



**CAMPS BAY  
PRIMARY SCHOOL**

# EXPRESSION OF INTEREST FORM

## GRADE R - 7

Email: [admissions@campsbayprimary.co.za](mailto:admissions@campsbayprimary.co.za)

LEARNER INFORMATION				
Learner's surname				
Learner's name				
Learner's present school			Date of Birth	
Date of admission required		Grade required		Gender
Siblings currently at CBPS				

PARENT/GUARDIAN 1				
Email address				
Name		Cell		
Surname		Past Pupil	Y	N
Residential address			Nationality	
			Occupation	
			Area / Place of work	

PARENT/GUARDIAN 2				
Email address				
Name		Cell		
Surname		Past Pupil	Y	N
Residential address			Nationality	
			Occupation	
			Area / Place of work	

## OTHER INFORMATION

Has your child received any therapy in the past, or are they currently receiving therapy? (Occupational, Speech, Psychological, Play, Other).	Yes	No
Does your child present with any known learning challenges which may or will require extra support?	Yes	No
Please provide more information if you answered YES to either of the above questions.		
I understand it is in my child's best interest to share any information pertaining to academic or social challenges with the school before enrolment in order to ensure that the correct support is available at Camps Bay Primary should this be needed.	Yes	No

- I understand and acknowledge that Camps Bay Primary is a fee paying school.
- I agree the above information given is true and correct to the best of my knowledge.

Signed: Parent/Guardian 1 \_\_\_\_\_

Signed: Parent/Guardian 2 \_\_\_\_\_

Date submitted: \_\_\_\_\_

### PLEASE NOTE:

- The completion of this Expression of Interest form does not in any way imply or guarantee a place for the pupil.
- All applications must be made through the Western Cape Education Department.
- At certain times during the enrollment process we may request information from your child's current school.
- Please provide the school with a copy of your child's most recent school report.