



XANADU PRIVATE SCHOOL ADMISSION FORM

PRINT CLEARLY IN BLOCK LETTERS, USING A BLACK PEN

- Copy of both parents ID documents
- Copy of learners birth certificate
- Copy of applicant's vaccination card
- Copy of applicant's latest yearend report
- Copy of applicant's latest term report
- Financial Clearance – to be completed by current school

Personal details of prospective learner:

First name: _____ Date of birth: _____
Surname: _____ Age: _____
ID Number: _____ Grade Applying for: _____
Male/Female: _____ Nationality: _____ Home Language: _____
Date of Admission: _____
Siblings at the school: Yes No
Name of Sibling/s if applicable:
1. _____ Grade of sibling: _____
2. _____ Grade of sibling: _____

Gr 1 -12	✓
Transport Collection	
Parent Collection	
Aftercare (Gr 1 - 7)	

Preschool Options	✓
Option 1: Full Day Grade RRRR - R	
Option 2: Half Day Grade RRRR - R	
Option 3: Half Day (No meals) - Grade R	

Medical Aid details of learner:

Medical Aid number: _____ Doctor's number: _____
Medical conditions: _____
Contact person in case of emergency: _____



XANADU PRIVATE SCHOOL

012 000 9250 | info@xanaduschool.co.za | www.xanaduschool.co.za

Personal Details of Parent/s or Guardian/s:

Father:

Name: _____

Surname: _____

ID Number: _____

Work Number: _____

Cell Number: _____

Email Address: _____

Home Address: _____

Postal Code: _____

Send correspondence to: Email SMS

Mother:

Name: _____

Surname: _____

ID Number: _____

Work Number: _____

Cell Number: _____

Email Address: _____

(If different from father)

Home Address: _____

Postal Code: _____

Send correspondence to: Email SMS

Employment Details:

Occupation: _____

Company Name: _____

Work Number: _____

Work Address: _____

Post Code: _____

Occupation: _____

Company Name: _____

Work Number: _____

Work Address: _____

Post Code: _____

Parent/s or Guardian/s Marital Status	✓
Married	<input type="checkbox"/>
Divorced:	<input type="checkbox"/>
Widowed:	<input type="checkbox"/>
Single:	<input type="checkbox"/>

With whom does the applicant live?	✓
Mother:	<input type="checkbox"/>
Father:	<input type="checkbox"/>
Both:	<input type="checkbox"/>
Guardians:	<input type="checkbox"/>



XANADU PRIVATE SCHOOL

012 000 9250 | info@xanaduschool.co.za | www.xanaduschool.co.za

Person Responsible for account:

Name: _____ Surname: _____

ID Number: _____ Nationality: _____

Bank: _____ Bank Account Number: _____

Debit order:

Debit Form:

Date: _____ Signature: _____

Banking details for application fees/registration fees/school fees:

Bank Name: ASBA Bank

Branch number: 632005

Account Name: Doxa Deo Educatioal Trust

Account Number: 40-9868-6745

- Please take careful note of payment and cancelation terms and conditions.
- Debit order dates in advance on or before the 1st of each month x 11
- Internet payments in advance on or before the 1st of each month x 11
- Please complete a debit order form and personally hand it in at Admissions Office

**POPI ACT Consent:

PLEASE COMPLETE AND SIGN CONSENT FORM OF THE POPI ACT

I, (name and surname) _____ ID no: _____

Parent/Guardian of (Child's name and surname): _____

Grade: _____, give consent that Xanadu Private School may take pictures of my child and use these pictures for all marketing purposes.

Date: _____ Signature: _____