



Vuleka School

Physical Address: Corner Good and Hermans Street, Sophiatown, Johannesburg.
www.vulekaschool.co.za | Instagram: vuleka.school
School Phone: +27 11 477 6917

Primary Schools: Northriding, Rosebank, Weltevreden Park, Boy's school in Sophiatown. **Assisted Learning School:** Randburg.
Early Learning Centres: Benmore and Parkview.
School Email: vuleka@vulekaschool.co.za

Admission Application

Learner Information:

School for this application:

Note: This form must be completed in full. All changes to be initiated by parent/guardian/payer. Completing the form does not mean that the pupil has been accepted into the school.

Grade Application: Gr Start Date: dd/mm/yy

Surname:

Name:

Birth Date: YYYY: MM: DD:

Country:

Identity Number:

Passport Number:

Physical Address:

Code:

Province and Country:

Mobile Telephone:

Email Address:

Highest Grade Achieved: Year of Highest Grade Achieved:

Initials:

Preferred Name:

Gender: Male: Female:

Citizenship:

Home Language:

Ethnic Group:

Postal Address: Same as Physical Address?:

Code:

Province and Country:

Alternative Phone:

Parents Deceased: Both Father Mother

Name of previous School:

Specify details of other children in the school

Tel:

Address:

Code:

Number of children in the family Position of child in the family

Number of children at Vuleka school

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

FATHER DETAILS (Guardian)

MOTHER DETAILS (Guardian)

Surname:

Name:

Birth Date: YYYY: MM: DD:

Country and Citizenship:

Ethnic Group:

Identity Number:

Passport Number:

Physical Address: Same as LEARNER Address?:

Code:

Mobile

Province:

Employer:

Employer number:

Email Address:

Work Telephone:

Marital status of parents: Married Widower Widow Divorced Step Father Step Mother

Surname:

Name:

Birth Date: YYYY: MM: DD:

Country and Citizenship:

Ethnic Group:

Identity Number:

Passport Number:

Physical Address: Same as LEARNER Address?:

Code:

Mobile:

Province:

Employer:

Employer number:

Email Address:

Work Telephone:

Marital status of parents: Married Widower Widow Divorced Step Father Step Mother

Signature of applicant (Father/Guardian):

Signature of applicant (Mother/Guardian):

I have read and understand the school code of conduct, the financial agreement and school policies. Yes / No



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Admission Application

Medical Aid Name:		Doctor:	
Medical Aid Main Member:		Doctor Telephone:	
Medical Aid Number:		Social Grant:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Medical Condition:			

Account Payer Details: (Parent/Guardian/Sponsor)

Surname:		Home Language:	
Names:		Ethnic Group:	
Birth Date: YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/> DD: <input type="text"/> <input type="text"/>		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Identity Number:		Country:	
Passport Number:		Citizenship:	
Physical Address: <input type="text"/> Same as LEARNER Address?: <input type="checkbox"/>		Postal Address: <input type="text"/> Same as Physical Address?: <input type="checkbox"/>	
Province and Country		Work Address:	
Occupation:		Email Address:	
Employer:		Work Telephone:	
Mobile Telephone:		Relationship to Learner:	
Account Payer: <input type="checkbox"/> Father: <input type="checkbox"/>		Mother: <input type="checkbox"/> Other/Company: <input type="checkbox"/> Guardian: <input type="checkbox"/>	
Debit Order: <input type="checkbox"/> Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
Payment Agreement: <input type="checkbox"/> Monthly: <input type="checkbox"/>		By Term: <input type="checkbox"/> Annually: <input type="checkbox"/>	
EFT: <input type="checkbox"/> Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
Account Holder:		Account Number:	
Bank Name:		Branch Code:	
Amount:		Action Day:	

Signature of Account Payer:

SIGN

.....
Signature of Account Payer:

I have read and understand the school code of conduct, the financial agreement and school policies. Yes / No

The following documents must be submitted to the school with this application

1. Certified work permit for foreign parents	Y	N	2. Certified study permit foreign child	Y	N
3. Copy of Immunisation Records	Y	N	4. Certified Copy of Birth Certificate	Y	N
5. Progress ReportS from previous school	Y	N	6. Transfer Letter from previous school	Y	N
7. Certified Copy of ID - Account Payer	Y	N	8. Certified Copy of ID - Father and Mother	Y	N
9. Proof of address Account Holder	Y	N	10. Proof of address Parents	Y	N

For office use:

Waiting list and No.:		Class Placed:	
Family Code:		Date Accepted:	
Signature Clerk:		Admission Number:	
Date:		Outstanding Documents:	