

FOR OFFICE USE ONLY DATE RECEIVED

DATE OF INTERVIEW INTERVIEW TIME

DATE PROCESSED ADMISSION No.

FOR OFFICE USE ONLY PRINCIPALS SIGNATURE

APPLICANT: ACCEPTED

APPLICANT: WAITING LIST

2025 APPLICATION FORM

IMPORTANT DOCUMENTATION REQUIRED *Please ensure that the following documentation accompanies this form.*

- An **UNABRIDGED** Birth Certificate **CERTIFIED COPY**
- A **CERTIFIED COPY** of BOTH parent's ID Documents/Cards (or Death Certificate/s if necessary)
- The **LATEST REPORT** from your daughter's previous school is **ESSENTIAL** (*this applies to Gr R - 7 Applications only*)
- A copy of your daughter's **CLINIC CARD** and proof of immunisation is **ESSENTIAL**
- 3 MONTHS SALARY ADVICES** (or letter from auditor if self-employed) of **BOTH PARENTS**.
- One month bank statement of **both parents** REFLECTING PROOF OF RESIDENCE
- A **CERTIFIED COPY** of Study Permit or proof of application thereof if not a SA citizen.
- The **EDUCATOR RECOMMENDATION FORM** (*this is applicable for Grade 0 to Grade 7 applications*)

ATTACH A PHOTOGRAPH OF YOUR DAUGHTER HERE

CLOSING DATE FOR APPLICATIONS : 28 June 2024

Admission as a learner to Balmoral Girls' Primary School is not automatic. It will depend on whether you comply with the admission requirements and if space is available.

ALL IMPORTANT DOCUMENTS MUST BE ATTACHED FOR THE APPLICATION TO BE PROCESSED.

Write the **GRADE** applying for **HERE** →

LEARNER INFORMATION

Learner Surname Learner Full Names
AS ON BIRTH CERTIFICATE

Preferred Name Date of Birth Home Language

ID No. or Passport No.
if not South African

Nationality (Country of Birth) Race

Religion (What church do you belong to?)

Residential Address

Home Language Dexterity of Learner

Name of previous school

Contact no. of previous school Highest Grade passed Year passed

Address of previous school

Has the applicant repeated any grade/s in the past? If yes, please indicate which grade/s

THE FOLLOWING INFORMATION IS EXTREMELY IMPORTANT

In the event of not being able to contact the parent in case of an emergency, please provide us with the following:

Name of emergency contact person in Queenstown

Tel. (h) Tel. (w) Tel. (cell)

20 Haig Avenue, Queenstown, 5320
 P.O. Box 591, Queenstown, 5320
 Tel: 045 838 3760/1 • Fax: 045 839 5535
 Email: lpelser@balmoralprimary.co.za



BALMORAL
 GIRLS' PRIMARY SCHOOL

Details of **TWO** people is MANDATORY (either mother AND father OR relative, even if not at same address as learner)

NAME OF PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES. <input style="width: 95%; height: 20px;" type="text"/>	DECEASED FAMILY INFORMATION <small>Please circle if applicable</small> Deceased parent : <input style="width: 60px; height: 20px;" type="text"/> MOTHER <input style="width: 60px; height: 20px;" type="text"/> FATHER <input style="width: 60px; height: 20px;" type="text"/> BOTH
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FATHER INFORMATION (or LEGAL GUARDIAN)

Surname Name/s

Marital Status Married Divorced Single ID No.

Physical address Code

Postal address Code

Occupation Name of workplace

Physical address of workplace Code

Tel. (h) Tel. (w) Tel. (cell)

Email address

MOTHER INFORMATION

Surname Name/s

Marital Status Married Divorced Single ID No.

Physical address Code

Postal address Code

Occupation Name of workplace

Physical address of workplace Code

Tel. (h) Tel. (w) Tel. (cell)

Email address

ADDITIONAL RELATIVE INFORMATION (mandatory if only one parent's information is completed above or if person responsible for fees is not completed above)

Surname Name/s

Relationship to learner

Marital Status Married Divorced Single ID No.

Physical address Code

Occupation Name of workplace

Physical address of workplace Code

Tel. (h) Tel. (w) Tel. (cell)

Email address

I hereby declare that, to the best of my knowledge, the above information as supplied, is accurate and correct.

Name of PERSON who completed this form (please print) Initial

LEARNER MEDICAL INFORMATION

Medical Aid Name/Type Medical Aid No.

Medical Aid Main Member Name

Doctor's Name Dr Tel. (cell)

Doctor's Address

Medical Condition/Allergies

Special problems requiring counseling

SOCIAL GRANT INFORMATION

REGISTRATION	RECEIVING	GRANT No.
Child Support <input checked="" type="checkbox"/>	Child Support	
Disability Grant	Disability Grant	
Foster Child	Foster Child	
Care-Dependency Grant	Care-Dependency Grant	

SIBLING INFORMATION

Number of children in the family Position in family

does the applicant have any older/younger brothers at BALMORAL GIRLS' PRIMARY SCHOOL (same mother and/or father. THIS DOES NOT INCLUDE COUSINS.)

Name of sister Grade

Name of sister Grade

Name of sister Grade

Does the applicant have any older/younger siblings at QUEENSTOWN GIRLS HIGH SCHOOL, QUEEN'S COLLEGE BOYS' PRIMARY, OR QUEEN'S COLLEGE BOYS HIGH SCHOOL? (same mother and/or father. THIS DOES NOT INCLUDE COUSINS.)

Name of sibling <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Grade <input type="text"/>
Name of sibling <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Grade <input type="text"/>
Name of sibling <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Grade <input type="text"/>

ADDITIONAL INFORMATION

How far do you travel to work? (approx. km's) What time do you arrive home from work (approx.?)

Who will look after your daughter in the afternoons?

Who will do homework with your daughter?

APPLICATION FORM CHECKLIST

- Have you completed every applicable section of this form? Failure to do so may lead to exclusion of this application.
- Have you attached the photograph and all necessary copies of documents required as seen on the first page of this application form?
- Have you signed and dated this application form?

SIGNATURE OF MOTHER (OBLIGATORY)

SIGNATURE OF FATHER (OBLIGATORY)

SIGNATURE OF GUARDIAN (ONLY if applicable)

DATE OF SIGNATURE

Application form, along with all relevant and required documentation to be handed in at the office in Haig Avenue, Queenstown.

PLEASE NOTE THE FOLLOWING:
False information will lead to automatic disqualification. Any applicant who gains admission to this school under false pretenses, will automatically be disqualified.

ESSENTIAL FOR GRADE 0 - 7 APPLICATIONS

EDUCATOR RECOMMENDATION

DATE

Hand this form in at your current school for completion.

TO THE EDUCATOR:

This forms part of the Balmoral Girls' Primary School admission application form.

Once completed, kindly scan and email to lpelser@balmoralprimary.co.za.

Thank you for your co-operation and candor.

Name of Current School

Educator Name

Pupil Name Current Grade

Please place check marks at the points that represent your evaluation of the learner in comparison to other students in his age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (Top 10%)	Good (Above average)	Average	Below Average	No basis for judgement
ACADEMIC ACHIEVEMENT						
CLASS BEHAVIOUR						
RESPONSIBILITY						

SPORT ACTIVITIES	
CULTURAL ACTIVITIES	
SERVICE	

FOR THE BURSAR

Current School Fee's per annum

Please indicate if fees are paid up to date

SCHOOL STAMP

Principal (Print name and sign) Date

