	APPLICATION FOR T	HE REGISTRATION OF	LEARNERS FOR HO	OME EDUCATION
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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 <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: Ppule@nwpg.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 Identificat	ion Number :							
1.5 Gender:(Tick Appropria	te box)			1.6 D	ate of Birth : yyyy	-mm-dd		
1.7 Passport Number: (if ap	plicable)			1.8 Country of Origin :				
1.9 Population Group :				Other :				
1.10 Type of Disability: (tick	Epilepsy		Partial Sighted	d/Low vis	sion	Physical Disab	ility	
appropriate box: If	Blindness		Attention Def	icit Disor	der	Autistic Spect	rum Disorder	
applicable)	Deafness		Severe Intelle	ctual Disa	ability	Behavioural d	isorder	
Please Attach Proof of Disability	Hard of Hearing		Mild to Mode	rate Inte	llectual disability	Specific learning disability		
,	Cerebral Palsy Bl	indness	Severe to profound intellectual disability		Other			
If learner suffers from Other	disability please S	Specify :						
1.11 Assessed by registered	professional pract	itioner :						
2. Last School Attend	ed							
2.1 Province of last school a	ttended			Name of previous school				
(if applicable)			-	ttended (<i>if applicable</i>) .4-Physical address of the school				
2.3 Grade completed (if applicable)2.4-Physicable)(if applicable)								
2.5 Contact No. of last school attended: (if applicable)						<u>I</u>		
3. Home Education G	rade Registerir	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 comma)								
3.4 Home Education site address :								
5.5 Reasons for				Childre	n With Special needs	Nomadic lifes	tyles	
choosing home education(<i>Mark</i>	Dissatisfaction with pu	blic school		Religious Convictions		Financial Cons	sideration	
Appropriate)	Lack of Admission to public ordinary Schools			lf Otl	her Specify :			

4. Parent 1 /Legal Guardian Details						
4.1 Title:			4.2 F	irst Names:		
4.3 Surname:						
4.4 South African Citi	zen					
4.5 South African Ide	ntification I	Number:				
4.6 Passport Number	: (if applica	ble)				
4.7 Country of Origin(If not from	South Africa)				
4.8 Population Group	:					
4.9 Highest Qualificat	ion Obtaine	ed				
4.10 Employment Status: (Please tick appropriate box)		tick appropriate box)				
4.11 Marital Status: (Please tick appropriate box)						
4.12 If you are a mem name:	ber of a Ho	me Education Association,	please	provide the		
4.13 Lives with the Learner:						
4.14 Relationship With	n Learner:					
Other Specify :						
4.15 Telephone Numb	er:		4.16 (Cell Number:		
4.17 Email Address:						
4.18 Residential Address:		Street:		House No.		Farm:
		Complex/ Building :		Area Code:		Town:

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5. Parent 2 /Legal Guardian Details						
5.1 Title:	5.2Full Names:					
5.3 Surname:						
5.4 South African Citizen						
5.5 South African Identificat	ion Num	ıber:				
5.6 Passport Number: (if app	licable)					
5.7 Country of Origin(If not fi	rom Sou	th Africa)				
5.8 Population Group:						
5.9 Highest Qualification Obt	ained					
5.10 Employment Status(Plea	ase tick	appropriate box)				
5.11 Marital Status: (Please tick appropriate box)						
5.12 If you are a member of a	on, please provi	ide the				
name:						
5.13 Lives with the Learner:						
5.14 Relationship With Learner:						
If other specify						
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	te 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

I (name of parent/guardian)

hereby declare that I

have read section 3(1) and 51 of the South African Schools Act, 1996 together with the Policy on Home 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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