

ENROLMENT FORM - 2026



ORIAH
PRE-PRIMARY AND PRIMARY SCHOOL
Light of Knowledge

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes

No

Name of other learner(s) : _____

DATE: 1 AUG 2025

LEARNER INFORMATION

LEARNER	
Full names:	_____
Surname:	_____
Preferred name:	_____
Date of birth:	_____
ID number:	_____
Nationality:	_____
Religious denomination:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic group:	_____
Home language:	_____
Preferred tuition language:	_____
Dexterity:	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both
Learner mobile number:	_____
Learner e-mail address:	_____
Admission date:	_____
Grade in 2026 :	_____
Years in grade for 2026 :	_____
Years in phase for 2026 :	_____
Pre-primary education attended:	<input type="checkbox"/> Formal <input type="checkbox"/> Informal
	<input type="checkbox"/> Other: _____
Attach learner photo:	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;"></div>

Method of transport:	_____
Taxi/Bus registration number:	_____
Name of driver:	_____
Contact number:	_____

NEXT OF KIN INFORMATION

Name:	_____
Contact number:	_____
Alternative contact number:	_____
Relation:	_____

OFFICE USE ONLY

Family code: _____	Waiting list: <input type="checkbox"/> A <input type="checkbox"/> B
Register class: _____	Number on waiting list: _____
Admission number: _____	ID copy: <input type="checkbox"/>
	Application fee: <input type="checkbox"/>
	Proof of residence: <input type="checkbox"/>
	Birth certificate: <input type="checkbox"/>
	Clinic card: <input type="checkbox"/>

FAMILY INFORMATION

Family status:	<input type="checkbox"/> Both parents	<input type="checkbox"/> Single parent - Unmarried
	<input type="checkbox"/> Foster care	<input type="checkbox"/> Childrens home
	<input type="checkbox"/> Single parent - Divorced	
	<input type="checkbox"/> Other	<input type="checkbox"/> Re-composed
	<input type="checkbox"/> Widow/Widower	
Parents deceased:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
	<input type="checkbox"/> None	

LEARNER HEALTH INFORMATION

Chronic diseases:	_____
Allergies:	_____
Medication:	_____

MEDICAL AID INFORMATION

Name:	_____
Telephone number:	_____
Member number:	_____
Primary member:	_____

FAMILY DOCTOR INFORMATION

Name:	_____
Telephone number:	_____
Business address:	_____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learner attended school last year	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in which Province/Country:	_____
Previous school	_____
Telephone Number	_____
Address	_____
Province	_____
Highest grade in previous school	_____
Reason for leaving the school	_____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: ☐ Common law marriage ☐ Divorced
☐ Married ☐ Separated ☐ Single
☐ Widowed

Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? ☐ Yes ☐ No

Residential address: _____

Postal address: _____

Occupation status: ☐ Own Employer Professional
☐ Own Employer Non-Professional
☐ House wife ☐ Part time
☐ Contract worker ☐ Pensioner
☐ Student ☐ Temporary
☐ Full time ☐ Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: ☐ Common law marriage ☐ Divorced
☐ Married ☐ Separated ☐ Single
☐ Widowed

Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? ☐ Yes ☐ No

Residential address: _____

Postal address: _____

Occupation status: ☐ Own Employer Professional
☐ Own Employer Non-Professional
☐ House wife ☐ Part time
☐ Contract worker ☐ Pensioner
☐ Student ☐ Temporary
☐ Full time ☐ Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

ACCOUNTABLE PERSON'S INFORMATION☐ Biological Parent 1☐ Biological Parent 2☐ Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Comm language: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Comm language: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Account type: ☐ Cheque ☐ Transmission ☐ Savings

Bank account number: _____

Account holder: _____

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

1. I, parent / guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.

4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Oriah Pre and Primary School as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signature of Parent / Guardian: _____ Date: _____