

APPLICATION FOR THE REGISTRATION OF LEARNERS FOR HOME EDUCATION

Year:.....

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 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.
- A copy of proof of residence
- Where the learner is in alternative care, the relevant court order granting guardianship or custody is required.
- 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:M.Pieterse@mpuedu.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)			
1.2 Surname:			
1.3 South African Citizen : (Choose appropriate choice)			
1.4 South African Identification Number :			
1.5 Gender:(Tick Appropriate box)		1.6 Date of Birth : yyyy-mm-dd	
1.7 Passport Number: (if applicable)		1.8 Country of Origin :	
1.9 Population Group :		Other :	
1.10 Type of Disability: (tick appropriate box: If applicable) Please Attach Proof of Disability	Epilepsy	Partial Sighted/Low vision	Physical 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 Blindness	Severe to profound intellectual disability	Other
If learner suffers from Other disability please Specify :			
1.11 Assessed by registered professional practitioner :			

2. Last School Attended

2.1 Province of last school attended (if applicable)		2.2 Name of previous school attended (if applicable)	
2.3 Grade completed (if applicable)		2.4-Physical address of the school (if applicable)	
2.5 Contact No. of last school attended: (if applicable)			

3. Home Education Grade Registering

3.1 Grade for which application is being made			
3.2 Curriculum to be used			
3.3 Subjects Offered (List all subjects, Separated by comma)			
3.4 Reasons for choosing home education(Mark Appropriate)	Distance to school	Children With Special needs	Nomadic lifestyles
	Dissatisfaction with public school	Religious Convictions	Financial Consideration
	Lack of Admission to public ordinary Schools	If Other Specify :	

4. Parent 1 /Legal Guardian Details			
4.1 Title:		4.2 First Names:	
4.3 Surname:			
4.4 South African Citizen			
4.5 South African Identification Number:			
4.6 Passport Number: (if applicable)			
4.7 Country of Origin(If not from South Africa)			
4.8 Population Group:			
4.9 Highest Qualification Obtained			
4.10 Employment Status: (Please tick appropriate box)			
4.11 Marital Status:(Please tick appropriate box)			
4.12 Lives with the Learner:			
4.13 Relationship With Learner:			
Other Specify :			
4.14 Telephone Number:		4.15 Cell Number:	
4.16 Email Address:			
4.17 Residential Address:	Street:	House No.	Farm:
	Complex/ Building :	Area Code:	Town:

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

5. Parent 2 /Legal Guardian Details			
5.1 Title:		5.2 Full Names:	
5.3 Surname:			
5.4 South African Citizen			
5.5 South African Identification Number:			
5.6 Passport Number: (if applicable)			
5.7 Country of Origin (If not from South Africa)			
5.8 Population Group:			
5.9 Highest Qualification Obtained			
5.10 Employment Status (Please tick appropriate box)			
5.11 Marital Status: (Please tick appropriate box)			
5.12 Lives with the Learner:			
5.13 Relationship With Learner:			
If other specify			
5.14 Telephone Number:		5.15 Cell Number:	
5.16 Email Address:			
5.17 Residential Address:	Street:	House No:	Farm:
	Complex/ Building :	Area Code:	Town:

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

6. Declaration By Parent Or Guardian

I/We _____ hereby declare that I have read and understood the BELA Act 32 of 2024, Section 35 read together with the Policy on Home Education published on the Gazette No. 42037 of November 2018 . I further declare that I have supplied correct information and undertake to do the following:

- (a) **Accept full responsibility for the implementation of home education for my child**
- (b) **Make suitable education resources available to support my learner's learning;**
- (c) **Monitor his/her academic progress;**
- (d) **Arrange for the learner's educational attainment to be assessed by a competent assessor at the end of each phase up to the year in which the learner reaches the age 15 years or completes grade 9.**
- (e) **Submit to the Head of Department, the assessment report signed by the competent assessor as evidence of the learner's educational attainment at the end of each phase.**

Initials and Surname of the Parent 1/Guardian

Initials and Surname of the Parent 2

Date :

Date :

7. OFFICE USE ONLY

7.1 Received By:	7.2 Verification Conducted By:	7.3 Application Status	7.4 Reason for not Accepting
7.5 Certificate issued			

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