

## APPLICATION FOR THE REGISTRATION OF LEARNERS FOR HOME EDUCATION

## **General Information**

- 1. This application form must be completed in full by the parents/ guardian of a learner.
- 2. A separate form must be completed for each learner, accompanied by the following required documents:

Please note: all certified copies must not be older than 3 months

- Certified copy of the learner's birth certificate
- Certified copy of the learner's last school report signed by the principal (if applicable)
- Certified copy of the parent's ID
- In case of foreign nationals certified copies of passport /study permit/work permit / Asylum document is required.
- Certified copy of the transfer certificate from the previous school (if applicable)
- In case of a learner with special needs, attach certified copy of assessment document or Referral letter form the medical practitioner.
- Motivation why the parent wishes the learner to be educated at home.
- Full details of the educational programme (subjects, teaching hours per subjects, assessment, extra mural activities, excursions, library,).

## 3. Submit the form together with the required documents to:

Attention: Mrs P Pule Institutional Development Services

Block C Old Mmabatho High School Hostel

1305 Albert Luthuli Drive

Mmabatho

2735

Contact Number: 0183898204

Or Email to: <a href="mailto:ppule@nwpg.gov.za">ppule@nwpg.gov.za</a> and attach all the required documents.

The official will contact you for verification.

- This Application Form is not for sale.
- It is the sole use for Applicant Parent only.
- There are no charges levied for registration.

1. Learner Details								
1.1 Full Names: (as on birth certifica	te)							
1.2 Surname:								
1.3 South African Citizen :		Yes	No					
1.4 South African Identification Nu	mber:		•					
1.5 Gender:		Male	Female	1.6 Date of Birth: yyyy-mm-dd				
1.7 Passport Number: (if applicable	)		1	1.8 Country	of Origin :			
1.9 Population Group :( tick the box X)	with	White	Black	Indian	Coloured	Other:		
		Epilepsy	<i>,</i> $\Box$	Partial Sighted/Low vision		Physical Disability		
1.10 Type of Disability: (if applicable : tick appropriate box)  Please Attach Proof of Disability		Blindness		Attention Deficit Disorder		Autistic Spectrum Disorder		
		Deafness		Severe Intellectual Disability		Behavioural Disorder		
		Hard of Hearing		Mild to Moderate Intellectual Disability		Specific Learning Disability		
		Cerebral Palsy		Severe to Profound Intellectual Disability		Other		
1.11 Assessed by registered profess appropriate box with X)	sional pra	ctitione	er:( tick	Medical Practitioner		Psychologists	Therapist	
2. Last School Attended								
2.1 Province of last school attended (if applicable)			2.2 Name of attended (if	previous scho	ool			
2.3 Grade completed (if applicable)		2.4 Physical a school (If app		address of				
2.5 Contact No. of last school attended:	(If applica	ible)			1			

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3. Home Education Gra	de Registering		
3.1 Grade for which application is	s being made		
3.2 Curriculum to be used			
3.3 Subjects Offered (List all subj	ects, separated by comma)		
3.4 Home Education site address			
3.5 Reasons for choosing home	Distance to school	Children With Special needs	Nomadic lifestyles
education ( Mark appropriate)	Dissatisfaction with public school	Religious Convictions	Financial consideration
	Lack of Admission to public ordinary Schools	If Other Specify:	

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4. Parent 1/	Legal	Guardian	Details							
4.1 Title:		4.2 First Na	mes:							
4.3 Surname:		<b>-</b>								
4.4 South African	ı Citizen	Yes	No	o						
4.5 South African										
4.6 Passport Num	iber: (if app	olicable)								
4.7 Country of Ori	gin(If not f	rom South Afric	a)							
4.8 Population Gro	oup:									
4.9 Highest Qualific	cation Obt	ained								
4.10 Employment S	Status:(Ple	ase tick approp	riate box)	Emplo	yed	Unei	mployed	Self Emplo	oloyed	
4.11 Marital Status:(Please tick appropriate box)		эох)	Married Single		e	Widowed				
4.12 If you are a member of a Home Education Association, please provide the name:		on								
4.13 Lives With Learner: Yes No		No								
4.14 Relationship With Learner: (e.g. father, mother, aunt)		mother,								
4.15 Telephone Nu	ne Number:			4.16 C	ell Num	ber:				
4.17 Email Address:										
Street : 4.18 Residential Address:			House No:				Farm :			
		Complex/	Building:	Area Code:				Town:		

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5. Parent 2/ Le	gal Gua	rdian Detail	ls				
5.1 Title:	5.2 Fu	ll Names:					
5.3 Surname:							
5.4 South African Citizen	Yes		No				
5.5 South African Identification	on Number:						
5.6 Passport Number: (if appl	icable:						
5.7 Country of Origin(If not fro	om South Afr	ca)					
5.8 Population Group:							
5.9 Highest Qualification Obta	nined						
5.10 Employment Status(Plea	se tick appro <sub>l</sub>	oriate box)	Employed	Unemployed	Self Em	ployed	
5.11 Marital Status: (Please ti	ck appropriat	e box)	Married	Single Wido		wed	
5.12 If you are a member of a Association, please provide th		tion			·		
5.13 Lives With Learner:	Yes	No					
5.14 Relationship With Learn aunt)	er: (e.g. fathe	r, mother,					
5.15 Telephone Number:			5.16 Cell Numbe	er:			
5.17 Email Address:		•					
5.18 Residential Address:		Street :		House No:		Farm :	
Complex/ Buildi		ing:	Area Code:		Town:		

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6. Additional Person for Tutoring (	if applicabl	e)		
6.1 Full Names: (As on ID)				
6.2 Surname:				
6.3 South African Citizen	Yes	No		
6.4 South African Identification Number:				
6.5 Passport Number: (if applicable)				
6.6 If not South African Please State Country of Origin				
6.7 Qualification Obtained:				
6.8 Cell Number:				
6.9 Telephone Number:				
6.10 Email Address:				
6.11 Residential Address:	Street:		House No:	Farm:
	Complex/ Buildin	g:	Area Code:	Town:

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7. Declaration By Parent Or Guardian	
I (name of parent/ guardian)	hereby declare that I
have read sections 3(1) and 51 of the South African Schools Act, 1996 together Education. I further declare that I understand and accept the responsibility to provi home education of my child and that I have supplied full and correct information.	·
Signature of the Parent/Guardian	
Date:	

8. Office Use Only							
			Approved				
8.1 Received by :	8.2 Verification conducted by:	8.3 Application status: (tick the appropriate )	Not Approved				
			Pending				
8.4 Reason for not accepting		8.5 Certificate issued:( tick the appropriate)	Yes				
6.4 Reason for not accepting			No				

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