APPLICATION FOR THE REGISTRATION OF LEARNERS FOR HOME EDUCATION

Education and Sport Development
Department of Education and Sport Development
Departement van Onderwys en Sport Ontwikkeling
Lefapha la Thuto le Tlhabololo ya Metshameko
NORTH WEST PROVINCE

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: Mlephogole@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 Identification Number :	

1.5 Gender:*(Tick Appropriate box)*	Please Select	1.6 Date of Birth : *yyyy-mm-dd*	
1.7 Passport Number: (*if applicable*)		1.8 Country of Origin :	
1.9 Population Group :	Other	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 Blindnes ☐	Severe to profound intellectual disability ☐	Other ☐

If learner suffers from Other disability please Specify :	
1.11 Assessed by registered professional practitioner :	Please Select

2. Last School Attended

2.1 Province of last school attended (*if applicable*)	Please Select	2.2 Name of previous school attended (*if applicable*)	
2.3 Grade completed (*if applicable*)	Please Select	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	Please Select
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:	Please Select	4.2 First Names:	
4.3 Surname:			
4.4 South African Citizen		Please Select	
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:		Please Select	
4.9 Highest Qualification Obtained			
4.10 Employment Status: (Please tick appropriate box)		Please Select	
4.11 Marital Status:(Please tick appropriate box)		Please Select	
4.12 Lives with the Learner:		Please Select	
4.13 Relationship With Learner:		Please Select	
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:

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5. Parent 2 /Legal Guardian Details

5.1 Title:	Please Select	5.2Full Names:	
5.3 Surname:			
5.4 South African Citizen		Please Select	
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:		Please Select	
5.9 Highest Qualification Obtained			
5.10 Employment Status(Please tick appropriate box)		Please Select	
5.11 Marital Status: (Please tick appropriate box)		Cohabit	
5.12 Lives with the Learner:		Please Select	
5.13 Relationship With Learner:		Please Select	
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:

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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

Date :

Initials and Surname of the Parent 2

Date :

7. OFFICE USE ONLY

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

Reset Save

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