

GRADE		YEAR 2026		CEMIS NUMBER	
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Surname of Learner	
Full Name/s of Learner	
Male / Female	
ID Number / Passport Number	
Home Language	

DETAILS OF LEARNER							
Physical address:							Postal code:
Learner resides with:	Father	Mother	Guardian	Grandparent	Sponsor	Other	
SA Citizenship:	Yes	No	Nationality:		Date of arrival in SA: if applicable		
Name of current school:							
Reason for leaving:							
Siblings CURRENTLY in Bellville Preparatory School	Name:					Class:	

MEDICAL DETAILS OF LEARNER			
Doctor's Name:			
Practice Phone no:		Contact no:	
MEDICAL AID DETAILS			
Member's Name:		Medical Aid: eg Fedhealth	
Membership no:		Specific Plan: eg Maxima	

EMERGENCY CONTACT (other than parents)			
Name:		Tel. no:	
Relationship to learner:		Cell no:	

INFORMATION FOR OFFICE USE									
Religion:	African	Bahai	Buddist	Christian	Hindoe	Jewish	Islam	Other:	
Disability (if any):									
Type of Social grant (e.g. Foster care, care dependency grant, etc)									

Application Information and Requirements:

1. Kindly note: Bellville Preparatory School is a **fee-paying** Independent School.
2. Please read through the entire form before completing the application.
3. Please print in **Capitals** and complete **ALL** sections, even if there is repetition. The supplying of false information or the non-disclosure of material and / or important information will invalidate this application.
4. The submission of this application form, does not guarantee your child's acceptance at the school.

5. **The application must be accompanied by:**

	Y	N
1. Certified copy of learner's birth certificate/passport		
2. Certified copies of both parents/guardians/sponsors' ID documents		
3. Copy of immunization certificate		
4. Proof of permanent residential address: Certified copy of recent municipal account or Certified copy of legal rental agreement		
5. The most recent school report if applying for Grade 1,2 & 3		
6. Transfer letter from previous/ current school		
7. 3 Months' Salary slips of both parents		
8. If you are a business owner, you must submit your company registration, 3 months bank statements and a copy of your monthly turnover.		

DETAILS OF FATHER

SURNAME:													Title:					
FIRST NAMES:																		
Identity no:																E-mail:		
Home phone no:													Cell no:					
Physical address:																		
													Postal code:					
Name of Employer:																		
Occupation:																		
Business address:																		
Business contact no:																		
Marital status:	Married				Divorced				Single Parent				Re-married		Widower			
STATUS OF MARRIAGE?																		
Ante-Nuptial Contract	Community of Property				Customary				Hindu / Muslim				Other					

DETAILS OF MOTHER

SURNAME:													Title:					
FIRST NAMES:																		
Identity no:																E-mail:		
Home phone no:													Cell no:					
Physical address:																		
													Postal code:					
Name of Employer:																		
Occupation:																		
Business address:																		
Business contact no:																		
Marital status:	Married				Divorced				Single Parent				Re-married		Widow			
STATUS OF MARRIAGE?																		
Ante- Nuptial Contract	Community of Property				Customary				Hindu / Muslim				Other					

DETAILS OF STEPFATHER																		
SURNAME:											Title:							
FIRST NAMES:																		
Identity no:															E-mail:			
Home phone no:											Cell no:							
Physical address:																		
													Postal code:					
Name of Employer:																		
Occupation:																		
Business address:																		
Business contact no:																		
DETAILS OF STEPMOTHER																		
SURNAME:											Title:							
FIRST NAMES:																		
Identity no:															E-mail:			
Home phone no:											Cell no:							
Physical address:																		
													Postal code:					
Name of Employer:																		
Occupation:																		
Business address:																		
Business contact no:																		
ONLY IF APPLICABLE: DETAILS OF GUARDIAN / GRANDPARENT / FOSTER PARENT																		
RELATIONSHIP TO LEARNER:																		
Guardian				Grandparent				Foster Parent				Other:						
SURNAME:											Title:							
FIRST NAMES:																		
Identity no:															E-mail:			
Marital status:	Married				Divorced				Single Parent				Re-married			Widow/er		
Home phone no:											Cell no:							
Physical address:																		
													Postal code:					
Name of Employer:																		
Occupation:																		
Business address:																		
Business contact no:																		

UNDERTAKING: I/WE, AS PARENTS / GUARDIANS /

1. understand that the LEARNER shall at all times be subject to the Code of Conduct of the school.
2. understand that whilst every reasonable effort will be made to prevent loss or damage to the LEARNER's clothing and equipment, the school cannot be held liable in any such event;
3. undertake to give written notice of any intention to remove the LEARNER from the school and furthermore to return any books and / or equipment belonging to the school, which the LEARNER may have in his / her possession;
4. undertake to inform the educator of the LEARNER'S absence from school and produce a doctor's certificate when required to do so;
5. undertake to ensure that the LEARNER is punctual at the beginning of each school day and is collected on time at the end of each school day;
6. accept responsibility for immunizing the LEARNER against contagious diseases and produce proof thereof, if required to do so;
7. undertake to support and respect the school's constitution and policy of admission, as defined and implemented by the SGB;
8. understand that the school reserves the right in its sole discretion to amend and / or alter any of the provisions of the Code of Conduct;
9. understand that learners are expected to act in an orderly and respectful manner, maintaining Christian character standards.
10. I accept that child will be taught Biblically and aligned to the CAPS syllabus.

DECLARATION: FATHER / GUARDIAN

I hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. **I understand that should any of the information supplied by me is found to be false, the school reserves the right to lay a criminal charge of fraud against any of the parties involved with this application and further reserves the right to, in the event that the learner has been admitted on such falsity, have such admission reversed.**

Signed on this day of

.....
SIGNATURE

DECLARATION: MOTHER / GUARDIAN

I hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. **I understand that should any of the information supplied by me is found to be false, the school reserves the right to lay a criminal charge of fraud against any of the parties involved with this application and further reserves the right to, in the event that the learner has been admitted on such falsity, have such admission reversed.**

Signed on this day of

.....
SIGNATURE



Belrail Road, Bellville 7530
 Cell: 067 603 4847
 Email: office@bellvillepps.co.za
 Facebook: @bellvillepps.co.za
www.bellvillepps.co.za

FINANCIAL CLEARANCE CERTIFICATE
 To be completed by the learner's current school.

Name & Surname of Learner:				
Current / Previous Schools Name:				
Annual School Fees:				
School Fees Paid to Date:				
School Fees Outstanding:				
Notice Given:	Yes		No	
Person Liable for Paying School Fees:				
Comments:				
Name of Bursar / Principal:				
Signature of Bursar / Principal:				
Date:				
School Stamp:				

Final admission of the learner to the school, is at the discretion of the Governing Body and Principal.