



166 Prospect Road Walmer  
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**FOR OFFICIAL USE ONLY**  
Date : \_\_\_\_\_ Grade \_\_\_\_\_ Admission  
No \_\_\_\_\_  
Fee Receipt No: \_\_\_\_\_  
Parent Interviewed: \_\_\_\_\_

**Application for Enrolment - Primary**

**Pupils Details**

Surname of pupil:

.....

Name of pupil: .....

Name by which he/she is called: .....

ID No (passport no for non-South African citizens).....

Gender: .....

Date of birth: .....

Home language: .....

Number of children in family: .....Position in family:

.....

Nationality:

.....

Religion: .....Name of church:.....

Name of present school:.....

Proposed grade of entry:

.....

Proposed year of entry:

.....

Residential

address:.....

Has your child any learning difficulties/ disabilities?.....

Please state

them.....

Should any learning difficulties be identified by the school, would you agree to your child being referred to an educational psychologist at our request?.....

Has your child repeated any grade? ..... State the grade:.....

**Parents Details**

Details of Father

Surname : ..... ID No : .....

Initials: ..... Names: .....

Address: ..... Code: .....

Postal Address (if applicable): .....

Telephone: Home: ..... Work: .....  
Cell No: .....

Work name & address: .....

Occupation: ..... Title (if any): .....

Email address:.....

Details of Mother

Surname: ..... ID No: .....

Initials: ..... Names: .....

Address:..... Code: .....

Postal Address(if applicable): .....

Telephone: Home: ..... Work: .....  
Cell no: .....

Work name & address:.....

Occupation : ..... Title (if any): .....

Email address: .....

**Martial status:** (single, married, divorced): .....

**Other children in the family:**

Name: ..... Age: .....

Name: ..... Age: .....

Name: ..... Age: .....

**General Details**

Relatives and other important adults to your child :.....

Your reasons for selecting The Capstone School: .....

.....

**Emergency contact**

Name:.....Relationship to the pupil: .....

Contact numbers : (h).....(w)..... (cell).....

Name:.....Relationship to the pupil: .....

Contact numbers : (h).....(w)..... (cell).....

**Medical Details**

Medical Fund: .....Fund No : .....

Principal member: .....

Family Doctor : ..... Tel No : .....

Illnesses/ allergies: .....

**Financial Details**

Bank: .....Branch name : .....

Branch code : .....Account number : .....

Person responsible for paying fees: Name : .....ID No: .....

Email : .....

**Terms of Application**

The School reserves the right to apply for a full credit check on the Parents, including contacting any previous schools that the prospective learner has attended, in order to assess amongst others, the ability to satisfy The Capstone School financial obligations as set out in the Enrolment Agreement. The Parents authorise the School to conduct any credit inquiries on the Parents should the need arise and if required, to provide consumer credit information to any debt collectors and/or credit bureau.

**Forms to accompany this application**

Birth certificate

A copy of the passport or work permit for non-South African applicants

A copy of both parents ID documents

A copy of the most recent school report.

A recent passport photo attached to the front page

A copy of the clinic card or inoculation certificate

Deposit R2500 due on acceptance