



*La Vigne*  
EDUCATIONAL HOUSE

# Application Form

## SECTION 1

Application Date:			
Applicant's Surname:			
Applicant's Full Name:			
Required Grade:		Proposed Year of Entry:	
Home Language:		Language of Teaching:	

Completion and submission of an application form does not automatically result in acceptance of the applicant to the school. The issuing of an acceptance letter from the headmaster signifies a successful application to the school.

***Kindly read these instructions before submitting this application form.***

1. Application forms handed in that are incomplete and / or do not have the additional information as required will NOT be processed and will delay the admission process. The onus is on the parent(s) / guardian(s) to ensure that this application is complete with details and requirements.
2. Parent(s) / guardian(s) who need assistance with completion of this form may approach the Admissions Secretary.
3. The application scrutiny process will take place once the application forms have been returned to the school, following which parent(s) / guardian(s) will then be informed of the outcome of the application.

**Please attach all Medical / Psychological Reports of your child**



## SECTION 2

### NAME AND DETAILS OF LEARNER APPLYING FOR ADMISSION

This form must be completed and returned to La Vigne Educational House. All information will be kept confidential. Completion and submission of an application form does not automatically result in acceptance of the learner to the school.

**Please submit Medical / Psychological Reports and latest school report.**

Surname:								
Full First name:	D	D	M	M	Y	Y	Y	Y
Date of Birth:								
Age								
Sex:	Male				Female			
ID Number:								
Home Language:	Afrikaans		English		Xhosa		Other	
Position in Family:	Only Child		First Child		Second Child		Third Child	
Ethnic Group:	African/ Black	Asian	Coloured	Indian	White	Other		
Religion:	African	Bahai	Buddhist	Christian	Hindu	Islam	Jewish	Other
Family Status	Both Parents	Foster Care	Foster Home	Recom- posed Family	Single Parent (Di- vorced)	Single Parent (Widow/ er)	Single Parent (Never Married)	Other

### EDUCATIONAL DETAILS

Highest Grade Passed:		Year:	
Has the learner ever failed a grade:		Which School:	
If yes, which Grade:		Which Year:	
Last / Current School attended:			
Current Grade			
Required Grade		Proposed Year of Entry:	

## SECTION 2

### NAME AND DETAILS OF LEARNER APPLYING FOR ADMISSION

Please attach all medical documents or reports of diagnosed conditions to this document. The school cannot conduct an accurate assessment without all the relevant information.

#### MEDICAL DETAILS

Current Medication

Medical Conditions  
(Indicate chronic)

Allergies

Learner's  
Personality

Current / Referring  
Psychologist

Telephone Number

Reports  
(Attached)



## SECTION 2

### NAME AND DETAILS OF LEARNER APPLYING FOR ADMISSION

Past Diagnosis and Intervention  
(Therapist / Doctor / Psychologist)

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Type of Diagnosis and  
Intervention

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Current Diagnosis and Intervention  
(Therapist / Doctor / Psychologist)

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Type of Diagnosis and  
Intervention

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### CONTACT DETAILS OF PARENT

Surname:	
Full First Name:	
Email Address:	
Telephone Number Home:	
Telephone Number Work:	
Cellphone Number:	

