



**LAERSKOOI BUFFELJAGSRIVIER  
ADMISSIONS**



DETAILS OF LEARNER	
Surname	
Full Names	
Date of Birth	
Population Group	
Gender	
South African Citizen	
CEMIS Number	
ID Number	
Address Type (street/farm)	
Address	
Street	
Town	
Area code	
Teaching Language	Afrikaans
Home Language	
Last school and grade	
Required Grade for year	
First time registration in WCED	

DETAILS OF PARENTS		
	PRIMARY PARENT/GUARDIAN	SECONDARY PARENT/GUARDIAN
Parent Type (father / mother)		
Title ( Mr, Mrs, Ms, Miss, Dr ect)		
Surname		
First name		
Date of birth ( yy/mm/dd)		
Gender (male/female)		
SA Citizen		
ID Number		
Contact number (sel)		
Home tel number		
Occupation		
Work tel number		
Email adress		
Adress		
(Street)		
(Town)		
(Area code)		
Person responsible for school fees		

**DECLARATION:**

I declare that all the particulars supplied by me in this form are true, complete and correct. I accept that any incorrect or misleading information could lead to the cancellation of this application.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please Attach	Copy of parents ID's
	Copy of learner birth certificate
	Copy of learner clinic card