



APPLICATION FOR ADMISSION

2024

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 125 Webber Road, Lambton, Germiston, 1401 South Africa | +27 10 600 0326 | principal@dkids.co.za

Please complete IN FULL, where applicable.

Pre-School			
Age:		Admission Date:	
Half Day:		Full Day:	
		Registration Fee:	

CERTIFIED DOCUMENTATION RECEIVED (MARK WITH AN "X")			
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"/>		

Homework Centre			
School:		Grade:	
Admission Date:		Monthly Fee:	
		Registration Fee:	

CERTIFIED DOCUMENTATION RECEIVED (MARK WITH AN "X")			
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"/>

Transport Services			
School:		Grade:	
Admission Date:		Single/Double Trip:	

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

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

GENDER

Male		Female	
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(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)

Dexterity of Learner

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

MEDICAL INFORMATION

Name of Medical Aid

Main Member

Doctor's Contact Number

Medical Aid Number

Family Dr's Name

Doctor's Physical Address

Medical Conditions

Chronic Medication

Allergies

IN CASE OF EMERGENCY

Name and Surname

Contact details

Relationship

SIBLINGS

Number of siblings in the school

Position in the Family

(First/Second/Third etc.)

PERSON RESPONSIBLE FOR SCHOOL FEES

Name

Surname

Identity Number

Email Address (Please PRINT Neatly)

Employer

Work Telephone Number

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