

## **LATE 2026**

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

WE	WESTERN CAPE EDUCATION DEPARTMENT (WCED) TRANSFERS 2026																
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 Gua	rdian type	(Pled	ase ti	ck)	Biolo	gica	ıl	Ado	ptive	Э	Lego	al Gud	ardia	n St	n Step Oth		
Title: (Please tick)				Mr.	Miss	5	Mrs.	-	Ms	F	Prof.	Dr		Rev Hon			Adv
First Name						ond me						Surn	ame				
Date of birth							Ger	nder		Mal	le		Fe	emale	male		
SA Citizen YES			NO					ID nu Num			Passpo ermit	ort					
Marital status: (Plea	ase tick)			Divor	rced	٨	∕arri				arated	t	Sinc	gle	W	ido	wed
IMPORTANT!!! Please Complete																	
Contact Information																	
Cell phone No.							Е	mer	geno	cy C	Conta	ct No					
Tel. No. (work)							-	Altern	ative	e C	ontac	t No.					
Alternative Name	and Surnan	ne					A	Altern	ative	e: R	elatior	ship					
Alternative Name and Surname Alternative: Relationship  Email address																	
Physical Address																	
Western Cape Add	dress	YES			NO			0									
Address type: (Plea	use tick)		Street / Road		Flat				Farm			ı	Plot		Oth	er	
Address No / Hous Number	se / Street		Address / Street Name														
Building / Complex	x / Block / A	Apaı	rtmeı	nt nam	ie												
Country									Province								
Town						Suburb											
				W	ork Ado	dress	(Op	tiona	<b>l)</b>								
Western Cape Add	dress	YE	S		N	0											
Address type: (Please tick) Stree					Flat			Far	rm			Plo	t		Oth	er	
Address No / House / Street Number					Add	/ Stre	eet										
Building / Complex name	x / Block / A	Apaı	rtmeı	nt													
Country									Pro	vinc	ce						
Town									Sub	urb	)						
Which address mu application?	st be used	for y	our/				Phys	ical	Add	ress	3			W	ork Ad	ddre	ess

OPTIONAL (Secondary Parent / Legal Guardian Information)												
Parent / Legal Guardian type (Please tick)			ical	Adoptive	e Leg	Legal Guardian		Step		Other		
Title: (Please tick)		Miss M		Ms.	Prof.	Dr R		Rev Hon		Adv		
First Name		Seco Nam	_			Surna	me					

ANNEXURE D

Date of birth	Date of birth							Gend	Gender Male				Fema				
SA Citizen	YES			NC	)					er /Pass / Permit	port						
Gender		Male				Fe	male		SA	Citizen	YES	;		NO	)		
Marital statu	s: (Plea	se tick)			Divor	ced	N	Narried		Separat	ed	Sin	gle	١	Widowed		
				I۸	<b>APOR</b>	TANT	!!! Plec	ase Com	plet	е							
					C	Conto	act Info	rmation									
Cell phone n	10.						E	mergen	су (	Contact	no.						
Tel. no. (wor	k)							Alternati	ve (	Contact	No.						
Alternative N	lame a	nd Surna	me					Alternati	ve:	Relations	hip						
Email addre																	
Address Out Cape	side We	estern	YE	S			NO										
Address type	e: (Pleas	e tick)	Stre	eet			Flat			Farm		Plot					
House / Stree	et Numl	oer					Street	name									
Building / Co	omplex	/ Block /	Apa	rtment													
Town									:	Suburb							
											•						
							irner l	Information									
Required Gra	ide (The	Grade y	ou ar	re apply	applying for)			Date	of A	pplicatio	YYY / MM / DD)						
First-time registration in Western Cape Yes				Yes					No								
First Name Second No				ıd Na	me				Surnam	ne							
Learner's ID Number:						Do	ate c	of Birth									
Learner's CEA	MIS Num	ber:															
Gender	Male		Fem	ale								_					
Population g	roup	Black/	Afric	an	Coloure				Indian/ As			n			hit e		
SA Citizen	YES		N	0			cumei ign lea	nted SA / irner		YES				N	O		
Is the addres	ss the so	ıme as th	e pri	orimary parent's?				YES	YES			NO					
Home addre	ss (whe	re learne	r curi	rently re	eside	s)											
Address type	9	Stre	et				Flat			Farm	<u> </u>			Plot			
Address no.		Street name								Complex ent name							
Town		•				Su	burb										
	Learner Not promoted							Better p	rosp	pects							
Reason for	High	est Grade	Rea	ched		New registration											
Application Serious Trauma or issue of Previous School (Proof re			ue at	at				Transfer from SNE to Public				scho	ol				
Name of the attended	last sch	iool										Υe	ear				
Are you reloo	_		tern	Cape (	(WC)		YES			1	10						
If yes, write down the name of the province.																	

ANNEXU											
Are you relocating to the WC t	untry?		YES			NO					
If yes, write down the name of				•	•						
Language of Learning and Teaching (LOLT)	,	AFR	E	NG	XHOSA	SES	ОТНО	TSWA	NA		
Do you wish to apply for Host accommodation? (Applicable rural areas)	YE	S				N	0				
Do you wish to apply for learner transport? (Applicable to mainly rural areas at schools using the WCED learner transport schemes)				S				N	0		
a) Participation in sport			YE	S				N	0		
If yes, please indicate which s	sport.										
b) Participation in cultural pro	gramme	e / s	YE	S				N	0		
If yes, please indicate which of programme / s.	cultural										
c) Has the learner held any leposition/s at school?	adership		YE	S				N	0		
If yes, please provide details.											
Name any sports award/s act	nieved.										
d) Does the learner play an in	/s?	YE	S				N	0			
If yes, please indicate which i	nstrumen	ıt/s.									
e) Level of music participatio the level of participation or ac											
		Select S	Schoo	Is							
	Please i	ndicate	the sc	hools	you want to	APPLY	TO:				
KINDLY	RANK SC	HOOLS	BELOW	IN TH	E ORDER OF Y	OUR I	PREFEREN	ICE			
No.1 NAME OF SCHOOL					Are you ap learner at				YES	NC	)
Please indicate if the learner has a sibling attending this school.	YES		NO		CEMIS	NUM	BER				
No.2 NAME OF SCHOOL					Are you ap				YES	NC	)
Please indicate if the learner has a sibling attending this school.	YES		NO		CEMIS	NUM	BER				
No.3 NAME OF SCHOOL					Are you ap				YES	NC	)
Please indicate if the learner has a sibling attending this school.	YES		NO		CEMIS	NUM	BER				
No.4 NAME OF SCHOOL					Are you ap				YES	NC	)
Please indicate if the learner has a sibling attending this school.	YES		NO		CEMIS	NUM	BER				
No.5 NAME OF SCHOOL					Are you ap				YES	NC	)
Please indicate if the learner has a sibling attending this school.	YES		NO		CEMIS	NUM	BER				
No.6 NAME OF SCHOOL					Are you ap		€		YES	NC	)
Please indicate if the learner has a sibling attending this school.	YES		NO		CEMIS	NUM	BER				

ANNEXURE D

No.7	NAME OF SCHOOL			Are you applying for more learner at the same school	YES	NO	
	dicate if the learner has attending this school.	YES	NO	CEMIS NUMBER			
No.8	NAME OF SCHOOL			Are you applying for more learner at the same school	YES	NO	
	dicate if the learner has attending this school.	YES	NO	CEMIS NUMBER			
No.9	NAME OF SCHOOL			Are you applying for more learner at the same school	YES	NO	
	dicate if the learner has attending this school.	YES	NO	CEMIS NUMBER			
No.10 NAME OF SCHOOL				Are you applying for more learner at the same school	YES	NO	
	dicate if the learner has attending this school.	YES	NO	CEMIS NUMBER			

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 / WCED													
Please check that the following documentation is attached Please tick													
IDENTIFICATION     a. Certified copy of ID / Birth certificate (learner)     OR	YES	NO											
b. In the case of foreign learners: a passport / a copy of parent's refugee or asylum seeker permit on which the learner's name should appear.  OR  YES													
c. If the learner was not born in SA, a passport / a refugee or asylum seeker permit issued in the learner's name	YES	NO											
d. If the learner of foreign parents was born in SA: A handwritten Birth Certificate (DHA 19 form).	YES	NO											
2. Copy of immunization card / Road to Health chart (Primary schools only)	YES	NO											
3. Latest official school academic report of the learner	YES	NO											
Proof of residence (This could be: Rates account / Lease agreement / An affidavit confirming residence)	YES	NO											
OR: If no supporting documents are available / documents are missing:													
Affidavit from SAPS: NO Supporting documents available or missing (See     WCED example of an affidavit – Annexure C)													
Checked by (Name and surname):  Date:													

Checked and signed by: