



APPLICATION FOR ADMISSION TO WENDYWOOD HIGH SCHOOL – 2025

LEARNER'S INFORMATION: (PLEASE USE BLOCK LETTERS – ANSWER ALL QUESTIONS)

SURNAME OF LEARNER _____ BIRTH DATE: YEAR _____ MONTH _____ DAY _____

FIRST NAME IN FULL _____ SECOND NAME _____ GENDER _____

IDENTITY NO. _____ GRADE IN 2024 _____ GRADE IN 2025 _____

LEARNER'S CITIZENSHIP _____ POPULATION GROUP _____

NON-SOUTH AFRICAN CITIZEN: YES NO

IF YES, IS THERE A VALID STUDY PERMIT IN PLACE FOR 2025: YES NO

IF YES, HOW MANY YEARS HAS THE LEARNER LIVED IN SOUTH AFRICA _____

COUNTRY OF RESIDENCE _____ PROVINCE OF RESIDENCE _____

PHYSICAL ADDRESS _____ CITY/SURBURB _____

POSTAL CODE _____

HOME TEL _____ EMERGENCY TEL _____

EMERGENCY NAME & SURNAME _____ EMERGENCY RELATION _____

ADDITIONAL INFORMATION

HOME LANGUAGE _____ OTHER LANGUAGES _____

NUMBER OF CHILDREN IN A FAMILY _____ ANY DECEASED PARENT _____

DEXTERITY OF LEARNER: RIGHT LEFT

PREVIOUS ENROLMENT

PREVIOUS SCHOOL _____ PROVINCE _____

ADDRESS _____ CODE _____

PARENT/ GUARDIAN INFORMATION (COMPULSORY FIELDS)

TITLE: MR/MRS/MISS/MS _____ INITIALS _____ SURNAME _____ FIRST NAME _____

HOME LANGUAGE _____ RACE _____ RELATIONSHIP TO LEARNER _____

DATE OF BIRTH: YEAR _____ MONTH _____ DAY _____

ID NUMBER/PASSPORT _____ E-MAIL _____

HOME ADDRESS (PLUS SURBURB AND EXT) _____

HOME TEL _____ WORK TEL _____ ALT NO _____

OCCUPATION: _____ EMPLOYER: _____

DETAILS OF 2ND PARENT

TITLE: MR/MRS/MISS/MS _____ INITIALS _____ SURNAME _____ FIRST NAME _____

HOME LANGUAGE _____ RACE _____ RELATIONSHIP TO LEARNER _____

DATE OF BIRTH: YEAR _____ MONTH _____ DAY _____

ID NUMBER/PASSPORT _____ E-MAIL _____

HOME ADDRESS (PLUS SURBURB AND EXT) _____

HOME TEL _____ WORK TEL _____ ALT NO _____

NO _____

OCCUPATION: _____ EMPLOYER: _____

PERSON RESPONSIBLE FOR SCHOOL FEES: _____

INFORMATION W.R.T. LEARNER'S HEALTH

- a) Are there any types of food or medicine to which your child is allergic?
.....
- b) Is your child on any permanent or long-term medication?
Please give the name of the medication
- c) Is there anything in particular that you consider anyone in charge of an activity or excursion should know about your child?
.....
- d) Family Doctor's name: Tel:
- e) Please provide here the name of your Medical Aid fund and your membership number:
Fund: Membership No.
Medical Aid contact numbers:
Name of main member Child is Dependent Number

DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION FORM

NB. This completed form plus documents should be returned to the school, by a parent or guardian from the 31 July 2024. The school will issue a Acknowledgment of Receipt.

1. The original plus a copy of your child's most recent school report;
2. A certified copy of his / her Birth Certificate. (In the case of an Immigrant, we require: the original Birth Certificate; a copy of the Passport and relevant pages from the Passport showing current legal status in S.A.);
3. Certified copies of the ID's of both biological/adoptive parents / guardians; (In the case of an immigrant, the parents' Passports or S.A. ID's as well as pages from the Passports showing current legal status in S.A.);
4. A certified copy of the ID of the person responsible for the payment of school fees, if not covered above;
5. Proof of Residence (e.g. copy of services bill, not older than 3 months, **in the name of the applicant** showing your physical address; or lease; or affidavit from property owner confirming your residence), being the usual residence of the child;
6. Proof of employment (e.g. confirmation by employer on a letterhead) of parents / guardian as well as the person responsible for payment of fees, if not one of the above;
7. Proof of legal Guardianship, if applicable.

Please note that if any of the above documents is not submitted with this completed form, the school reserves the right not to accept the application form.

ADMISSIONS INFORMATION

We thank you for making application for your child to come to Wendywood High School. For further information about the school, you are invited to visit our website www.wendywoodhigh.co.za.

It should be noted that this is not an enrolment document but purely an application form.

The Admissions Period is set by the Gauteng Department of Education.

Placement of applicants will be based on the following admissions criteria, ranked in the order outlined below:

- 1 - Home Address closest to school within Feeder zone
- 2 - Sibling at the school
- 3 - Work address within Feeder zone
- 4 - Home Address within 30kms
- 5 - Home address is Beyond 30kms of the school

Placement will be prioritised at the school closest to the parent's HOME address

NB. It is therefore imperative that parents make application to a school where they meet ‘A’ list criteria.

It should also be noted that Gauteng Department of Education policy states that once a learner has been enrolled in a high school, the learner may not move to another high school in the same Departmental District.

In the case of **Non South African applicants**, it should be noted that it is a requirement of the South African Department of Home Affairs that any learner studying in this country must have documentary proof of permission to do so, before the learner is enrolled in a school. No non-South African pupil may be enrolled until all required documentation is in place, i.e. fully completed application form, proof of current status in South Africa, original birth certificate, proof of immunisation against polio, measles, TB, diphtheria, tetanus and hepatitis B.

It is also a requirement of the Department of Home Affairs that with certain exceptions, the school fees for Non South African pupils must be paid upfront in full before study commences.

Follow up: The school will contact all applicants in due course, to inform them of the next step in the process. The period set by the Gauteng Department of Education for the school to communicate with the successful / unsuccessful applications is from 09 December 2024.

Signature _____

Date of submission _____

Print name _____