



# Application Form

**Please complete this form in full, using black ink, then sign, scan and return it by email, along with the supporting documentation (including the Proof of Payment for the Administration Fee) listed at the end of this application form to our admissions team on: [admissions@evps.co.za](mailto:admissions@evps.co.za).**

**For any queries, please contact the school on 087 460 0244:**

---

## PUPIL DETAILS

1. Surname: \_\_\_\_\_
2. First Names: \_\_\_\_\_
3. Preferred Name: \_\_\_\_\_
4. Religion: \_\_\_\_\_
5. Home Language: \_\_\_\_\_
6. Gender:                      Male \_\_\_\_\_                      Female \_\_\_\_\_
7. Date of Birth DD/MM/YY: \_\_\_\_\_
8. ID Number: \_\_\_\_\_
9. Current Grade: \_\_\_\_\_
10. Current School: \_\_\_\_\_
11. Grade applying for: \_\_\_\_\_
12. Start Date DD/MM/YY: \_\_\_\_\_



# Application Form

13. Please provide a detailed description of any difficulties your child is currently experiencing at school, or at home or in a social environment:

---

---

---

---

---

---

---

---

14. Has your child been diagnosed with any kind of Behavioural or Neuro-developmental Disorder (e.g. ADHD, Anxiety, etc):

---

---

---

---

---

---

---

---

15. Has your child visited an Educational Psychologist, Occupational Therapist or Speech and Language Therapist, or received any other form of Intervention?  
If **Yes**, please attach a copy of the most recent report(s)

Yes                      No                      *Circle as appropriate*

# Application Form

## PARENT DETAILS

1. Surname (Father / Guardian): \_\_\_\_\_  
*Strike through as appropriate*

First Names (Father / Guardian): \_\_\_\_\_  
*Strike through as appropriate*

2. Surname (Mother / Guardian): \_\_\_\_\_  
*Strike through as appropriate*

First Names (Mother / Guardian): \_\_\_\_\_  
*Strike through as appropriate*

3. Marital Status:            single    married    separated    divorced    widowed  
*Circle as appropriate*

4. Postal Address:

Father _____	Mother _____
_____	_____
_____	_____
_____	_____

5. Physical Address:

Father _____	Mother _____
_____	_____
_____	_____
_____	_____

6. ID Numbers:

Father \_\_\_\_\_                      Mother \_\_\_\_\_



# Application Form

7. Phone Numbers:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

8. Email Address:

Father \_\_\_\_\_ Mother \_\_\_\_\_

9. Employment Details:

Father \_\_\_\_\_ Mother \_\_\_\_\_

*Company Name*

*Company Name*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Phone Number*

10. Emergency Contact Details:

a. Name of Person: \_\_\_\_\_

b. Relationship: \_\_\_\_\_

c. Cell Phone Number: \_\_\_\_\_

d. Home Number: \_\_\_\_\_



# Application Form

## SCHOOL ACCOUNT - PAYMENT DETAILS

1. Details of Account Holder:

- a. First Name: \_\_\_\_\_
- b. Surname: \_\_\_\_\_
- c. ID Number: \_\_\_\_\_
- d. Cell Phone: \_\_\_\_\_
- e. Work Phone: \_\_\_\_\_
- f. Email Address: \_\_\_\_\_

2. Address:

Physical	_____	Postal	_____
	_____		_____
	_____		_____
	_____		_____

3. Invoice Delivery:      email      snail mail      *Circle as appropriate*

4. Employment Details:

- a. Company Name: \_\_\_\_\_
- b. Telephone: \_\_\_\_\_
- c. Address: \_\_\_\_\_



# Application Form

5. Residence Details:      owned                  rented                  *Circle as appropriate*

6. Bonded:                      Yes                      No                      *Circle as appropriate*

7. Bank Details

a. Bank Name: \_\_\_\_\_

b. Branch Code: \_\_\_\_\_

c. Account Type: \_\_\_\_\_

d. Acc Number: \_\_\_\_\_

I hereby authorise Eden Village Preparatory School to make use of the information contained herein to investigate my creditworthiness and to obtain such other information as may be necessary to evaluate my creditworthiness. This may include information being requested from any registered credit bureau to conduct a credit assessment or affordability assessment.

I/we hereby declare that the information provided in this application form is true and accurate to the best of my/our knowledge, and I/we undertake to inform Eden Village Preparatory School of any changes therein, immediately. I/we understand and agree unconditionally that Eden Village Preparatory School reserves the right to terminate this application process or future admission of my/our child, with immediate effect, should there be any false information that compromises the interests of the school and its stakeholders.

By completing this application, I/we acknowledge that my/our child's acceptance into Eden Village Preparatory School is solely at the discretion of the school Principal and amongst other factors is conditional upon:

- There being sufficient space at Eden Village Preparatory School;
- My/our child passing any required entrance assessments.
- The school assessing my/our creditworthiness to its satisfaction.
- Full payment of the Non-Refundable Administration Fee.



# Application Form

**Please check that you have attached the following supporting documents to your application submission and email them with your completed and signed application form to [admissions@evps.co.za](mailto:admissions@evps.co.za).**

---

## SUPPORTING DOCUMENTS

1. A certified copy of the child's unabridged birth certificate \_\_\_\_\_  
*Attached - Yes*
2. A certified copy of your child's two most recent school reports as well as any intervention reports (Speech & Language, OT, Ears, Eyes and / or Educational Psychologist Report) \_\_\_\_\_  
*Attached - Yes*
3. Your current school's fee statement for the last 12-months \_\_\_\_\_  
*Attached - Yes*
4. A copy of your Administration Fee Proof of Payment (POP) \_\_\_\_\_  
*Attached - Yes*



# Application Form

## PARENT / GUARDIAN SIGNATURES

Signature (Father / Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Mother / Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

---

**Please use the following Banking details for all EFT payments:**

Account name: Eden Village Preparatory School  
Bank: Investec  
Branch Code: 580105  
Account No: 10012873200  
Reference: Customer Code/Child's Name



**Please email the proof of payment to: [finance@evps.co.za](mailto:finance@evps.co.za)**