

First Name

2025

WCED TRANSFER REQUEST FORM BETWEEN TWO ORDINARY PUBLIC SCHOOLS (GRs.2-7 & GRs.9-12)

	WE	STERN CAP	E ED	UCA.	TION	DEPART	MEN	T (WC	CED) TRAN	NSFERS	2025						
The informa	tion on th	nis form will	be c	aptu	red o	n the Wo	CED o	nline	adı	missio	ns syst	em to c	assist	the p	arent.			
		Pi	imar	y Par	ent /	Legal G	vardi	an Ini	form	nation								
Parent / Le	egal Gua	rdian type	(Plea	se tic	ck)	Biolog	gical	Α	dop	otive	Leg	al Gua	rdiar	n S	ер	Other		
Title: (Please tick)					Mr.	Miss	N	۱rs.	Ν	1s	Prof.	Dr	R	Rev	Hon	Adv	,	
First Name						Seco Nar						Surno	ame					
Date of Birth						•	(end	er	Mc	ale		Fe	male				
SA Citizen YES NO			O						mber / per / P	/Passp ermit	ort							
Marital Sta	atus: (Ple	ase tick)			Divo	rced	M	arriec	k	Sep	arate	d	Singl	е	Wie	dowed		
					IMPO	RTANT!!!	Plea	se Co	omp	lete								
						Contact	Info	matic	on									
Cell Phone	e No.							Em	erg	ency	Conta	ct No.						
Tel. No. (w	ork)							Alt	erno	ative C	Contac	ct No.						
Alternative	e Name	and Surnar	ne					Alt	erno	ative: F	Relatio	nship						
Email Add	lress											'						
						Physic	al Ac	Idress	5									
Western C	ape Ado	dress	YES	S				NO										
Address ty	pe: (Pled	ase tick)		eet / oad		Fla	t			Farm		P	lot		Othe	r		
Address: I Number	House / S	Street				Addr	ess /	Stree	et No	ame		•	'					
Building /	Comple	x / Block / A	Apar	tmen	t nan	ne												
Country						•				Provin	ce							
Town										Suburl	b							
					W	ork Add	ress (Optio	nal))								
Western C	ape Add	dress	YES	3		NO)											
Address ty	pe: (Pled	ase tick)		eet / oad		Flat			Farr	n		Plot			Oth	er		
Address: House / Street Number				Addr	ess / Nam		et							·				
Building / name	Comple	x / Block / A	Apar	tmen	nt													
Country										Provin	ce						_	
Town									Suburl	b						_		
Which address must be used for your application?					P	Physical Address					Work Address							
	OPTIONAL (Secondary Parent / Legal Guardian Information)																	
		rdian type	(Plea	se tic	:k)	Biolog	gical	Α	dop	otive	<u> </u>	al Gua	rdiar	n S	itep	Other		
Title: (Please tick)					Mr.	Miss	N	۱rs.	Μ	ls.	Prof.	Dr	R	?ev	Hon	Adv	,	

Second

Name

Surname

Date of Birth								Gend	ler	Male			Fe	male		
SA Citizen	YES				NO					r /Passp Permit	oort					
Gender		Male				Fe	male	NUITI		Citizen	YES			NO	5	
Marital status: (Please tick)								arried				Sir	ıgle	<u> </u>		owed
•							!!! Plea	ise Com		<u> </u>			<u> </u>			
					(Conto	act Info	rmation								
Cell Phone no.							E	mergen	су С	ontact	No.					
Tel. No. (wo	rk)							Alternati	Iternative Contact No.							
Alternative I		d Surna	me					Alternati	ve: R	elationsl	hip					
Email Addre																
Address Ou Cape	tside We	stern	Y	ES			NO									
Address type	e: (Please	e tick)	Str	eet			Flat		ı	arm		Plot				
House / Stre	et Numb	er					Street	name					•			
Building / C	omplex /	Block /	Apo	artme	ent											
Town									Sı	uburb						
								-			•					
	Learner Information															
Required Gro	_			Ī		or)		Date (of Ap	plicatio	n (YY)	Y / M	M/D	ן(טכ		
First-time registration in Western Cape Yes										No						
First Name	First Name Second					surname Surname					е					
Learner's ID	Learner's ID Number:							Date of Birth								
Learner's CE	MIS Num	ber:														
Gender	Male		Fem	nale												
Population (group	Black/	Afric	an			loured			Indian/	Asiar			٧	Vhite	
SA Citizen	YES		N	0			ocumer ign lea	nted SA / rner		YES				1	10	
Is the addre	ss the sa	me as th	ne pr	rimar	y parer	nt's?		YES				N	0			
Home addre	ess (wher	e learne	r cui	rrently	y reside	s)										
Address typ	е	Stre	eet				Flat		F	arm				Plot		
Address no.		Stree name								omplex nt name						
Town		Hanne				Su	burb	/ / (pu l								
	Learn	er Not p	romo	oted				Better p	Better prospects							
Reason for	Highe	Learner Not promoted Highest Grade Reached						New reg								
Application		s Trauma us Schoo						Transfer from SNE to Public Ordinary school						ol		
Name of the attended	last sch	ool										Υe	ar			
	Are you relocating to the Western Cape (WC) from another province?									N	10					
	If yes, write down the name of the province.															

Are you relocating to the WC	from another	country?	YES		NO	
If yes, write down the name of		Coomy	TES		NO	
Language of Learning and	T					
Teaching (LOLT)	AFR	ENG	XHOSA	SESOTHO	TSWANA	
		-	-	•		
Do you wish to apply for Host accommodation? (Applicab rural areas)		YES			NO	
Do you wish to apply for learn (Applicable to mainly rural armsing the WCED learner trans	reas at schoo	ls YES			NO	
a) Participation in sport		YES			NO	
If yes, please indicate which	sport.					
b) Participation in cultural pro	ogramme / s	YES			NO	
If yes, please indicate which or programme / s.	cultural					
c) Has the learner held any le position/s at school?	adership	YES			NO	
If yes, please provide details.						
Name any sports award/s ac	hieved.					
d) Does the learner play an ir	nstrument/s?	YES			NO	
If yes, please indicate which i	nstrument/s.					
e) Level of music participation		1				
the level of participation or ac	:nievement.)	Select Scho	ols			
	Please indica		ls you want to	APPLY TO:		
KINDLY			HE ORDER OF Y		NCE	
No.1 NAME OF SCHOOL				pplying for more the same school		NO
Please indicate if the learner has a sibling attending this school.	YES	NO		S NUMBER		
No.2 NAME OF SCHOOL		•		pplying for more		NO
Please indicate if the learner has a sibling attending this school.	YES	NO	CEMIS	NUMBER		
No.3 NAME OF SCHOOL				pplying for more the same school		NO
Please indicate if the learner has a sibling attending this school.	YES	NO		SNUMBER		
No.4 NAME OF SCHOOL				pplying for more the same school		NO
Please indicate if the learner has a sibling attending this school.	YES	NO	CEMIS	SNUMBER	·	
No.5 NAME OF SCHOOL				pplying for more the same school		NO
Please indicate if the learner has a sibling attending this school.	YES	NO	CEMIS	SNUMBER		
No.6 NAME OF SCHOOL				pplying for more the same school		NO
Please indicate if the learner has a sibling attending this school.	YES	NO	CEMIS	S NUMBER	·	-
No.7 NAME OF SCHOOL				pplying for more the same school		NO

Please indicate if the learner has a sibling attending this school.	YES		NO		CEMIS NUMBER			
No.8 NAME OF SCHOOL					Are you applying for learner at the same		YES	NO
Please indicate if the learner has a sibling attending this school.	YES NO				CEMIS NUMBER			
No.9 NAME OF SCHOOL					Are you applying for learner at the same		YES	NO
Please indicate if the learner has a sibling attending this school.	YES NO				CEMIS NUMBER			
No.10 NAME OF SCHOOL					Are you applying for learner at the same		YES	NO
Please indicate if the learner has a sibling attending this school.	dicate if the learner has VES NO CEMIS NU							
			SELEC	CT SUBJE	CTS			
					S 10 - 12			
Compulsory Subject No. 1 (Lan								
Compulsory Subject No. 2 (Lan								
Compulsory Subject No. 3: Ch (Mathematics or Mathematica								
Compulsory Subject No. 4		· ,		Life Ori	entation			
Subject No. 5								
Subject No. 6								
Subject No. 7								
	D	eclaratio	n by	legal po	rent/guardian			
I, t	he unde	rsigned, o	decla	re that t	he above informatio	on is		
			(correct.				
Signed by legal parent/guardi	an:							
Date:								
REQUI	RED DO	CUMENTS	SUBN	NITTED TO	THE SCHOOL / WC	ED		
Please check t	hat the	following	docu	ımentati	ion is attached	Plea	ise tick	
1. Certified copy of ID / Birth	certifica	te (learne	er)			YES	NO	C
2. A study permit issued by th application (If the learner i	s or proof of	YES	NO	<u> </u>				
3. Copy of immunization card / Road to Health chart (Primary schools only) YES NO)	
4. Latest official school academic report of the learner YES NO)	
5. Proof of residence (This could be: Rates account / Lease agreement / An affidavit confirming residence) NO								
Charles d Iv. (N								
Checked by (Name and Surno	ıme):		_					
					Date:			
Checked and signed by:			_					