



# VAAL TRIANGLE PRIMARY SCHOOL

Version 2013-04-05 09:00:10

## APPLICATION FOR ADMISSION

**Address:** Joseph Addison Street, Vanderbijlpark  
**Telephone:** 016 933 2200  
**Email:** reception@vaaltriangleprimary.co.za

**Grade:**   
**Year:**

### DOCUMENTS / INFORMATION REQUIRED

|   |  |   |  |
|---|--|---|--|
| Copy of birth certificate / ID document                     |  | Latest month's proof of household income/ salary advice |  |
| Copy of study permit/refugee permit (if foreign)            |  | Water & lights account (latest) or proof of residence   |  |
| Copy of learner's latest progress report - (Grade 1-7)      |  | 3 x months bank statements                              |  |
| Copy of parents/legal guardian's ID document                |  | Two recent colour photos of the learner (ID size)       |  |
| Copy of responsible person's ID document                    |  | Application form completed in full (Sections A - J)     |  |
| Transfer document (once available)                          |  | Annexure A - Consent to sharing of personal information |  |
| Copy of vaccination record (Pre-primary & Foundation Phase) |  | Annexure B - Aftercare application form                 |  |
| Copy of Medical Aid card (Front and Back)                   |  | Annexure C - Debit order instruction form               |  |

### A) LEARNER'S DETAILS

|                           |   |                              |  |
|---------------------------|---|------------------------------|--|
| Admin number: (if issued) |   | Grade and class applied for  |  |
| Surname                   |   | Home Language                |  |
| First names (in full)     |   | Religion                     |  |
|                           |   | Country of birth (if not SA) |  |
| Preferred Name            |   | Ethnic group                 |  |
| ID/Passport no.           |   |                              |  |
| Learner cell no.          |   | Signature - Father           |  |
| Gender                    | Male <input type="checkbox"/> Female <input type="checkbox"/> | Signature - Mother           |  |

Means of transport to/from school: Motor vehicle ☐ Bus ☐ Taxi ☐ Walk ☐

Distance from home to school: \_\_\_\_\_ Telephone number of Transporter: \_\_\_\_\_

### B) LEARNER'S EDUCATIONAL DETAILS

Current school: \_\_\_\_\_ Telephone no. (parent school) \_\_\_\_\_

Last grade passed: \_\_\_\_\_ Year: \_\_\_\_\_ Grade/s repeated: (if any) \_\_\_\_\_

Has admission to any other school/s ever been refused? If yes, please state reason: \_\_\_\_\_

Have you as parent/guardian been called to school for discipline issues? If yes, please state reason: \_\_\_\_\_

### C) FAMILY DETAILS

|                   |              |                     |                     |   |          |   |
|-------------------|--------------|---------------------|---------------------|---|----------|---|
| Father / Guardian | Surname      |                     | Title               |   | Initials | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|                   | First names  |                     | ID/Passport number  |   |          |   |
|                   | Home address |                     | Postal address      |   |          |   |
|                   |              |                     | Postal code         | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |          |   |
|                   | Employer     |                     | Phone: Home         |   |          |   |
|                   | Occupation   |                     | Work                |   |          |   |
| Mother / Guardian |              |                     | Cell                |   |          |   |
|                   | Work address |                     | WhatsApp number     |   |          |   |
|                   |              |                     | Email address       |   |          |   |
|                   |              |                     | Relation to learner |   |          |   |
|                   |              |                     | Title               |   | Initials | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|                   | Surname      |                     | ID/Passport number  |   |          |   |
|                   | First names  |                     | Postal address      |   |          |   |
|                   | Home address |                     | Postal code         | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |          |   |
|                   |              |                     | Phone: Home         |   |          |   |
|                   | Employer     |                     | Work                |   |          |   |
| Occupation        |              | Cell                |                     |   |          |   |
| Work address      |              | WhatsApp number     |                     |   |          |   |
|                   |              | Email address       |                     |   |          |   |
|                   |              | Relation to learner |                     |   |          |   |

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## **Table of Contents 15 Application Forms At Vaal**

1. Understanding the eBook 15 Application Forms At Vaal
  - The Rise of Digital Reading 15 Application Forms At Vaal
  - Advantages of eBooks Over Traditional Books
2. Identifying 15 Application Forms At Vaal
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an 15 Application Forms At Vaal
  - User-Friendly Interface
4. Exploring eBook Recommendations from 15 Application Forms At Vaal
  - Personalized Recommendations
  - 15 Application Forms At Vaal User Reviews and Ratings
  - 15 Application Forms At Vaal and Bestseller Lists
5. Accessing 15 Application Forms At Vaal Free and Paid eBooks

- 15 Application Forms At Vaal Public Domain eBooks
- 15 Application Forms At Vaal eBook Subscription Services
- 15 Application Forms At Vaal Budget-Friendly Options
- 6. Navigating 15 Application Forms At Vaal eBook Formats
  - ePub, PDF, MOBI, and More
  - 15 Application Forms At Vaal Compatibility with Devices
  - 15 Application Forms At Vaal Enhanced eBook Features
- 7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of 15 Application Forms At Vaal
  - Highlighting and Note-Taking 15 Application Forms At Vaal
  - Interactive Elements 15 Application Forms At Vaal
- 8. Staying Engaged with 15 Application Forms At Vaal
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers 15 Application Forms At Vaal
- 9. Balancing eBooks and Physical Books 15 Application Forms At Vaal
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection 15 Application Forms At Vaal
- 10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
- 11. Cultivating a Reading Routine 15 Application Forms At Vaal
  - Setting Reading Goals 15 Application Forms At Vaal
  - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of 15 Application Forms At Vaal
  - Fact-Checking eBook Content of 15 Application Forms At Vaal
  - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

#### 14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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