

First Name

2025

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

WESTERN CAPE EDUCATION DEPARTMENT (WCED) TRANSFERS 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 N			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.	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	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						Province											
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						Province										_	
Town									Suburl	b						_	
Which address must be used for your application?				P	hysic	al A	Addres	ss	Work Address								
		OPTIONAL	L (Sec	cond	ary Po	arent / L	egal	Guar	diar	Infor	mation)					
		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		Fema				
SA Citizen	YES		NO				ID number /Passport Number / Permit									
Gender		Male				Fe	male	NUITI		Citizen	YES			NO	5	
	Marital status: (Please tick)					Divorced Ma						Sir	Single			owed
	IMPO							ise Com		<u> </u>			<u> </u>			
					(Conto	act Info	rmation								
Cell Phone	Cell Phone no.							mergen	су С	ontact	No.					
Tel. No. (wo	rk)							Alternati	Iternative Contact No.							
Alternative I		d Surna	me					Alternati	ve: R	elationsl	hip					
Email Address																
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 Grade (The Grade you are applying for) Date of Application (YYYY / MM / DD)															
First-time registration in Western Cape Yes										No						
First Name				Sec	ond No	ıme	me Surname									
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							uilding / Complex /Apartment name							
Town		Hanne				Su	burb	/ / (pu l								
	Learn	Learner Not promoted						Better p	Better prospects							
Reason for	Highe	Highest Grade Reached						New registration								
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 a	country?	YES		NO	
If yes, write down the name of		.cominy:	1 53		NO	
Language of Learning and	T			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 lear (Applicable to mainly rural a using the WCED learner trans	reas at school				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						
the level of participation or ac	:nievement.)	Select Scho	ols			
	Please indica		s 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 the same school		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	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.	YES	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	1	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	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.	VEC 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.	CEMIS NUMBER												
		5	SELEC	CT SUBJE	CTS								
					S 10 - 12								
Compulsory Subject No. 1 (Lan													
Compulsory Subject No. 2 (Lan	<u> </u>												
Compulsory Subject No. 3: Ch (Mathematics or Mathematics													
Compulsory Subject No. 4				Life Orie	entation								
Subject No. 5													
Subject No. 6													
Subject No. 7													
	D	eclaration	by l	legal po	rent/guardian								
I, t	he unde	rsigned, d	ecla	re that t	he above informatio	on is							
			C	correct.									
Signed by legal parent/guard	ian:												
Date:													
REQU	IRED DO	CUMENTS S	SUBN	NITTED TO	THE SCHOOL / WC	ED							
Please check	that the	following o	docu	ımentati	on is attached	Ple	ase tick	(
1. Certified copy of ID / Birth		YES	١	10									
2. A study permit issued by th application (If the learner i	s or proof of	YES	١	10									
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													
Checked by (Name and Surno	ame):												
					Date:								
								_					
Checked and signed by:													