LinkSide
Pre-primary School

4 Carnoustie Crescent, Linkside, Port Elizabeth, 6001
Telephone and Fax: 041 373 6019
Email: admissions@linksideprepprimary.co.za

Attach a recent ID size photo here

APPLICATION FOR ENROLMENT

GRADE 00 – 2026 APPLICATION

PLEASE NOTE: APPLICATIONS WILL ONLY BE CONSIDERED SHOULD THE APPLICATION BE COMPLETED IN FULL AND ALL THE SUPPORTING DOCUMENTATION IS SUBMITTED. AN APPLICATION IN ITSELF DOES NOT GUARANTEE ADMISSION.

FOR OFFICE USE ONLY

Date of application		Copy of birth certificate	
Copy of clinic card		Copy of medical aid	
Copy of marriage certificate		Copy of ID documents	
Copy of municipal account		Copy of divorce certificate – if applicable	

LEARNER INFORMATION

Surname		Initials		Nick name:	
First name		Other names			
Date of birth	Year:	Month:		Day:	
Identification or Passport No					
Country of residence		Citizenship			
Physical address where applicant resides		Telephone number	Home		
			Emergency		
		Postal Code			
Name of previous school		Contact details of previous school	Name		
Years attended this school			email		
Permission to contact previous school for reference	Yes	No	Telephone		
With whom does he stay?	Both Parents	Mother	Father	Other	
If other, please detail and supply copy of ID	Name				
	Relationship				
	Address				

LEARNER MEDICAL INFORMATION

Medical Aid number		Medical Aid name	
Medical Aid main member		Doctor's name	
		Doctor's telephone	
Specify illnesses your son has had – Measles; German Measles; Whooping Cough; Chicken Pox; Mumps. If your son has suffered from other important illnesses (e.g. epilepsy; asthma), please state			
Allergies			
Operations – date and nature			

Special Problems Requiring Counselling – PLEASE ATTACH SUPPORTING MEDICAL DOCUMENTATION IE RECENT REPORT	ADD / ADHD	Asperger / Autistic	Occupational Therapy	Speech Therapy	Physiotherapy	Play Therapy

N.B. Immunisation against Poliomyelitis and Tuberculosis (BCG) is COMPULSORY by statute

DEVELOPMENT DETAILS

Pregnancy (full term, premature, induced)		Birth (Normal, Caesar, Instruments)	
Any problems after your son's birth			
History of walking (early, delayed, problems etc)			
History of talking (first words, defects etc)			
Emotional development (temper tantrums, sensitive, highly strung, insecure etc)			
Feeding – any special problem			
Sleeping habits (restful, nightmares, sleepwalks, restless etc)			
Elimination – can your child attend to himself	Yes		No

INFORMATION REQUIRED BY THE DEPARTMENT OF EDUCATION

Race		Religion		HOME LANGUAGE		DEXTERITY	Right Handed	Left Handed	Ambidextrous

PARENT / GUARDIAN INFORMATION

	PARENT A If re-married, please complete Step Parent's details on a separate page	PARENT B If re-married, please complete Step Parent's details on a separate page
Title		
Initials		
Surname		
Name		
Marital status (Single, married, divorced, separated, re-married, widowed, living together)		
ID Number or Passport number		
Residential address	Code	Code
Occupation		
Place of Employment (if self-employed, state name of business)		
Telephone number (H)		
Telephone number (W)		
Cell phone number		
e-mail Address		
Communication to be sent	Both parents / Mother / Father	
Preferred email address for communication		
School's attended	Primary / High	Primary / High

Name of contactable person, not living in the same household, in case of an emergency		Relationship		Telephone:	

OTHER CHILDREN IN THE FAMILY

Name	Age	School

GENERAL DETAILS

Has a brother / sister / father / mother ever attended Linkside Pre-primary?	Yes		No	
If yes, state name of child / parent and which year he / she attended	Name		Year	

When applying please attach the following:

1. Certified copy of your son's birth certificate
2. A recent ID size photo of your son
3. Certified copy of both parent's ID card/book
4. Certified copy of account payer's ID card/book – if not one of the parents
5. Certified copy of your marriage certificate
6. Certified copy of your divorce certificate – if applicable
7. Certified copy of utility account stating your residential address
8. Certified copy of your son's full clinic card
9. Certified copy of your medical aid details
10. If your son has been for psychological testing or any form of therapy (ie speech, occupational, play); please attach a copy of the most recent report

PLEASE NOTE:

1. Linkside Pre-Primary is a FEE paying school
2. Completion of this application form does not guarantee acceptance at the school
3. Please notify the school of any change of details or if you no longer wish for the school to retain this application
4. A non-refundable deposit will be required from you on **ACCEPTANCE**
5. You will both be required to sign a tuition agreement on **ACCEPTANCE**
6. Should it be brought to our attention that any false information is provided on this application form to secure a place at our school, the application will be withdrawn with immediate effect and the deposit will be forfeited

I / WE HEREBY CERTIFY THAT ALL THE INFORMATION SUPPLIED IS CORRECT AND I / WE ACCEPT THE ABOVE CONDITIONS

NAME: _____ SIGNATURE: _____ DATE: _____
(Parent A)

NAME: _____ SIGNATURE: _____ DATE: _____
(Parent B)

STEP FATHER'S DETAILS													
Title					Initials								
Surname													
Name													
ID Number or Passport number													
Residential address											Code		
Occupation													
Place of Employment (if self-employed, state name of business)													
Telephone number (H)													
Telephone number (W)													
Cell phone number													
e-mail Address													

STEP MOTHER'S DETAILS													
Title					Initials								
Surname													
Name													
ID Number or Passport number													
Residential address											Code		
Occupation													
Place of Employment (if self-employed, state name of business)													
Telephone number (H)													
Telephone number (W)													
Cell phone number													
e-mail Address													

LEGAL GUARDIAN (Please attach CERTIFIED COPIES of legal documentation & Guardian's ID document and proof of residence to this application)													
Title					Initials								
Surname													
Name													
ID Number or Passport number													
Residential address											Code		
Occupation													
Place of Employment (if self-employed, state name of business)													
Telephone number (H)													
Telephone number (W)													
Cell phone number													
e-mail Address													