



Cellphone number: 0674058721  
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Intabinamasi Area, Emacekane, Empangeni.



## APPLICATION FOR ADMISSION

A separate form must be completed for each applicant to AWA.

The legal parent/guardian/custodian of the applicant (hereinafter referred to as the "Primary Caregiver" ) must complete this form. It is vital that the information is filled in correctly in all respects. Please note that the completion of this application for admission does not constitute acceptance of such application by AWA.

Applicants will be advised of the status of their application under separate cover.

In all cases, the term "the applicant" refers to the learner seeking enrolment at AWA.

Copies of the applicant's identity documents (or unabridged birth certificate or passport) and the caregiver's identity document (or passport) must accompany this form. This is a prerequisite for enrolment at AWA.

**PLEASE PRINT CLEARLY IN BLOCK LETTERS**

Please attach  
ID photograph  
here

### APPLICANT'S INFORMATION

Grade Applied For		Highest Grade Passed:		Year Which This Grade Was Passed:		Present Grade:			
Surname:				Initials:		First Name:			
Other Names:				Nickname:					
Date of Birth:	YYYY	MM	DD	Place of Birth:			Gender:	MALE	FEMALE
Country of Residence:			If South African Indicate Province:			Citizenship:			
Identification or Passport No:									
Street Address:				City:			Province & Code:		
Home Telephone:				Cell Number:			Emergency Number		
Learner's Cell No:				Learner's E-mail:					
Home Language:				Preferred Language of Instruction:					
Racial Group	AFRICAN	CAUCASIAN	COLOURED	ASIAN					
Religion and denomination, if applicable									

## PREVIOUS SCHOOL INFORMATION

Name of Previous School:		Address of Previous School:					
Telephone No:		Code:		Province:		Country:	

## MARKETING

Where did you hear about AWA?	FAMILY /FRIENDS	WEBSITE	MEDIA	SCHOOL VISIT	SCHOOL EXPO
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## APPLICANT'S MEDICAL INFORMATION

Medical Aid Name:			Medical Aid No.:		
Medical Aid Main Member:			Doctor's Name:		
Doctor's Address:			Doctor's Telephone No.:		
Has the applicant been vaccinated since infancy? (Please attach "Immunisation Chart")	YES	NO	IF NO, PLEASE GIVE DETAILS OF VACCINATIONS MISSED.		
State all infectious diseases the applicant has had:					
Has the applicant any physical disabilities and/or allergies?	YES	NO	IF YES, PLEASE GIVE DETAILS		
If the applicant is currently suffering from any chronic disease or medical condition which needs monitoring, please give details:					
Counselling Requirements:					
Dexterity Of Learner:	RIGHT-HANDED	LEFT-HANDED	AMBIDEXTROUS		
Special Dietary Requirements:	NONE	VEGETARIAN	HALAAL	KOSHER	
Registered Social Grant	YES	NO	Receive Social Grant	YES	NO

## SIBLINGS

Number of Siblings at AWA:			Position in the family (e.g. first child)		
Please supply names of siblings at AWA:			Please supply names of any relatives who attended AWA:		
NAME	GRADE	NAME	RELATIONSHIP	YEARS ATTENDED	
NAME	GRADE	NAME	RELATIONSHIP	YEARS ATTENDED	
NAME	GRADE	NAME	RELATIONSHIP	YEARS ATTENDED	

**PRIMARY CAREGIVER INFORMATION - PARENT / LEGAL GUARDIAN / CUSTODIAN**

Relationship to Learner:												Learner Resides with Parents:		YES	NO			
Title:		Initials:		Surname:											First Name:			
Gender:	M	F	Home Language:											Account Payer:	YES	NO		
Identification or Passport No:														Marital Status:	MARRIED	DIVORCED	WIDOWED	UNMARRIED
Residential Street Address:											City/Surburb:				Code :			
Postal Address:											City/Surburb:				Code :			
Home Telephone:											Work Telephone:							
Cell No.:											E-mail:							
Occupation:											Employer:							

**PRIMARY CAREGIVER / SPOUSE / PARTNERS INFORMATION**

Title:		Initials:		Surname:											First Name:			
Gender:	M	F	Home Language:											Account Payer:	YES	NO		
Identification or Passport No:														Marital Status:	MARRIED	DIVORCED	WIDOWED	UNMARRIED
Residential Street Address:											City/Surburb:				Code :			
Postal Address:											City/Surburb:				Code :			
Home Telephone:											Work Telephone:							
Cell No.:											E-mail:							
Occupation:											Employer:							

**NEXT-OF-KIN****(This person will be contacted in case of emergencies, illness or other injuries should parent/guardian not be available)**

Relationship to Learner:																		
Title:		Initials:		Surname:											First Name:			
Gender:	M	F	Home Language:															
Identification or Passport No:														Marital Status:	MARRIED	DIVORCED	WIDOWED	UNMARRIED
Residential Street Address:											City/Surburb:				Code:			
Postal Address:											City/Surburb:				Code:			
Home Telephone:											Work Telephone:							
Cell No.:											E-mail:							
Occupation:											Employer:							

## ACCOUNT PAYEE

(The Person Responsible for Payment of the Applicant's Tuition )

Relationship to Learner:

Title:

Initials:

Surname:

First Name:

Gender:

M

F

Home  
Language:

Occupation:

Identification or  
Passport No:

Marital  
Status:

MARRIED

DIVORCED

WIDOWED

UNMARRIED

Residential  
Street  
Address:

City/Surburb:

Code:

Postal  
Address:

City/Surburb:

Code:

Home  
Telephone:

Work  
Telephone:

Cell No.:

E-mail:

Employer:

Employer's  
Address:

Employer's  
Tel Number

Employer's  
E-mail:

## CORRESPONDENCE

To whom should  
correspondence be  
addressed:  
(Please tick one)

PRIMARY CAREGIVER

PRIMARY CAREGIVER'S  
SPOUSE/PARTNER

ACCOUNT PAYEE

NEXT-OF-KIN

I/We, the undersigned, declare that the information given on this Application for Admission is true and without error.

I/We understand that this application will be rejected if it is incomplete or inaccurate in any way.

I/we accept the conditions of admission as set out in the School Prospectus and in any other relevant school or Departmental rules or regulations.

SIGNATURE OF PRIMARY  
CAREGIVER

PRINT NAME AND SURNAME

DATE

SIGNATURE OF PRIMARY  
CAREGIVERS  
SPOUSE OR PARTNER

PRINT NAME AND SURNAME

DATE

SIGNATURE OF ACCOUNT PAYEE

PRINT NAME AND SURNAME

DATE