



# APPLICATION FOR ADMISSION

2025

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

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	
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Current Language of Instruction	
Home Language	

<i>For Gr R Only (indicate pre-primary education)</i>	NONE	NON-FORMAL	FORMAL
	Dexterity of Learner	Right-Handed	Left-Handed

**MEDICAL INFORMATION**

Name of Medical Aid		Medical Aid Number	
Main Member		Family Dr's Name	
Doctor's Contact Number		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	



Email Address  
(PLEASE PRINT  
CLEARLY)

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**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. By completing the application, you agree to our policies and procedures, which are available from the admin office.
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:

  
  

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**Parent/Guardian**

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**Date**