



UITSIG

PRIMARY SCHOOL

46 Yelanda Street
The Reeds
Tel: (012) 655 0753
Fax: (012) 655 0752
Email: uitsig@netactive.co.za
P. O. Box 3832
The Reeds 0158


2022 Admission to Uitsig Primary School is strictly according To the Gauteng Department of Education (GDE) regulations.

- Gr R & Gr 2-7 Applications process opens on the _____. Apply directly to the school
- Drop off point at Gate 3 on Yelanda Street, The Reeds (08:00-12:00) **ONLY THESE TIMES ARE APPLICABLE (STRICTLY NO DROP OFFS WITH THE SECURITY GUARD)**
- Grade 1- Gauteng online Website: www.gdeadmissions.gov.za (_____ date)
*please note that application for admission to Uitsig Primary School will not be accepted unless all the documents listed below are completed in full. This is per GDE policy

Surname of learner:		First names:	
Grade applying for:		Date (the day the learner started):	
Admission No:			
Time:			
Date of application:			
Date of birth:			
LOLT	ENGLISH	COMPULSORY	
FAL: CHOOSE ONE (1) Excluding Gr R	Afrikaans:		
	IsiZulu:		
	Setswana:		
NO:	PERSONAL DOCUMENTS NEEDED		TICK
1	Two (2) Certified copies of Original Birth Certificate of a learner (not older than 3 months)		
2	Certified copy of Original Identity Document- of biological parent/s or legal guardian and person responsible for payment of fees. (Death certificate where applicable)		
3	Proof of residence in area (i.e water/lights account or contract/lease agreement period of 6 months) Offer to purchase and affidavits are NOT regarded as 'bona fide' proof of residence.		
4	Copy of child's immunization card		
5	Copy of the child's LATEST ORIGINAL REPORT CARD		
6	If child is not residing with natural parent, document signed by a Magistrate regarding Legal Guardianship must accompany the application/proof of adoption		
7	If not a permanent SA resident, please supply valid work permits for parent/s and valid study permit for learners. (Visa, Temporary/ Permanent residence/ Asylum/ Refugee permit)		
8	Copy of confirmation print-out of Gauteng on-line Application Grade 1 only		
PLEASE NOTE: THE BELOW INFORMATION WILL BE NEEDED UPON YOUR CHILD'S ACCEPTANCE AT UITSIG PRIMARY			
•	Fully completed and signed Acknowledgement of Liability form pertaining to the payment of compulsory school fees. 2022 SCHOOL FEES INFORMATION AVAILABLE AFTER ANNUAL GENERAL MEETING		
•	Fully completed and signed General Indemnity Form		
•	Transfer document from the learner's previous school (Gr 2-7 applicants only)		
•	FAL choice form to be completed (Only applicable for Gr 1-7)		

TAKE NOTE OF THIS IMPORTANT INFORMATION BELOW:

- Acceptance of documentation does not guarantee admission to the school for the child.
- Kindly complete all documentation carefully, in clear bold print (**USING A BLACK PEN**) and in full detail.
- The provision of falsified documents will lead to legal action being taken against the applicant and possible deregistration and consequent placement at relevant school.
- Faxed or e-mailed admission documents will **not be accepted**.
- Application form will only be accepted if brought forward by an adult.
- Late registration is managed as per legislation by the District and District Admission Co-Ordinator.


Ms M.G Hlongwane (PRINCIPAL)

06.08.2021
Date:



ADMISSION TO UITSIG PRIMARY

This information will be asked again in the form.
This is a summary to ease the administration process.

DO YOU CURRENTLY HAVE ANY CHILD ATTENDING UITSIG PRIMARY SCHOOL?

YES		NO	
IF YES:			

FAMILY CODE:	
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NAMES AND SURNAMES OF ALL CHILDREN ATTENDING UITSIG PRIMARY SCHOOL

SURNAME:	NAME:	CLASS:	ID:

HAVE YOU HAD CHILDREN IN UITSIG PRIMARY PREVIOUSLY?

YES		NO	
IF YES, PLEASE SUPPLY THE FAMILY CODE USED THEN:			

CONTACT DETAILS OF PARENTS/GUARDIANS

PLEASE ENSURE THESE NUMBERS ARE CLEAR
AND CORRECT AS YOU WILL RECEIVE COMMUNICATION VIA SMS MESSAGES

MOBILE NO. OF FATHER/PRIMARY GUARDIAN

MOBILE NO. OF MOTHER/SECONDARY GUARDIAN

EMAIL ADDRESS OF FATHER/PRIMARY GUARDIAN

EMAIL ADDRESS OF MOTHER/SECONDARY GUARDIAN

INFORMATION OF LEARNER (BEING APPLIED FOR):

FULL NAMES OF CHILD AS PER BIRTH CERTIFICATE

SURNAME OF CHILD AS PER BIRTH CERTIFICATE

ID NUMBER OF CHILD

CURRENT SCHOOL:		GRADE:	
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NAMES AND SURNAMES OF OTHER CHILD/REN YOU APPLIED FOR

SURNAME:	NAME:	GRADE:	ID:

ADMIN USE ONLY

CAPTURED BY:		DATE:	
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UITSIG PRIMARY SCHOOL APPLICATION FOR ADMISSION 2022



PLEASE COMPLETE WITH A BLACK PEN

LEARNER INFORMATION											
Full names:											
Surname:											
Preferred name:											

Date of birth:			y						M						D							
ID / Passport number																						
Nationality:	RSA			OTHER																		
Immigration status:																						

Immigration date:			y						M						D							
Religious denomination:																						
Gender:	M			<input type="checkbox"/> F																		
Ethnic group / Race:																						
Home language:																						

Registered for social grant:		Yes		No																	
Receives social grant:		Yes		No																	

Method of transport:	Private			<input type="checkbox"/>			Taxi			<input type="checkbox"/>			Walk			<input type="checkbox"/>						
Taxi registration																						
Name of driver																						
Contact number of driver																						

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY																						
First registration of learner in Gauteng:	Yes								No													
Learner attended school last year:	Yes								No													
Previous school:																						
Address:																		Postal code				
Telephone number:																						
Fax number:																						
Province:																						
Highest grade in previous school:																						
Reason for leaving the school:																						

UITSIG PRIMARY SCHOOL
APPLICATION FOR ADMISSION 2022
PLEASE COMPLETE WITH A BLACK PEN



NEXT OF KIN INFORMATION: (Not living with the family)

Name:																				
Contact number:																				
Alternative contact number:																				
Relation:																				

FAMILY INFORMATION / STATUS

Both parents		
Foster care		
Single parent		
Parents deceased	Mother	Father
	<input type="checkbox"/>	<input type="checkbox"/>

LEARNER HEALTH INFORMATION

Chronic diseases:																				
Allergies:																				
Medication:																				

MEDICAL AID INFORMATION

Name of Medical Aid:																				
Member number:																				
Primary member:																				
Telephone number:																				

FAMILY DOCTOR INFORMATION

Name:																				
Telephone number:																				
Business address:																				
											Postal code									

UITSIG PRIMARY SCHOOL

APPLICATION FOR ADMISSION 2022

PLEASE COMPLETE WITH A BLACK PEN



BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title:																				
Full names:																				
Surname:																				
Initials:																				
Preferred name:																				
ID number:																				
Home language																				
Communication preference:	SMS	EMAIL	MAIL	BY HAND																
Language preference:																				
Cell phone number:																				
Home tel:																				
Fax:																				
E-mail:																				
Residential address:																				
																		Postal code		
Postal address:																				
																		Postal code		
Occupational status:																				
Self employed	<input type="checkbox"/>	Part time	<input type="checkbox"/>																	
Employed full time	<input type="checkbox"/>	Pensioner	<input type="checkbox"/>																	
House wife	<input type="checkbox"/>	Temporary	<input type="checkbox"/>																	
Contract worker	<input type="checkbox"/>	Unemployec	<input type="checkbox"/>																	
Student																				
Occupation:																				
Employer:																				
Work telephone number:																				
Work physical address:																				
																		Postal code		

Is the learner living with this parent? YES NO

UITSIG PRIMARY SCHOOL

APPLICATION FOR ADMISSION 2022

PLEASE COMPLETE WITH A BLACK PEN



BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title:																				
Full names:																				
Surname:																				
Initials:																				
Preferred name:																				
ID number:																				
Home language																				
Communication preference:	SMS	EMAIL	MAIL	BY HAND																
Language preference:																				
Cell phone number:																				
Home tel:																				
Fax:																				
E-mail:																				
Residential address:																				
																	Postal code			
Postal address:																				
																	Postal code			
Occupational status:																				
Self employed	<input type="checkbox"/>	Part time	<input type="checkbox"/>																	
Employed full time	<input type="checkbox"/>	Pensioner	<input type="checkbox"/>																	
House wife	<input type="checkbox"/>	Temporary	<input type="checkbox"/>																	
Contract worker	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>																	
Student																				
Occupation:																				
Employer:																				
Work telephone number:																				
Work physical address:																				
																	Postal code			

Is the learner living with this parent? YES NO

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ACCOUNTABLE PERSON'S INFORMATION

Biological Parent 1 Biological Parent 2 Other

SECTION A

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

Title:																					
Full names:																					
Surname:																					
Initials:																					
Preferred name:																					
ID Number																					
Home language																					
Communication preference: SMS EMAIL MAIL BY HAND																					
Language preference:																					
Cell phone number:																					
Home tel:																					
Fax:																					
E-mail:																					
Residential address:																					
Postal address:																					
											Postal code										
Postal address:																					
											Postal code										

SECTION B

COMPANY / CLOSED CORPORATION / TRUST

Title:																					
Name:																					
Registration number:																					
Language preference																					
Contact number:																					
Fax number:																					
Business address:																					
Postal address:																					
											Postal code										
Postal address:																					
											Postal code										