



## APPLICATION FOR THE REGISTRATION OF LEARNERS FOR HOME EDUCATION

### General Information

1. This application form must be completed in full by the parents/ guardian of a learner.
2. A separate form must be completed for each learner, accompanied by the following required documents :

Please note: all certified copies must not be older than 3 months

- Certified copy of the learner's birth certificate
- Certified copy of the learner's last school report signed by the principal  
(if applicable)
- Certified copy of the parent's ID
- In case of foreign nationals certified copies of passport /study permit/work permit /Asylum document is required.
- Certified copy of the transfer certificate from the previous school (if applicable)
- In case of a learner with special needs, attach certified copy of assessment document or Referral letter from the medical practitioner.
- Motivation why the parent wishes the learner to be educated at home.
- Full details of the educational programme (subjects, teaching hours per subjects, assessment, extra mural activities, excursions, library,).

### **3. Submit the form together with the required documents to:**

Attention: Mrs D Motloli  
Governance and Management  
188 Pieter Maritz Street  
PIETERMARITZBURG  
3200

Contact Number: 0333486111/115

Or Email to: [dineo.motloli@kzndoe.gov.za](mailto:dineo.motloli@kzndoe.gov.za) and attach all the required documents.

The official will contact you for verification.

- This Application Form is not for sale.
- It is the sole use for Applicant Parent only.
- There are no charges levied for registration.

1. Learner Details					
1.1 Full Names: (as on birth certificate)					
1.2 Surname:					
1.3 South African Citizen :		Yes	No		
1.4 South African Identification Number:					
1.5 Gender:		Male	Female	1.6 Date of Birth: yyyy-mm-dd	
1.7 Passport Number: (if applicable)				1.8 Country of Origin :	
1.9 Population Group :( tick the box with X)		White	Black	Indian	Coloured
1.10 Type of Disability: (if applicable : tick appropriate box)  <b>Please Attach Proof of Disability</b>		Epilepsy <input type="checkbox"/>	Partial Sighted/Low vision <input type="checkbox"/>		Physical Disability <input type="checkbox"/>
		Blindness <input type="checkbox"/>	Attention Deficit Disorder <input type="checkbox"/>		Autistic Spectrum Disorder <input type="checkbox"/>
		Deafness <input type="checkbox"/>	Severe Intellectual Disability <input type="checkbox"/>		Behavioural Disorder <input type="checkbox"/>
		Hard of Hearing <input type="checkbox"/>	Mild to Moderate Intellectual Disability <input type="checkbox"/>		Specific Learning Disability <input type="checkbox"/>
		Cerebral Palsy <input type="checkbox"/>	Severe to Profound Intellectual Disability <input type="checkbox"/>		Other <input type="checkbox"/>
1.11 Assessed by registered professional practitioner:( tick appropriate box with X)			Medical Practitioner		Psychologists    Therapist
2. Last School Attended					
2.1 Province of last school attended (if applicable)		2.2 Name of previous school attended (if applicable)			
2.3 Grade completed (if applicable)		2.4 Physical address of school (If applicable)			
2.5 Contact No. of last school attended: (If applicable)					

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### 3. Home Education Grade Registering

3.1 Grade for which application is being made			
3.2 Curriculum to be used			
3.3 Subjects Offered (List all subjects, separated by comma)			
3.4 Home Education site address			
3.5 Reasons for choosing home education ( Mark appropriate)	Distance to school	Children With Special needs	Nomadic lifestyles
	Dissatisfaction with public school	Religious Convictions	Financial consideration
	Lack of Admission to public ordinary Schools	If Other Specify:	

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4. Parent 1/ Legal Guardian Details									
4.1 Title:		4.2 First Names:							
4.3 Surname:									
4.4 South African Citizen	Yes	No							
4.5 South African Identification Number:									
4.6 Passport Number: (if applicable)									
4.7 Country of Origin(If not from South Africa)									
4.8 Population Group:									
4.9 Highest Qualification Obtained									
4.10 Employment Status:(Please tick appropriate box)			Employed	Unemployed	Self Employed				
4.11 Marital Status:(Please tick appropriate box)			Married	Single	Widowed				
4.12 If you are a member of a Home Education Association, please provide the name:									
4.13 Lives With Learner:	Yes	No							
4.14 Relationship With Learner: (e.g. father, mother, aunt)									
4.15 Telephone Number:			4.16 Cell Number:						
4.17 Email Address:									
4.18 Residential Address:	Street :		House No:			Farm :			
	Complex/ Building:		Area Code:			Town:			

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5. Parent 2/ Legal Guardian Details				
5.1 Title:		5.2 Full Names:		
5.3 Surname:				
5.4 South African Citizen	Yes	No		
5.5 South African Identification Number:				
5.6 Passport Number: (if applicable:				
5.7 Country of Origin(If not from South Africa)				
5.8 Population Group:				
5.9 Highest Qualification Obtained				
5.10 Employment Status(Please tick appropriate box)		Employed	Unemployed	Self Employed
5.11 Marital Status: (Please tick appropriate box)		Married	Single	Widowed
5.12 If you are a member of a Home Education Association, please provide the name:				
5.13 Lives With Learner:	Yes	No		
5.14 Relationship With Learner: (e.g. father, mother, aunt)				
5.15 Telephone Number:			5.16 Cell Number:	
5.17 Email Address:				
5.18 Residential Address:	Street :		House No:	Farm :
	Complex/ Building:		Area Code:	Town:

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6. Additional Person for Tutoring ( if applicable)			
6.1 Full Names: (As on ID)			
6.2 Surname:			
6.3 South African Citizen	Yes	No	
6.4 South African Identification Number:			
6.5 Passport Number: (if applicable)			
6.6 If not South African Please State Country of Origin			
6.7 Qualification Obtained:			
6.8 Cell Number:			
6.9 Telephone Number:			
6.10 Email Address:			
6.11 Residential Address:	Street:	House No:	Farm:
	Complex/ Building:	Area Code:	Town:

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## 7. Declaration By Parent Or Guardian

I (name of parent/ guardian) \_\_\_\_\_ hereby declare that I have read sections 3(1) and 51 of the South African Schools Act, 1996 together with the Policy on Home Education. I further declare that I understand and accept the responsibility to provide, monitor and assess the home education of my child and that I have supplied full and correct information.

.....  
Signature of the Parent/Guardian

.....  
Date :

## 8. Office Use Only

8.1 Received by :	8.2 Verification conducted by:	8.3 Application status: (tick the appropriate )	Approved	
			Not Approved	
			Pending	
8.4 Reason for not accepting		8.5 Certificate issued:( tick the appropriate)	Yes	
			No	

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