

First Name

2025

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

	WE	STERN CAP	E ED	UCA	TION	DEPAR	IMEN	IT (W	/CEI	O) TR	ANS	FERS	2025					
The information on this form will be captured on the WCED online admissions system to assist the parent.																		
Primary Parent / Legal Guardian Information																		
Parent / Legal Guardian type (Please tick)						Biological Adoptive Le						Lego	gal Guardian Step Other					
Title: (Please tick)					Mr.	Miss	٨	∕Irs.	I	Ms	Pr	of.	Dr		Rev	Hor	า	Adv
First Name				'		Second Name			·				Surn	ame				
Date of birth								Gen	der		Male	,		Fe	emale	•		
SA Citizen	YES		NO				ID number /Pas: Number / Permi						ort			·		
Marital sta	itus: (Pled	ase tick)			Divo	rced	Μ	\arrie	ed	S	epa	rated	d	Sing	gle	W	/idov	wed
				IMPORTANT!!! Please Complete														
						Contac	t Info	rma	tion	<u> </u>								
Cell phon	e No.							E	mer	genc	y C	onta	ct No					
Tel. No. (work)							A	ltern	ative	e Co	ntac	ct No.						
Alternative	e Name	and Surnar	ne					Α	ltern	ative	e: Re	latior	nship					
Email add	ress																	
						Physic	cal A	ddre	SS									
Western Cape Address Y			YES	S				N	0									
Address ty	pe: (Pled	ase tick)		eet ,	/	Flo	at			Farr	m		ı	Plot		Oth	er	
Address N Number	lo / Hous	se / Street				Add	ress /	/ Stre	eet N	lame	Э							
Building /	Complex	x / Block / A	Apar	tmei	nt nan	ne												
Country										Prov	vince	e						
Town						Suburb												
					W	ork Add	ork Address (Optional)											
Western C	ape Ado	dress	YES	S		N	0								_			
Address ty	pe: (Plec	use tick)		eet / oad		Flat			Far	m			Plo	ot		Otl	ner	
Address N Number	lo / Hous	e / Street		Address / Str Name					eet									
Building / name	Building / Complex / Block / Apartment																	
Country					Province						9							
Town					Suburb													
Which address must be used for your application?				Physical Address							Work Address							
OPTIONAL (Secondary Parent / Legal Guardian Information)																		
Parent / Legal Guardian type (Please tick)						Biolo	<u> </u>						al Gu			Step		ther
Title: (Plea	se tick)				۸Ar	MAice	٨	Arc	١ ٨	Λc	Pr	of l	Dr		RAV	Hor	പ	Δdv

Second

Name

Surname

Date of birth							Gend	Gender Male			Fema		nale	
SA Citizen	YES			NO				ID number /Passport Number / Permit						
Gender	Male			Female			SA	SA Citizen YE				NO		
Marital statu	s: (Please	e tick)		Divor	Narried	arried Separated			Single			dowed		
				IMPOR	RTANT	iii Plec	ase Com	plete	е					
				(Conto	act Info	rmation							
Cell phone r	10.					E	mergen	су (Contact r	10.				
Tel. no. (wor	k)						Alternati	ve (Contact I	No.				
Alternative N				Alternati	ve: l	Relationsh	ip							
Email addre														
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	omplex /	Block /	Apar	rtment										
Town								5	Suburb					
	·				_			- 4						
Learner Information														
Required Gro		_			or)		Date	of A	pplication	1 (YYY	Y / MI	M / DD)	
First-time registration in Western Cape Yes No														
First Name	First Name					Second Name Surnan								
Learner's ID I	Number:						Do	Date of Birth						
Learner's CE	MIS Numb	er:												
Gender	Male		Femo	ale										
Population g	roup	Black/A	Africo	an	Co	loured			Indian/	Asian			Whi e	t
SA Citizen	YES		NC			ocumei ign lea	nted SA / Irner	YES					NO	
Is the addres	ss the sar	ne as th	e pri	mary parer	nt's?		YES	YES			NO			
Home addre	ss (where	e learner	curr	ently reside	s)						,			
Address type	е	Stre	et			Flat		F	Farm			P	lot	
Address no.		Street name			•				Complex ent name		•			
Town					Su	burb								
	Learne	Learner Not promoted					Better prospects							
Reason for	Highe	st Grade	Rea	ched			New reg	gistr	ation					
Application	Application Serious Tr						Transfer	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 down the name of the province.														

Are you relocating to the WC	from another	country?	YES		NO	
If yes, write down the name o			163		110	
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 a using 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	cnievement.)	Select Scho	nols			
	Please indic		ls you want to	APPLY TO:		
KINDLY			HE ORDER OF Y		NCE	
No.1 NAME OF SCHOOL				pplying for more		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		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		NUMBER		
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	NUMBER	·	
No.5 NAME OF SCHOOL			pplying for more the same school		NO	
Please indicate if the learner has a sibling attending this school.	NO	CEMIS	NUMBER			
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 more learner at the same school		YES	NO	
Please indicate if the learner has a sibling attending this school.		YES		NO		CEMIS NUMBER				
No.9	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:									