## 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 <u>the</u> 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 previous school (if Applicable)
- In case of a learner with special needs, attach certified copy of assessment document or Referral letter from 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, programme use of tutor).

## *Instructions on how to complete this form:*

- Complete the form by ticking check box and Write in the text box where applicable
- > Select relevant option from given options in a dropdown-list
- > Submit the form with the required documents to: N.Mokone@fseducation.gov.za.

Note: Submission of the application form does not imply that the learner is registered with Provincial Department of Education.

- The official will contact you for verification and the registration process will follow.
  - 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	certificate <b>)</b>						
1.2 Surname:							
1.3 South African Citizen : (Choose appropriate choice)							
1.4 South African Identifica	tion Number :						
1.5 Gender:(Tick Appropriate box)				1.6 Date of Birth: yyyy-mm-dd			
1.7 Passport Number: (if ap	oplicable)			1.8 Country of Origin :			
1.9 Population Group :				Other:			
1.10 Type of Disability: (tick	Epilepsy		Partial Sighted/Low vision		Physical Disab	ility	
appropriate box: If	Blindness		Attention Defi	cit Disor	der	Autistic Spectrum Disorder	
applicable <b>)</b>	Deafness		Severe Intelled	tual Disa	ability	Behavioural disorder	
Please Attach Proof of Disability	Hard of Hearing		Mild to Moder	ate Inte	llectual disability	Specific learning disability	
Disability	Cerebral Palsy B	Blindness	Severe to profound intellectual disabi		tellectual disability	Other	
If learner suffers from Other	r disability please	Specify:				l .	
1.11 Assessed by registered	professional prac	titioner :					
2. Last School Attend	ed						
2.1 Province of last school attended		2.2 Name o	•				
(if applicable)			attended ( <i>if applicable</i> )  2.4-Physical address of the school				
2.3 Grade completed (if applicable)		(if applicable)					
2.5 Contact No. of last school attended: (if applicable)							
3. Home Education G	rade Registeri	ng					
3.1 Grade for which application is being made							
3.2 Curriculum to be used							
3.3 Subjects Offered (List all subjects, Separated by commo			ma <b>)</b>				
3.4 Home Education site ad	dress :						
3.5 Reasons for				Children With Special needs Nomadic		Nomadic lifes	tyles
choosing home education( <i>Mark</i>	Dissatisfaction with po	atisfaction with public school			Religious Convictions Financ		sideration
Appropriate <b>)</b>	Lack of Admission to p	oublic ordinar	ry Schools	If Oth	ner Specify :		

4. Parent 1 /Legal Guardian Details					
4.1 Title:		4.2 Fi	rst Names:		
4.3 Surname:					
4.4 South African Citizen					
4.5 South African Identific	ation Number:				
4.6 Passport Number: (if a	pplicable)				
4.7 Country of Origin(If not	t from South Africa)				
4.8 Population Group:					
4.9 Highest Qualification O	btained				
4.10 Employment Status: (Please tick appropriate box)					
4.11 Marital Status:(Please tick appropriate box)					
4.12 If you are a member o name:	f a Home Education Association	, please	provide the		
4.13 Lives with the Learner:					
4.14 Relationship With Learner:					
Other Specify:		-1			
4.15 Telephone Number:		4.16 0	Cell Number:		
4.17 Email Address:		·			
Street: 4.18 Residential Address:			House No.		Farm:
	Complex/ Building:	Complex/ Building :		Area Code:	

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5. Parent 2 /Legal Guardian Details						
5.1 Title:	Title:		5.2Full Names:			
5.3 Surname:		1				
5.4 South African Citizen						
5.5 South African Identificati	on Nun	nber:				
5.6 Passport Number: (if app	licable)					
5.7 Country of Origin(If not fr	om Sou	th Africa)				
5.8 Population Group:						
5.9 Highest Qualification Obt	ained					
5.10 Employment Status(Plea	se tick	appropriate box)				
5.11 Marital Status: (Please tick appropriate box)						
5.12 If you are a member of a name:	a Home	Education Association	on, please provi	de the		
5.13 Lives with the Learner:						
5.14 Relationship With Learner:						
If other specify			1			
5.15 Telephone Number:			5.16 Cell Nun	nber:		
5.17 Email Address:						
5.18 Residential Address:		Street:		House No:		Farm:
		Complex/ Building	:	Area Code:		Town:

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

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7. Declaration By Parent Or Guardian
hereby declare that have read section 3(1) and 51 of the South African Schools Act, 1996 together with the Policy on Hom Education. I further declare that I understand and accept the responsibility to provide, monitor and assess the home education of my child and that I have supplied full and correct information.
Initials and Surname of the Parent/Guardian
Date :

8. OFFICE USE ONLY						
8.1 Received By:	8.2 Verification Conducted By:	8.3 Application Status	8.4 Reason for not Accepting			
8.5 Certificate issued						

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