

UITSIG PRIMARY SCHOOL

46 Yelanda Street The Reeds Tel: (012) 655 0753

Tel: (012) 655 0753 Fax: (012) 655 0752

Email: uitsig@netactive.co.za

P. O. Box 3832 The Reeds 0158

Submission of this form does not guarantee admission of the child

2024 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 15 June 2023. 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 (15 June 2023 14 July 2023).
 *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.

Surnan	ne of learner:		First names:						
	Grade applying for:		Date (the day the learner started):						
Α	dmission No: (for office use)								
	Date of application:		Time:						
	Date of birth:								
	LOLT	ENGLISH	COMPULSORY						
	FAL: CHOOSE ONE (1)	Afrikaans:							
	Excluding Gr R	IsiZulu:							
		Setswana:							
NO:	PERSONAL DOCUMENTS NEED	DED		TICK					
1	Two (2) Certified copies of Or	riginal Birth Certificate	of a learner (not older than 3 months)						
2		tity Document- of biolo	ogical parent/s or legal guardian and person responsible for						
3	Proof of Home Address: Hom parent bearing the full resider Tenants/Renters: 1. Municipal account not olde residential address. 2. Certified copies of the follogation a. Landlord's ID b. Lease agreement sign address. c. Rental Payment slip	eowners: Municipal ac ntial address r than 3 months in the wing documents gned by landlord and to with full physical resid	roount not older than 3 months in the name of the applicant name of the landlord(homeowner) bearing the full physical enant, not older than 3 months bearing the full physical residential lential address not older than 3 months. he applicant parent bearing the full physical residential address.						
4	Copy of child's immunization	card							
5	Copy of the child's LATEST OR								
6	accompany the application/pr	roof of adoption	t signed by a Magistrate regarding Legal Guardianship must						
7	If not a permanent SA resident (Visa, Temporary/ Permanent	rt, please supply valid v residence/ Asylum/ Re	work permits for parent/s and valid study permit for learners. efugee permit)						
8	Copy of confirmation print-ou	it of Gauteng on-line A	pplication <u>Grade 1 only</u>						
			NEEDED UPON YOUR CHILD'S ACCEPTANCE AT UITSIG PRIMARY						
•	Fully completed and signed A 2024 SCHOOL FEES INFORMA	cknowledgement of Lia	ability form pertaining to the payment of compulsory school fees. ER ANNUAL GENERAL METING						
•	Fully completed and signed G								
	Transfer document from the I	earner's previous scho	ool (Gr 2-7 applicants only)						
	FAL choice form to be comple	eted (Only applicable for	or 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.

NB: ACCEPTANCE OF DOCUMENTATION DOES NOT GUARANTEE ADMISSION TO THE SCHOOL FOR THE CHILD.

29,05,2023

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 CURRENT	LY HAVE ANY CHILD AT		G PRIMARY SCHOOL?
YES		NO	
	IF YES) :	
FAMILY CODE:			
NAM	ES AND SURNAMES	S OF ALL CH	ILDREN
	TENDING UITSIG F		Charles to be to the
SURNAME:	NAME:	CLASS:	ID:
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	IAD CHILDREN IN UIT		PREVIOUSLY
YES	C DI FACE CUIDDI VITUE F	NO NO NAME OF LISE	D THEN:
IF YE	S, PLEASE SUPPLY THE FA	AIVIILI CODE OSE	D ITILIN.
CONT	ACT DETAILS OF P	ARENTS/GU	ARDIANS
	PLEASE ENSURE THESE N		
	S YOU WILL RECEIVE CO		
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	MOBILE NO. OF MOTHER/SI	ECONDARY GUARDIA	<u>IN</u>
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	ATION OF LEARNE	THE RESERVE THE PERSON NAMED IN COLUMN 1	
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	URNAME OF CHILD AS P	ER BIRTH CERTIF	ICATE
	ID NUMBER	OF CHILD	
CURRENT SCHOOL:		GRADE:	
	D SURNAMES OF OTHER	R CHILD/REN YO	
SURNAME:	NAME:	GRADE:	ID:
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CAPTURED BY:		DATE:	



LEARNER INFORMATION			liki:											T.V						V _j m, n
Full names:																				
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Surname:																				
Preferred name:																				
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Date of birth:	i													2						
ID / Passport number																				
Nationality:	RSA	\			ОТ	HER											_			
Immigration status:																				
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Immigration date:																				
Religious denomination:																				
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Gender:	M]-	<u></u>									_			_			_	_
Ethnic group / Race:																_			_	1
Home language:																				
Registered for social grant:		Ye	:S] N	0														
Receives social grant:		Ye	:S		N	0														
Left-handed		Ye	S		No)														
Right-handed		Ye			N															
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Name of driver		-	_	-	-			-	+	-	-	-			l					
Contact number of driver			1					_												
INFORMATION OF PREVIOUS	SCHO	OL/F	PLAY	GRO)UP/	NUR	SER	Y	U US	9801										
First registration of learner in					Yes				No											
Learner attended school last y	/ear:				Yes				No							_	_			_
Previous school:																				Ш
Address:																		_		Ш
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Telephone number:																				
Fax number:																				



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Province:			-																
Highest grade in previous scho	ol:		-										_						
Reason for leaving the school:			<u> </u>						0.2500					innui-S	24.00	Outro	STEEL STEEL	inniză î	
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Name:																			
Contact number:																			
Alternative contact number:																		_	_
Relation:																			
		F/	AMIL	Y INF	ORI	MAT	ION	/ST	ATU:	5				11/10	100				
Both parents																			
Foster care																			
Single parent		V-1	-0				_												
Parents deceased	Moth	ner		Fath	er														
LEARNER HEALTH INFORMATI	ION								L in		En u						11-8		
Chronic diseases:																			Ш
Allergies:																_			
Medication:																			
MEDICAL AID INFORMATION																			
Name of Medical Aid:																	_	_	Ш
Member number:																			
Primary member:																			
Telephone number:																			
FAMILY DOCTOR INFORMATION	N													_					
Name:																			
Telephone number:																			,
Business address:																			Ш
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Full names:							-	-			\dashv		\dashv	
Surname:							\neg							
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Preferred name:														
ID number:														_
Home language														
Communication preference:	SMS		E	MAI	L	40.01	MAIL		BY H	AND	III			
Language preference:														
Cell phone number:														
Home tel:														
Fax:														 _
E-mail:														
Residential address:														
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Postal address:														
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Occupational status:	1 .													
Self employed		Par	t tim	e										
Employed full time		Per	sion	er										
House wife		Ten	npor	ary										
Contract worker		Une	empl	oye	t									
Student														_
Occupation:														
Employer:														L
•														
Work telephone number:														
Work physical address:														L
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									Pos	tal c	ode			
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BIOLOGICAL PARENT / LEGAL C Title:																	
Full names:																	
Surname:																	
Initials:																	
Preferred name:																	
ID number:																	
Home language																	
Communication preference:	SMS		E	MAI	0		N	MAIL			BY H	AND					
Language preference:																	
Cell phone number:																	
Home tel:																	
Fax:							\Box	\neg									
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Occupational status:																	_
Self employed		Par	t tim	6	1												
Employed full time	+		sion			-											
House wife			npor														
Contract worker	+=		empl		1	-											
Student	+	One	ыпрі	Oyce	1												
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Biological Parent 1		Biologic	al Parent 2	Other	
SECTION A		Only if "O	ther", please comp	lete 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 code	
Postal address:					
				Postal code	
SECTION B		СОМ	PANY / CLOSED CO	RPORATION / TRUST	
Title:					
Name:					
Registration number:					
Language preference					
Contact number:					
Fax number:					
Business address:					
	.4				
				Postal code	
Postal address:					
				Postal code	