



# PLG SCHOOLS APPLICATION

PLG Carlswald Academy, 126 7th Road, Carlswald, Midrand  
 Tel: 063 525 2928  
 Email: admin.carlswald@plgschools.co.za

**PLEASE PRINT CLEARLY IN BLOCK LETTERS, USING A BLACK PEN**

**The following documents MUST accompany this application:**

NB

- Study visa /permanent residence permit (if pupil not born in SA)
- Applicant's birth certificate
- Applicant's latest year-end report
- Applicant's most recent term report
- Copy of vaccination card
- Copies of ID documents of both parents
- Consent form to do Credit Check
- Proof of Residence
- Proof of Payment Administration Fee

**Name of Academy applying for:**  
 \_\_\_\_\_

**Date of Proposed Entry** \_\_\_\_\_

**Year** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Age upon Entry:** \_\_\_\_\_

## Personal Details of Prospective Pupil:

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_  
(UNDERLINE NAME USED AT HOME)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Male / Female: \_\_\_\_\_ Day Scholar/Boarder: \_\_\_\_\_  
(DD,MM,YYYY)

Nationality: \_\_\_\_\_ Home Language: \_\_\_\_\_ Present School: \_\_\_\_\_ Tel: \_\_\_\_\_

ID No on Birth Certificate: \_\_\_\_\_ Religious Affiliation & Denomination: \_\_\_\_\_

Siblings at the school Yes / No

1. \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ Grade \_\_\_\_\_

## Personal Details of Father/Mother/Guardian(s):

Name: \_\_\_\_\_  
(FATHER / GUARDIAN)

ID No: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Home Fax No: \_\_\_\_\_

Cell No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Send correspondence to:  Postal  E-Mail

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Phone No: \_\_\_\_\_

Work Fax No: \_\_\_\_\_

Name: \_\_\_\_\_  
(MOTHER / GUARDIAN)

ID No: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Home Fax No: \_\_\_\_\_

Cell No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Send correspondence to:  Postal  E-Mail

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Phone No: \_\_\_\_\_

Work Fax No: \_\_\_\_\_

Parents Marital Status: Married  Divorced   
 Widowed  Single

With whom does the applicant live? \_\_\_\_\_

Is there any family or other association with PLG Schools? \_\_\_\_\_

Parent's Remarks (Special requests or information):

How and where did you find out about PLG Schools? Please circle:

1. Friends/family/colleague 2. Internet/website/face book 3. Newspaper 4. Child magazine 5. Outdoor signage 6. Other

**Details of Person(s) To Be Responsible for Paying School Fees and Supplemental Costs:**

I/We have no principle objection to the School contacting our applicant's current school and/or the bank and/or a credit bureau for the purposes of obtaining a financial reference during the admissions process.

**Father's Details:**

Name: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
ID No: \_\_\_\_\_  
Bank: \_\_\_\_\_  
Bank Acc No: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

**Mother's Details:**

Name: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
ID No: \_\_\_\_\_  
Bank: \_\_\_\_\_  
Bank Acc No: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

- Please take careful note of payment and cancellation terms and conditions on all applicable forms.
  - Debit-order payment monthly in advance on or before the 1st day of each month X 12 months.
  - Internet payment monthly in advance on or before the 1st day of each month X 12 months.
  - DEBIT-ORDER FORM COMPLETION
- Please complete a debit-order form and deliver it by hand to the school admin office, this is our preferred method of payment.
- PLEASE USE YOUR PUPIL CODE AS REFERENCE FOR ALL PAYMENTS.

**Please ensure that copies of the applicant's most recent year-end report, their latest interim report, their birth certificate, copy of immunisation card and copies of parents ID documents are attached.**

**BANKING DETAILS**

**Account Name** PLG Carlswald Academy  
**Bank** Absa Bank  
**Branch Code** 632005  
**Account Number** 409-240-0135

**Emergency Contact Details / Medical Aid Details**

**Name of Person** \_\_\_\_\_  
**Contact Number** \_\_\_\_\_  
**Medical Aid** \_\_\_\_\_  
**Medical Aid #** \_\_\_\_\_

**For Office Use Only**

**Admission Checks**  
Admission Form \_\_\_\_\_  
Academic Acceptance \_\_\_\_\_  
Finance Check \_\_\_\_\_

**DATA CAPTURED:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_