



Telephone: 021 558 9232
Address: Corner of Midwood and Richwood Roads, Richwood, 7441.

OAKVIEW ACADEMY

APPLICATION ENQUIRY FORM

- Thank you for your interest in our school. We do hope that we can be of service to you and your family.
- Please kindly complete ALL sections of the application enquiry form in full.
- Please complete the form in capital letter print.

<u>LEARNER'S DETAILS</u>	
Learner's name:	
Learner's surname:	
Male / Female:	
Learner's date of birth:	
Learner's current age:	
Home language:	

<u>PARENT 1 / GUARDIAN 1 DETAILS</u>	
Name and surname:	
Relationship to learner:	
I.D number:	
Cellphone number:	
Occupation:	
Name of employer:	
Email address:	

<u>PARENT 2 / GUARDIAN 2 DETAILS</u>	
Name and surname:	
Relationship to learner:	
I.D number:	
Cellphone number:	
Occupation:	
Name of employer:	
Email address:	

<u>HOME ADDRESS:</u>	

<u>DATE OF ADMISSION</u>	
If my child is accepted into Oakview Academy, I would like him / her to start in the following:	
Month:	
Year:	
Option:	HALF DAY / FULL DAY

GENERAL INFORMATION

Does your child have any health difficulties?	
Has your child been vaccinated up to date?	
Is your child allergic to anything?	
Does your child have any dietary needs?	
Does your child speak English?	
Does your child speak a second language?	
Has your child attended a school before?	
Reason for leaving previous school?	
If applicable to your child's age group, is your child potty trained and wearing underwear on a daily basis?	
If applicable to your child's age group, is your child independent when going to the toilet?	

WHAT WOULD YOU LIKE US TO KNOW ABOUT YOUR CHILD?

FOR PARENTS / GUARDIANS

Parent 1 / Guardian 1 Signature: _____

Parent 2 / Guardian 2 Signature: _____

Thank you for filling in the APPLICATION ENQUIRY FORM.

Please be assured of a friendly reception, should you require any additional information or wish to discuss any further matters with us.

THE OAKVIEW ACADEMY TEAM

