CENTRE OF EXCELLENCE PRIMARY SCHOOL

Tel: 043 722 5819
Email: steyncoe@gmail.com
32 Lukin Road, Selborne, East London 5201

Application Form 2026

Please note:

- Nothing in this application should be interpreted as a representation or guarantee made by the school that your child will be admitted to and enrolled with the school.
- Please include the applicant's birth certificate and two latest school reports

LEARNER INFORMATION

Surname: _____

Full names: _____

Name of present school: _____

Identity Number: _____

Nationality:_____

Gender:_____

Proposed date of entry: _____

Suggested entry grade:_____

Date of birth: _____

Home Language: _____

APPLICATION FEE: R 200.00

DATE PAID: _____

REC NO: _____

REC BOOK NO: _____

REQUIREMENTS NEEDED

- Copy of immunisation record (Gr 1 – 3)
- Original progress report from current school
- Latest school fees statement
- Copy of ID doc of person responsible for fees as well as both parents
- Copy of unabridged birth certificate of learner or/and study permit if required
- Transfer letter from previous school
- Latest salary advice
- Original bank statement for the last three months (of the fee payer), If self-employed, 6 months bank statements required.
- Legal guardianship documents or proof thereof and/or study permit if required.
- Proof of address not older than 3 months
- 2 x Colour ID photo of the learner.
- 3 x Reams of Typek Paper.

PARENT/GUARDIAN/SPONSOR INFORMATION

PARENT/LEGAL GAURDIAN/SPONSOR 1

Relationship to applicant:_____

Title: _____

Surname: _____

Name: _____

Identity number: _____

Marital Status: _____

Occupation/Profession: _____

Employer: _____

Home Address: _____

_____

Work Telephone: _____

Mobile number: _____

E-Address: _____

Next of Kin: _____

Telephone of Next of Kin: _____

PARENT/LEGAL GUARDIAN/SPONSOR 2

Relationship to applicant:_____

Title: _____

Surname: _____

Name: _____

Identity number: _____

Marital Status: _____

Occupation/Profession: _____

Employer: _____

Home Address: _____

_____

Work Telephone: _____

Mobile number: _____

E-Address: _____

Next of Kin: _____

Telephone of Next of Kin: _____

MARITAL STATUS

Are the above-mentioned Parents/Legal Guardians/Sponsors currently married to each other? **YES / NO**

If one Parents/Legal Guardians/Sponsor completed the applicant, do you have sole custody of the pupil? **YES / NO**

INFORMATION OF THE LEARNER

Please list any leadership positions the learner has acquired in the last calendar year (headboy/headgirl, prefect, student representative council, class captain, team captain etc).

_____

_____

Please list the applicable sport involvement as well as level achieved, during the last calendar year in which he/she participated.

_____

_____

Please indicate the learner's involvement in culture during the last calendar year.

_____

_____

Has the pupil:

1. Been involved in any serious disciplinary issue or does the pupils face any disciplinary charge? **YES / NO**
2. Been involved in the use of illegal substances / substance / substance abuse? **YES / NO**

HEALTH DECLARATION

Present state of health of the learner (including conditions such as ADD, ADHD, anxiety, depression, etc.)

Is the pupil on any form of medication? **YES / NO** if yes, please provide information:

Details: _____

Any additional information, behaviour, medical or otherwise relating to this application which should be brought to the attention of the school?

_____.

Please note, any failure to make full disclosure of all information sought on this form will entitle the school to cancel the admission and enrolment of the pupil, whether before or after such admission has occurred.

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_____

Signature of Parent/Legal Guardian/Sponsor 1 Date_____

Please return all completed application forms to Centre of Excellence Primary school. No faxed copies will be accepted!!

Affordability Assessment Evaluation

NAME OF FEE PAYER: _____ IDENTITY NUMBER: _____

FEE PAYER EMPLOYER: _____ FEE PAYER NUMBER: _____

GRADE OF ADMISSION _____ NAME AND SURNAME OF LEARNER: _____

MONTHLY INCOME	
Monthly Salary Before Deduction	R
Other Monthly income (E.G. Secondary jobs, Allowance, Rental income)	R
TOTAL MONTHLY INCOME (OFFICE USE)	**R**
MONTHLY EXPENSES	
House Bond & House insurance	R
PAYE, UIF	R
Rent	R
Rates, Water & Electricity	R
Child support	R
Medical Aid & Other expenses e.g. Chemist	R
Life insurance & Funeral Policy	R
Risks / Motor Insurance / Repayment	R
Telephone/Mobile phone account	R
Transport	R
Current School/University Fees	R
Clothing & Furniture accounts	R
Groceries	R
Other (Please specify)	R
	R
TOTAL EXPENDITURE (OFFICE USE)	**R**
TOTAL INCOME LESS TOTAL EXPENDITURE (OFFICE USE)	**R**

In the processing of your application for credit we will obtain information from the Credit Bureau for the following purpose.

1. To assess your application for credit, and your level of indebtedness and debt repayment history as required by the Act and/or
2. Assess risk and/or
3. Validate and verify the information you provide to us including your identity as well as the identity of your spouse, your partner, and other directors/partners and/or
4. Undertake checks for the prevention and detection of fraud and/or money laundering and/or
5. Any other processes many be automated.

N.B Application does not constitute acceptance. **OFFICE USE ONLY**

TO BE COMPLETED BY CURRENT SCHOOL AND EMAILED TO CENTRE OF EXCELLENCE PRIMARY.

CENTRE OF EXCELLENCE
PRIMARY SCHOOL
6 St Marks Road, Southernwood
East London 5201
Tel: 043 722 5819
Email: steyn.coe@gmail.com

CERTIFICATE OF CONDUCT

Name and Surname of Learner	
Grade applying for	_____ (Learner may NOT apply to repeat the same Grade)
Name of present School	
School's address	
School's Telephone #	
School's Fax #	

This is to certify that _____was a pupil at this school from_____to_____.

Were there any transgressions against your Code of Conduct?	Yes	No

If any, please elaborate: _____

His/her conduct was:	Exemplary	Good	Satisfactory	Not Satisfactory

If any, please elaborate: _____

We:	Recommend	Do Not Recommend

All fees are:	Paid up to date	Not paid up to date
Principal's Name		School Stamp
Principal's Signature **Date:**		

THIS FORM HAS TO BE EMAILED BACK TO CENTRE OF EXCELLENCE FROM THE SCHOOL WHO COMPLETED IT.