education.

- The official will contact you for verification and the registration process will follow.

- This Application Form is not for sale.
- It is the sole use for Applicant Parent only.
- There are no charges levied for registration.

1. Learner Details

1.1 Full Names: (As on birth certificate)			
1.2 Surname:			
1.3 South African Citizen : (Choose appropriate choice)			
1.4 South African Identification Number :			
1.5 Gender:(Tick Appropriate box)		1.6 Date of Birth : yyyy-mm-dd	
1.7 Passport Number: (if applicable)		1.8 Country of Origin :	
1.9 Population Group :		Other :	
1.10 Type of Disability: (tick appropriate box: If applicable) Please Attach Proof of Disability	Epilepsy	Partial Sighted/Low vision	Physical Disability
	Blindness	Attention Deficit Disorder	Autistic Spectrum Disorder
	Deafness	Severe Intellectual Disability	Behavioural disorder
	Hard of Hearing	Mild to Moderate Intellectual disability	Specific learning disability
	Cerebral Palsy Blindness	Severe to profound intellectual disability	Other
If learner suffers from Other disability please Specify :			
1.11 Assessed by registered professional practitioner :			

2. Last School Attended

2.1 Province of last school attended (if applicable)		2.2 Name of previous school attended (if applicable)	
2.3 Grade completed (if applicable)		2.4-Physical address of the school (if applicable)	
2.5 Contact No. of last school attended: (if applicable)			

3. Home Education Grade Registering

3.1 Grade for which application is being made			
3.2 Curriculum to be used			
3.3 Subjects Offered (List all subjects, Separated by comma)			
3.4 Home Education site address :			
3.5 Reasons for choosing home education(Mark Appropriate)	Distance to school	Children With Special needs	Nomadic lifestyles
	Dissatisfaction with public school	Religious Convictions	Financial Consideration
	Lack of Admission to public ordinary Schools	If Other Specify :	

4. Parent 1 /Legal Guardian Details			
4.1 Title:		4.2 First Names:	
4.3 Surname:			
4.4 South African Citizen			
4.5 South African Identification Number:			
4.6 Passport Number: (if applicable)			
4.7 Country of Origin(If not from South Africa)			
4.8 Population Group:			
4.9 Highest Qualification Obtained			
4.10 Employment Status: (Please tick appropriate box)			
4.11 Marital Status:(Please tick appropriate box)			
4.12 If you are a member of a Home Education Association, please provide the name:			
4.13 Lives with the Learner:			
4.14 Relationship With Learner:			
Other Specify :			
4.15 Telephone Number:		4.16 Cell Number:	
4.17 Email Address:			
4.18 Residential Address:	Street:	House No.	Farm:
	Complex/ Building :	Area Code:	Town:

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5. Parent 2 /Legal Guardian Details			
5.1 Title:		5.2 Full Names:	
5.3 Surname:			
5.4 South African Citizen			
5.5 South African Identification Number:			
5.6 Passport Number: (if applicable)			
5.7 Country of Origin(If not from South Africa)			
5.8 Population Group:			
5.9 Highest Qualification Obtained			
5.10 Employment Status(Please tick appropriate box)			
5.11 Marital Status: (Please tick appropriate box)			
5.12 If you are a member of a Home Education Association, please provide the name:			
5.13 Lives with the Learner:			
5.14 Relationship With Learner:			
If other specify			
5.15 Telephone Number:		5.16 Cell Number:	
5.17 Email Address:			
5.18 Residential Address:	Street:	House No:	Farm:
	Complex/ Building :	Area Code:	Town:

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6. Additional Person for Tutoring(if applicable)

6.1 Full Names: (As on Identity Document)					
6.2 Surname:					
6.3 South African Citizen					
6.4 South African Identification Number:					
6.5 Passport Number: (if applicable)					
6.6 If not South African Please State Country of Origin :					
6.7 Qualification Obtained:					
6.8 Cell Number:					
6.9 Telephone Number:					
6.10 Email Address:					
6.11 Residential Address:	Street:		House No:	Farm:	
	Complex/Building:		Area Code:	Town:	

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7. Declaration By Parent Or Guardian

I (name of parent/guardian)_____ hereby declare that I have read section 3(1) and 51 of the South African Schools Act, 1996 together with the Policy on Home Education. I further declare that I understand and accept the responsibility to provide, monitor and assess the home education of my child and that I have supplied full and correct information.

Initials and Surname of the Parent/Guardian

Date :

8. OFFICE USE ONLY

8.1 Received By:	8.2 Verification Conducted By:	8.3 Application Status	8.4 Reason for not Accepting
8.5 Certificate issued			

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