



# APPLICATION FOR ADMISSION

2024

5 Piercy Avenue, Parkhill Gardens, Germiston, 1401 South Africa | +27 11 827 8289 | admin@dkids.co.za  
 125 Webber Road, Lambton, Germiston, 1401 South Africa | +27 10 600 0326 | principal@dkids.co.za

Dunamis Christian School  
 t/a Dynamic Kids

Please complete IN FULL, where applicable.

<b>Pre-School</b>			
Age:		Admission Date:	
Half Day:		Full Day:	
		Registration Fee:	

<b>CERTIFIED DOCUMENTATION RECEIVED (MARK WITH AN "X")</b>			
Copy of Birth Certificate (Unabridged)	<input type="checkbox"/>	Copy of Legal Guardians ID	<input type="checkbox"/>
Copy of Clinic Card	<input type="checkbox"/>	Registration Fee (Includes Stationery)	<input type="checkbox"/>
Signed Policies and Procedures	<input type="checkbox"/>		

<b>Homework Centre</b>			
School:		Grade:	
Admission Date:		Monthly Fee:	
		Registration Fee:	

<b>CERTIFIED DOCUMENTATION RECEIVED (MARK WITH AN "X")</b>			
Copy of Birth Certificate (Unabridged)	<input type="checkbox"/>	Copy of Legal Guardians ID	<input type="checkbox"/>
Signed Policies and Procedures	<input type="checkbox"/>	Registration Fee (Includes Stationery)	<input type="checkbox"/>

<b>Transport Services</b>			
School:		Grade:	
Admission Date:		Single/Double Trip:	

<b>CERTIFIED DOCUMENTATION RECEIVED (MARK WITH AN "X")</b>			
Copy of Birth Certificate (Unabridged) & Signed Policies and Procedures	<input type="checkbox"/>	Copy of Legal Guardians ID	<input type="checkbox"/>

<b>LEARNER'S DETAILS</b>			
SURNAME			
NAME			
DATE OF BIRTH			Preferred Name
	DD	MM	YYYY
Identification or Passport No			
RACE			
COUNTRY OF RESIDENCE			

PROVINCE OF RESIDENCE

GENDER 

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
------	--------------------------	--------	--------------------------

 (Mark appropriate block with an "X")

Learner's Physical Address

Name of Previous School Attended

Current Language of Instruction   
 Home Language

*For Gr R Only (indicate pre-primary education)*

NONE	NON-FORMAL	FORMAL
Right-Handed	Left-Handed	Ambidextrous

Dexterity of Learner

**MEDICAL INFORMATION**

Name of Medical Aid	<input style="width: 100%; height: 20px;" type="text"/>	Medical Aid Number	<input style="width: 100%; height: 20px;" type="text"/>
Main Member	<input style="width: 100%; height: 20px;" type="text"/>	Family Dr's Name	<input style="width: 100%; height: 20px;" type="text"/>
Doctor's Contact Number	<input style="width: 100%; height: 20px;" type="text"/>	Doctor's Physical Address	<input style="width: 100%; height: 20px;" type="text"/>
Medical Conditions	<input style="width: 100%; height: 20px;" type="text"/>		
Chronic Medication	<input style="width: 100%; height: 20px;" type="text"/>		
Allergies	<input style="width: 100%; height: 20px;" type="text"/>		

**IN CASE OF EMERGENCY**

Name and Surname	<input style="width: 100%; height: 20px;" type="text"/>
Contact details	<input style="width: 100%; height: 20px;" type="text"/>
Relationship	<input style="width: 100%; height: 20px;" type="text"/>

**SIBLINGS**

Number of siblings in the school  Position in the Family  (First/Second/Third etc.)

**PERSON RESPONSIBLE FOR SCHOOL FEES**

Name	<input style="width: 100%; height: 20px;" type="text"/>
Surname	<input style="width: 100%; height: 20px;" type="text"/>
Identity Number	<input style="width: 100%; height: 20px;" type="text"/>
Email Address (Please PRINT Neatly)	<input style="width: 100%; height: 20px;" type="text"/>
Employer	<input style="width: 100%; height: 20px;" type="text"/>
Work Telephone Number	<input style="width: 100%; height: 20px;" type="text"/>

Cellular Number	
Residential Address	
Employer Physical Address	
Occupation	

**PARENT / GUARDIAN INFORMATION - MOTHER**

Name		
Surname		
Identity Number		
Home Language	Race	
Residential Address		
Occupation		
Employer		
Work Telephone No.		
Cellular Number		
Marital Status		
Email Address (PLEASE PRINT CLEARLY)		

**PARENT / GUARDIAN INFORMATION - FATHER**

Name		
Surname		
Identity Number		
Home Language	Race	
Residential Address		
Occupation		
Employer		
Work Telephone No.		
Cellular Number		
Marital Status		
Email Address (PLEASE PRINT CLEARLY)		

**GENERAL INFORMATION**

With whom does the learner reside?	Both parents	Mother only	Father only	Other (describe)
Mark with an "X"				
Deceased Parent	Mother		Father	

I, the Parent/Guardian hereby declare that: -

1. I have read and understand the policies and procedures and fully comply as set out in such document.
2. The authority reserves the right to verify the information given on this form.
3. Any offer of a space in our school will be on the basis that the information supplied is accurate.

- Photography waiver: Dynamic Kids load/display decent and appropriate photos from time to time on social platforms. If you do not wish to give consent, please tick here:
- Dynamic Kids offers exciting promotions such as invitations to exclusive events and will communicate these via communication platforms. If you do not wish to receive communication, please tick here:

\_\_\_\_\_

**Parent/Guardian**

\_\_\_\_\_

**Date**