



1925

Loreto Primary School

Creating Confidence, Generosity and Responsible Living



Catholic Institute of Education



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Tel: (021) 853 3377

www.loretops.co.za

loreto.prim@wcgschools.gov.za

APPLICATION PROCEDURE

GRADE R AND 1 APPLICATIONS 2027

Applications for Grade R and 1 2027 open on Tuesday, 10 March 2026 and close on Tuesday, 14 April 2026.

The process to apply is as follows:

1. Apply on the WCED website <https://wcedonline.westerncape.gov.za> and print the proof of application.
2. We encourage prospective parents to complete Loreto Primary School's **Information Form** which is available on the school's website: <https://loretops.co.za> or from the school's reception.
3. Please email (in PDF Format) the following documents to alicia.degoede@wcgschools.gov.za or alternatively hand-deliver to the school:
 - 3.1. WCED Application Proof
 - 3.2. Completed Information Form
 - 3.3. Supporting Documents
4. **Supporting documents required to be submitted to the school:**
 - 4.1. Identification (any of the following):
 - 4.1.1. Certified copy of unabridged Birth Certificate/ID of learner
 - 4.1.2. Foreign learners: a passport/a copy of parent's refugee or asylum seeker permit on which the learner's name should appear.
 - 4.1.3. If the learner of foreign parents was born in South Africa, a handwritten birth certificate (DHA 19 Form)
If the learner was not born in SA: A passport/a refugee or asylum seeker permit issued in the learner's name.
 - 4.2. Copy of Immunisation Card/Road to Health chart
 - 4.3. Latest official school/academic report of learner
 - 4.4. Proof of residence e.g. rates account/lease agreement/an affidavit made at a police station confirming residence.
 - 4.5. Certified copies of parent's IDs.
 - 4.6. Baptismal Certificate if the learner is of the Catholic Faith.If supporting documents are UNAVAILABLE/MISSING: **an affidavit** from the South African Police Service **must be included with the application.**

5. Please note that only complete applications will be considered.

Parents will be informed of the outcome of their application by the WCED via email/SMS between 28 May and 10 June 2026.

Parents must confirm acceptance on the WCED website between 28 May and 15 June 2026, after which the school will send further correspondence to parents.

Attach
I.D photo
here



CHECKLIST:

- Birth Certificate
- Immunisation Card
- Latest Academic Report
- Proof of residence
- Parent's IDs
- Baptismal Certificate (only for those children who are baptised as Catholic)
- WCED Application proof

**LORETO PRIMARY SCHOOL INFORMATION FORM
APPLICATIONS 2027**

LEARNER INFORMATION						CEMIS NUMBER:					
SURNAME						GRADE FOR ADMISSION					
FULL NAMES						GENDER			MALE		FEMALE
ID / Passport No											
DATE OF BIRTH						HOME LANGUAGE					
SOUTH AFRICAN CITIZEN			YES		NO	IF NO, SPECIFY NATIONALITY					
NUMBER OF CHILDREN IN FAMILY						RELIGIOUS DENOMINATION					
Indicate whether child is 1 st , 2 nd , 3 rd born, etc.											
FOREIGNER DETAILS (ONLY COMPLETE IF YOU ARE NOT SOUTH AFRICAN)											
DATE OF ARRIVAL IN SOUTH AFRICA						ORIGIN COUNTRY					
PERMIT TYPE						PERMIT NUMBER					
PERMIT REFERENCE NO						PERMIT EXPIRY DATE					

PREVIOUS SCHOOL DETAILS	
NAME OF PREVIOUS SCHOOL	
EMAIL ADDRESS OF PREVIOUS SCHOOL	
TELEPHONE NUMBER OF PREVIOUS SCHOOL	

WITH WHOM IS THE LEARNER LIVING?	BOTH PARENTS	FATHER	MOTHER	GUARDIAN	OTHER
IF OTHER, PLEASE SPECIFY					
IF FOSTER CARE, PLEASE SPECIFY, AND ATTACH SUPPORTING DOCUMENTS					
FAMILY STATUS	BOTH PARENTS	RE-MARRIED/COMBINED FAMILY	SINGLE PARENT: DIVORCED	SINGLE PARENT: NEVER MARRIED	
PRIMARY CONTACT EMAIL					
PRIMARY CONTACT CELLPHONE NUMBER					

DETAILS OF BIOLOGICAL FATHER / GUARDIAN												
SURNAME											TITLE	
FULL NAMES												
ID / PASSPORT NO												
MARITAL STATUS	MARRIED		REMARRIED		DIVORCED		SEPARATED		SINGLE		OTHER	
HOME NUMBER					WORK NUMBER							
CELLPHONE NUMBER												
EMAIL ADDRESS												
RESIDENTIAL ADDRESS												
EMPLOYER												
OCCUPATION												
WORK ADDRESS												

DETAILS OF BIOLOGICAL MOTHER / GUARDIAN												
SURNAME											TITLE	
FULL NAMES												
ID / PASSPORT NO												
MARITAL STATUS	MARRIED		REMARRIED		DIVORCED		SEPARATED		SINGLE		OTHER	
HOME NUMBER					WORK NUMBER							
CELLPHONE NUMBER												
EMAIL ADDRESS												
RESIDENTIAL ADDRESS												
EMPLOYER												
OCCUPATION												
WORK ADDRESS												

SIBLINGS CURRENTLY AT LORETO PRIMARY SCHOOL		
NAME AND SURNAME	RELATION TO LEARNER	GRADE
LORETO PRIMARY PAST PUPILS		
NAME AND SURNAME		YEAR

GENERAL CONSENT FORM

It is widely recognized that attendance at school or any school activity, including participation in excursions, games, sporting or other activity at or through the school, and including the use of transport arranged by the school, may entail risks for a learner. Such risks are part and parcel of life and education.

Acknowledging the foregoing I, _____ (full names of a parent/guardian), parent and/or legal guardian of the under-mentioned, over whom I have custody and control, hereby consent to my son/daughter/ward, (full names) _____ participating in the various activities (including sports activities, games, camps and educational and recreational activities and outings) arranged, organised or offered by the School, and, where relevant, to his/her being transported to and from the said activities by means of transport made available by the school for that purpose.

I further agree that such participation or use shall be at the risk of the learner and his/her parent/guardian. **Insofar as every reasonable and practicable precaution is taken for the safety and welfare of my son/daughter/ward** and for the care of his/her possessions, I hold blameless all other persons, **Loreto Primary School** and all organisations associated with the activity, should any prejudice, loss, damage, illness or injury occur to my son/daughter/ward during the above activity, consequent upon my having given permission for his/her participation in the activity.

This includes a waiver against my claiming for recovery of costs resulting from theft, damage, loss and/or medical conditions or hospitalisation, **unless such loss is caused by the negligence, wilfulness or deliberate act of the School or one or more of its employees.**

I furthermore appoint the school staff accompanying the tour or group, or supervising the activity, to act *in loco parentis* in respect of my son/daughter/ward should the need therefore arise, and where it is deemed by them to be necessary to do so, to take such steps as the school deems reasonable in the event of the applicant becoming ill, being injured, or for any reason requiring medical attention.

RELEVANT INFORMATION CONCERNING YOUR SON'S/DAUGHTER'S/WARD'S CONDITIONS/CIRCUMSTANCES

Does your son/daughter/ward have any medical condition or allergy of which the teachers accompanying the group need to be aware? YES NO

If so, please provide details: _____

Should medication/hospitalisation be necessary please indicate (if applicable):

a) Name of your Medical Aid Society: _____ Medical Aid No: _____

b) Name of principal member of Medical Aid (usually father or mother) _____

c) Contact details of Medical Practitioner to be contacted for medical history if necessary: _____

d) Emergency contact telephone number/s: _____

Telephone: (work) _____ (home) _____ (cell) _____

Signature of Parent/Guardian Date

Date

Full name of witness Signature

Signature

THIS INFORMATION IS REQUIRED IN THE CASE OF MEDICAL TREATMENT OR HOSPITALISATION

EMERGENCY CONTACT DETAILS					
FATHER'S NAME AND SURNAME					
FATHER'S CELL NUMBER					
MOTHER'S NAME AND SURNAME					
MOTHER'S CELL NUMBER					
NAME OF FAMILY / FRIEND (NOT LIVING WITH THE LEARNER)					
FAMILY / FRIEND'S CELL NUMBER					
RELATIONSHIP OF THE ABOVEMENTIONED TO THE LEARNER					
HOUSE DOCTOR'S NAME					
HOUSE DOCTOR'S TELEPHONE NUMBER					
MEDICAL AID NAME					
MEDICAL AID NUMBER					
MEDICAL AID MAIN MEMBER'S NAME					
MEDICAL HISTORY OF LEARNER					
ALLERGIES / CHRONIC CONDITION					
PRESCRIBED MEDICATION					
OTHER IMPORTANT MEDICAL INFORMATION					
PREVIOUS ILLNESSES	MEASLES	CHICKEN POX	WHOOPING COUGH	MUMPS	OTHER