GLORIA BOTHA SCHOOL

For learners with intellectual disabilities

LEARNER APPLICATION FORM
2026

OFFICE USE ONLY: LEARNER DETAILS			
NAME		SURNAME	
START DATE		CLASS	
CEMIS NO		DOB	

OFFICE USE ONLY: DOCUMENTS COMPLETED			
APPLICATION FORM		SCHOOL FEES STIPULATION FORM	
POPI ACT INDEMNITY FORM		POPI ACT INFORMATION FORM	
LEARNER ID		CLINIC CARD	
FATHER ID		MOTHER ID	
PSYCHOLOGY REPORT		LATEST SCHOOL REPORT	

OFFICE USE ONLY: DOCUMENTS PARENT RECEIVED					
SCHOOL UNIFORM ORDER FORM		PROSPECTUS		BANKING DETAILS	

OFFICE USE ONLY: DOCUMENTS UPDATED			
LEARNER INFORMATION FORM		SIAS DOCUMENT	

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LEARNER DETAILS		
SURNAME		
FULL NAMES		
NICK NAME		
GENDER		
RACE		
DATE OF BIRTH (dd/mm/yy)		
IDENTITY NUMBER		
HOME LANGUAGE		
LANGUAGE OF INSTRUCTION		
RELIGIOUS DENOMINATION		
NUMBER OF CHILDREN EN FAMILY		
Is the child 1st,2nd, 3rd, etc in the family?		
NAMES & AGES OF BROTHERS/ SISTERS		
MEDICAL DETAILS		
NAME OF MEDICAL AID		
MEDICAL AID NUMBER		
NAME OF MEDICAL DOCTOR		
MEDICAL DOCTOR TEL NO		
ALLERGIES		
ILLNESSES LEARNER HAD (Mark with a X) (PLEASE NOTE: ALL LEARNERS MUST BE IMMUNISED AS REQUIRED BY LAW)	MEASLES	
	GERMAN MEASLES	
	WHOOPING COUGH	
	CHICKEN POX	
	MUMPS	
	SCARLET FEVER	
	DIPHTHERIA	
	RHEUMATIC FEVER	
OTHER ILLNESSES (eg. Asthma, Epilepsy, etc.)		

CHRONIC MEDICATION	
MEDICATION LEARNER MUST TAKE AT SCHOOL (Consent form available at school)	
OPERATIONS (type and date)	
DIAGNOSIS OF CHILD	

THERAPY RECEIVED		
	DATE(S)	REASON FOR DISCONTINUING
OCCUPATIONAL THERAPY		
SPEECH THERAPY		
PHYSIOTHERAPY		
PSYCHOLOGICAL THERAPY		
OTHER		

AFTER CARE CENTRE	
NAME	
CONTACT NUMBER	

EMERGENCY CONTACT	
NAME	
RELATIONSHIP TO CHILD	
CONTACT NUMBERS (CELL NO)	
(WORK)	
(HOME)	

PERSON COLLECTING LEARNER FROM SCHOOL	
NAME AND SURNAME	
CONTACT NUMBER	

PREVIOUS SCHOOL	
SCHOOL NAME	
TEL NO	
ADDRESS	
GRADE/ PHASE	
DATES ATTENDED	
REASON FOR LEAVING	

DETAILS OF PARENT(S)/ GUARDIAN(S)

DETAILS OF PARENT(S) OR GUARDIAN(S): FATHER			
TITLE			
NAME AND SURNAME			
ID NUMBER			
MARITAL STATUS			
HOME LANGUAGE			
ADDRESS			
CONTACT NUMBERS	(h)	(w)	(c)
EMAIL ADDRESS			
OCCUPATION			
NAME OF BUSINESS/ EMPLOYER			
ADDRESS			

DETAILS OF PARENT(S) OR GUARDIAN(S): MOTHER			
TITLE			
NAME AND SURNAME			
ID NUMBER			
MARITAL STATUS			
HOME LANGUAGE			
ADDRESS			
CONTACT NUMBERS	(h)	(w)	(c)
EMAIL ADDRESS			
OCCUPATION			
NAME OF BUSINESS/ EMPLOYER			
ADDRESS			

IF PARENTS ARE SEPARATED/ DIVORCED, PLEASE INDICATE THE NAME AND ADDRESS OF THE PARENT WITH WHOM THE CHILD LIVES:

CODE OF CONDUCT AND DISCIPLINARY PROCEDURE

The purpose of the code of conduct is to promote a culture of mutual respect and a safe environment.

Learners undertake to:

- attend school regularly and punctually
- allow every other pupil the right and opportunity to learn
- refrain from any action that might disrupt a class
- refrain from bullying, fighting and the use of foul language
- report all incidents of social misconduct immediately to a member of staff
- be respectful towards each other, the staff, and their environment
- to refrain from any sexual misconduct

Depending on the nature of the offence, the following procedures will be followed:

- Learner will be reprimanded by teacher
- Punishment by doing small tasks, for example cleaning the class
- Learner will not be allowed to join the class on excursions
- Teacher will write a letter to the parents
- Meeting between parents and principal
- Meeting with parents, principal, and governing body

The following factors must be considered:

- Emotional and intellectual state of the learner
- Circumstances at home
- Side effects of medication

CONSENT AND INDEMNITY

I, the undersigned, the parent/guardian of _____ (learner) hereby give consent for my child to take part in extra-mural activities of the school including educational tours (with the school vehicle or educator's personal vehicle). Excursions and extra-mural activities shall be undertaken at my child's own risk. I undertake and confirm on behalf of myself, my executors, my spouse and my child, to indemnify, hold blameless and absolve Gloria Botha School, the School Governing Body, the principal and staff and any duly authorized third parties against any claims whatsoever which may arise in connection with loss or damage to property or injury to the aforesaid child in the course of school hours, any such tour/excursion or extra-mural activity. This being done in the knowledge that the principal, staff and any duly authorized parties will nevertheless take all precautions for the safety and welfare of my child.

ENTIRE AGREEMENT SIGNATURES

By signing below, I declare that all the above details are correct to the best of my knowledge and that I will inform Gloria Botha School of any changes to the above details in writing within 7 calendar days. I acknowledge and understand the content of the school's code of conduct and disciplinary procedures and undertake to ensure that my child abides by it. I further take note of, agree to and accept all the policies contained in this application form.

I attach the following documents to this application:
(Mark with a X)

COPY OF BIRTH CERTIFICATE / IDENTITY DOCUMENT OF LEARNER	
COPY OF IDENTITY DOCUMENT OF MOTHER / GUARDIAN	
COPY OF IDENTITY DOCUMENT OF FATHER / GUARDIAN	
COPY OF CLINIC CARD	
COPY OF PSYCHOLOGICAL AND OTHER THERAPEUTIC RAPPORTS	
COPY OF RAPPORT FROM PREVIOUS SCHOOL (if applicable)	
SIGNED PAYMENT OF SCHOOL FEES – STIPULATIONS AND CONDITIONS FORM	
SIGNED POPI INDEMNITY FORM	
SIGNED POPI INFORMATION FORM	

I hereby request that my child start as an enrolled learner of Gloria Botha School on _____ (date).

SIGNATURES	
_____	_____
FATHER: FULL NAMES AND SURNAME	*MOTHER: FULL NAMES AND SURNAME*
_____	_____
SIGNATURE	*SIGNATURE*
_____	_____
DATE	*DATE*
_____	_____
SCHOOL PRINCIPAL	*DATE*