

First Name

2025

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

Surname

WESTERN CAPE EDUCATION DEPARTMENT (WCED) TRANSFERS 2025																	
The information on this form will be captured on the WCED online admissions system to assist the parent.																	
	Pi	rimary	/ Pare	ent / L	Legal (Guar	diar	Infor	matio	n							
Parent / Legal Guar	k)	Biological			Ado	ptive	÷	Lego	al Gua	rdiar	n Step C		Oth	ner			
Title: (Please tick)				Mr.	Mis	s	Mrs	i.	Ms	Ρ	rof.	Dr	R	Rev	Hon	ı	Adv
First Name					Second Name						Surname						
Date of birth							Ge	ender		Male	е		Fe	male			
SA Citizen YES		N	NO					ID nu Num	asspo mit	ort			·				
Marital status: (Plea	ise tick)			Divor	rced		Mar	ried	Se	epo	ıratec	ł	Singl	le Widowed			wed
IMPORTANT!!! Please Complete																	
				(Conta	ct Inf	orm	ation									
Cell phone No.								Emer	genc	y C	onta	ct No.					
Tel. No. (work)								Alterr	native	Co	ntac	t No.					
Alternative Name a	ınd Surnan	ne						Alterr	native	: Re	lation	ship					
Email address																	
Physical Address																	
Western Cape Add	ress	YES						NO									
Address type: (Plea	se tick)		eet / oad		FI	at			Farn	n		P	lot		Othe	er	
Address No / House Number	e / Street				Address / Street Name												
Building / Complex	/ Block / A	Apart	ment	t nam	ie												
Country									Prov	inc	е						
Town									Suburb								
		1		W	ork Ad	dres	s (O	ptiono	ıl)								
Western Cape Add	ress	YES			N	10											
Address type: (Plea	se tick)	Stre Roc			Flat			Fai	rm			Plo	·		Oth	er	
Address No / House Number	e / Street				Address / Street Name												
Building / Complex name	/ Block / A	Apart	meni	t													
Country					•				Prov	inc	е						
Town									Subi	urb							
Which address must be used for your application?				Physical Address									W	ork Ad	ldre	ess	
OPTIONAL (Secondary Parent / Legal Guardian Information)																	
Parent / Legal Guar	dian type	(Pleas	e tic	k)	Biolo	gico	lc	Ado	ptive	;	Lego	al Guc	ırdiar	n S	Step	С	ther
Title: (Please tick)				Mr.	Mis	S	Mrs	i. 1	Ms.	Р	rof.	Dr	R	Rev	Hon		Adv
First Maria					Sec	ond		· · · · · · · · · · · · · · · · · · ·				C			· · · · · ·		

Name

Date of birth						Gend	Gender Male			Fema		nale		
SA Citizen	YES			NO					er /Passp / Permit	ort				
Gender		Male			Fe	male		SA	Citizen	YES			NO	
Marital statu	Marital status: (Please tick)			Divor	ced	N	1arried	arried Separated				gle	Wi	dowed
	TANT	IT!!! Please Complete												
				(Conto	act Info	rmation							
Cell phone r	10.					E	mergen	су (Contact r	ю.				
Tel. no. (wor	k)						Alternati	ve (Contact N	10.				
Alternative N	lame an	d Surnar	ne				Alternati	ve: I	Relationsh	ip				
Email address														
Address Out Cape	side Wes	tern	YE	S		NO								
Address type	e: (Please	tick)	Stre	et		Flat			Farm		Plot			
House / Stre	et Numb	er				Street	name							
Building / Co	Building / Complex / Block / Apartment													
Town								,	Suburb					
	·							- •						
						arner l	nformat						_	
Required Gro	ide (The G	Grade yo	ou are	e applying f	or)		Date	of A	pplication	(YYY	Y / M/	M / DD)	
First-time reg	istration i	n Wester	n Ca	pe Yes					No					
First Name	Second N					sime Surname								
Learner's ID I	Number:				Date of Birth									
Learner's CE	Learner's CEMIS Number:													
Gender	Male		Femo	ale										
Population g	roup	Black/A	Africo	an	Coloured				Indian/	Asian			Whi e	t
SA Citizen	YES		NC	1		ocumei ign lea	nted SA / Irner	YES					NO	
Is the addre	ss the sar	ne as th	e pri	mary parer	nt's?		YES				N)		
Home addre	ss (where	e learner	curr	ently reside	s)				1					
Address type	е	Stre	et			Flat		F	Farm			P	lot	
Address no.		Street name					Building / Complex /Apartment name							
Town					Su	burb								
	Learner Not promoted						Better p	Better prospects						
Reason for Highest Grade Rea			Rea	ched			New reg	gistr	ation					
Application Serious Trauma or issue at Previous School (Proof required)							Transfer	from	SNE to Pub	olic Or	dinary	school		
Name of the attended											Ye	ar		
Are you relocating to the Western Cape (WC) from another province?									N	0				
If yes, write o	down the	name of	f the	province.										

Are you relocating to the WC	from another	country?	YES		NO	
If yes, write down the name of			1123		NO	
Language of Learning and	1					
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	_	n				
the level of participation or ac	:nievement.)	Select Scho				
	Please indic		ls you want to	APPLY TO:		
KINDLY			THE 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	CEMIS	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	No.8 NAME OF SCHOOL		Are you applying for more learner at the same school							
Please indicate if the learner has a sibling attending this school.		YES		NO		CEMIS NUMBER				
No.9	NAME OF SCHOOL			Are you applying for more learner at the same school		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 more learner at the same school		YES	NO	
Please indicate if the learner has a sibling attending this school.		YES		NO		CEMIS NUMBER				
Declaration by legal parent/guardian										

Declaration by legal parent/guardian									
I, the undersigned, declare that the above information is correct.									
Signed by legal parent/guardian:									
Date:									
REQUIRED DOCUMENTS SUBMITTED TO THE SCHOOL / WO	CED								
Please check that the following documentation is attached	Pleas	e tick							
Certified copy of ID / Birth certificate (learner)	YES	NO							
A study permit issued by the Department of Home Affairs or proof of application (If the learner is a foreign learner)	YES	NO							
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)	YES	NO							
Checked by (Name and surname):									
Checked and signed by:									