



**LATE 2025**  
**WCED TRANSFER REQUEST FORM**  
**BETWEEN TWO ORDINARY PUBLIC SCHOOLS**  
**(GRs.2-7 & Gr.9-12)**

**WESTERN CAPE EDUCATION DEPARTMENT (WCED) TRANSFERS 2025**

The information on this form will be captured on the WCED online admissions system to assist the parent.

**Primary Parent / Legal Guardian Information**

|   |     |                    |  |                |        |         |    |     |     |     |
|---|-----|--------------------|--|----------------|--------|---------|----|-----|-----|-----|
| <b>Parent / Legal Guardian type (Please tick)</b> |     | Biological         | Adoptive                                   | Legal Guardian | Step   | Other   |    |     |     |     |
| <b>Title: (Please tick)</b>                       |     | Mr.                | Miss                                       | Mrs.           | Ms     | Prof.   | Dr | Rev | Hon | Adv |
| <b>First Name</b>                                 |     | <b>Second Name</b> |  | <b>Surname</b> |        |         |    |     |     |     |
| <b>Date of birth</b>                              |     |                    | <b>Gender</b>                              | Male           | Female |         |    |     |     |     |
| <b>SA Citizen</b>                                 | YES | NO                 | <b>ID number /Passport Number / Permit</b> |                |        |         |    |     |     |     |
| <b>Marital status: (Please tick)</b>              |     | Divorced           | Married                                    | Separated      | Single | Widowed |    |     |     |     |

**IMPORTANT!!! Please Complete**

**Contact Information**

|                                     |                                  |
|-------------------------------------|----------------------------------|
| <b>Cell phone No.</b>               | <b>Emergency Contact No.</b>     |
| <b>Tel. No. (work)</b>              | <b>Alternative Contact No.</b>   |
| <b>Alternative Name and Surname</b> | <b>Alternative: Relationship</b> |
| <b>Email address</b>                |                                  |

**Physical Address**

|  |                              |      |      |      |       |
|--|------------------------------|------|------|------|-------|
| <b>Western Cape Address</b>                        | YES                          | NO   |      |      |       |
| <b>Address type: (Please tick)</b>                 | Street / Road                | Flat | Farm | Plot | Other |
| <b>Address No / House / Street Number</b>          | <b>Address / Street Name</b> |      |      |      |       |
| <b>Building / Complex / Block / Apartment name</b> |                              |      |      |      |       |
| <b>Country</b>                                     | <b>Province</b>              |      |      |      |       |
| <b>Town</b>  | <b>Suburb</b>                |      |      |      |       |

**Work Address (Optional)**

|   |                              |                  |              |      |       |
|---|------------------------------|------------------|--------------|------|-------|
| <b>Western Cape Address</b>                             | YES                          | NO               |              |      |       |
| <b>Address type: (Please tick)</b>                      | Street / Road                | Flat             | Farm         | Plot | Other |
| <b>Address No / House / Street Number</b>               | <b>Address / Street Name</b> |                  |              |      |       |
| <b>Building / Complex / Block / Apartment name</b>      |                              |                  |              |      |       |
| <b>Country</b>  | <b>Province</b>              |                  |              |      |       |
| <b>Town</b>   | <b>Suburb</b>                |                  |              |      |       |
| <b>Which address must be used for your application?</b> |                              | Physical Address | Work Address |      |       |

**OPTIONAL (Secondary Parent / Legal Guardian Information)**

|   |  |                    |          |                |      |       |    |     |     |     |
|---|--|--------------------|----------|----------------|------|-------|----|-----|-----|-----|
| <b>Parent / Legal Guardian type (Please tick)</b> |  | Biological         | Adoptive | Legal Guardian | Step | Other |    |     |     |     |
| <b>Title: (Please tick)</b>                       |  | Mr.                | Miss     | Mrs.           | Ms.  | Prof. | Dr | Rev | Hon | Adv |
| <b>First Name</b>                                 |  | <b>Second Name</b> |          | <b>Surname</b> |      |       |    |     |     |     |

|   |     |        |  |          |                                     |           |                           |            |        |  |      |    |  |
|---|-----|--------|--|----------|-------------------------------------|-----------|---------------------------|------------|--------|--|------|----|--|
| Date of birth                               |     |        |  |          | Gender                              | Male      |                           |            | Female |  |      |    |  |
| SA Citizen                                  | YES |        |  | NO       | ID number /Passport Number / Permit |           |                           |            |        |  |      |    |  |
| Gender                                      |     | Male   |  |          | Female                              |           |                           | SA Citizen | YES    |  |      | NO |  |
| Marital status: (Please tick)               |     |        |  | Divorced | Married                             | Separated | Single                    | Widowed    |        |  |      |    |  |
| <b>IMPORTANT!!! Please Complete</b>         |     |        |  |          |                                     |           |                           |            |        |  |      |    |  |
| <b>Contact Information</b>                  |     |        |  |          |                                     |           |                           |            |        |  |      |    |  |
| Cell phone no.                              |     |        |  |          |                                     |           | Emergency Contact no.     |            |        |  |      |    |  |
| Tel. no. (work)                             |     |        |  |          |                                     |           | Alternative Contact No.   |            |        |  |      |    |  |
| Alternative Name and Surname                |     |        |  |          |                                     |           | Alternative: Relationship |            |        |  |      |    |  |
| Email address                               |     |        |  |          |                                     |           |                           |            |        |  |      |    |  |
| Address Outside Western Cape                |     | YES    |  |          | NO                                  |           |                           |            |        |  |      |    |  |
| Address type: (Please tick)                 |     | Street |  |          | Flat                                |           |                           | Farm       |        |  | Plot |    |  |
| House / Street Number                       |     |        |  |          | Street name                         |           |                           |            |        |  |      |    |  |
| Building / Complex / Block / Apartment name |     |        |  |          |                                     |           |                           |            |        |  |      |    |  |
| Town  |     |        |  |          |                                     |           | Suburb                    |            |        |  |      |    |  |

|  |     |   |  |     |             |          |   |                                      |               |  |      |       |  |
|--|-----|---|--|-----|-------------|----------|---|--------------------------------------|---------------|--|------|-------|--|
| <b>Learner Information</b>                       |     |   |  |     |             |          |   |                                      |               |  |      |       |  |
| Required Grade (The Grade you are applying for)  |     |   |  |     |             |          |   | Date of Application (YYYY / MM / DD) |               |  |      |       |  |
| First-time registration in Western Cape          |     |   |  | Yes |             |          |   | No                                   |               |  |      |       |  |
| First Name                                       |     |   |  |     | Second Name |          |   |                                      | Surname       |  |      |       |  |
| Learner's ID Number:                             |     |   |  |     |             |          | Date of Birth                               |                                      |               |  |      |       |  |
| Learner's CEMIS Number:                          |     |   |  |     |             |          |   |                                      |               |  |      |       |  |
| Gender   |     | Male  |  |     | Female      |          |   |                                      |               |  |      |       |  |
| Population group                                 |     | Black/African   |  |     |             | Coloured |   |                                      | Indian/ Asian |  |      | White |  |
| SA Citizen                                       | YES |   |  | NO  |             |          | Undocumented SA / Foreign learner           |                                      | YES           |  |      | NO    |  |
| Is the address the same as the primary parent's? |     |   |  |     | YES         |          |   | NO                                   |               |  |      |       |  |
| Home address (where learner currently resides)   |     |   |  |     |             |          |   |                                      |               |  |      |       |  |
| Address type                                     |     | Street  |  |     | Flat        |          |   | Farm                                 |               |  | Plot |       |  |
| Address no.                                      |     | Street name   |  |     |             |          | Building / Complex / Apartment name         |                                      |               |  |      |       |  |
| Town   |     |   |  |     | Suburb      |          |   |                                      |               |  |      |       |  |
| Reason for Application                           |     | Learner Not promoted  |  |     |             |          | Better prospects                            |                                      |               |  |      |       |  |
|  |     | Highest Grade Reached                                       |  |     |             |          | New registration                            |                                      |               |  |      |       |  |
|  |     | Serious Trauma or issue at Previous School (Proof required) |  |     |             |          | Transfer from SNE to Public Ordinary school |                                      |               |  |      |       |  |

|  |  |  |  |     |  |  |      |  |  |  |
|--|--|--|--|-----|--|--|------|--|--|--|
| Name of the last school attended                                   |  |  |  |     |  |  | Year |  |  |  |
| Are you relocating to the Western Cape (WC) from another province? |  |  |  | YES |  |  | NO   |  |  |  |
| If yes, write down the name of the province.                       |  |  |  |     |  |  |      |  |  |  |

|  |     |     |       |         |        |  |
|--|-----|-----|-------|---------|--------|--|
| Are you relocating to the WC from another country? | YES |     | NO    |         |        |  |
| If yes, write down the name of the country.        |     |     |       |         |        |  |
| Language of Learning and Teaching (LOLT)           | AFR | ENG | XHOSA | SESOTHO | TSWANA |  |

|  |     |  |    |  |
|--|-----|--|----|--|
| Do you wish to apply for Hostel accommodation? (Applicable to mainly rural areas)  | YES |  | NO |  |
| Do you wish to apply for learner transport? (Applicable to mainly rural areas at schools using the WCED learner transport schemes) | YES |  | NO |  |
| a) Participation in sport  | YES |  | NO |  |
| If yes, please indicate which sport.   |     |  |    |  |
| b) Participation in cultural programme / s   | YES |  | NO |  |
| If yes, please indicate which cultural programme / s.  |     |  |    |  |
| c) Has the learner held any leadership position/s at school?   | YES |  | NO |  |
| If yes, please provide details.  |     |  |    |  |
| Name any sports award/s achieved.  |     |  |    |  |
| d) Does the learner play an instrument/s?  | YES |  | NO |  |
| If yes, please indicate which instrument/s.  |     |  |    |  |
| e) Level of music participation (Write down the level of participation or achievement.)  |     |  |    |  |

**Select Schools**

*Please indicate the schools you want to APPLY TO:*

**KINDLY RANK SCHOOLS BELOW IN THE ORDER OF YOUR PREFERENCE**

|      |   |     |  |     |  |              |  |
|------|---|-----|--|-----|--|--------------|--|
| No.1 | NAME OF SCHOOL  |     | Are you applying for more than 1 learner at the same school? | YES |  | NO           |  |
|      | Please indicate if the learner has a sibling attending this school. | YES |  | NO  |  | CEMIS NUMBER |  |
| No.2 | NAME OF SCHOOL  |     | Are you applying for more than 1 learner at the same school? | YES |  | NO           |  |
|      | Please indicate if the learner has a sibling attending this school. | YES |  | NO  |  | CEMIS NUMBER |  |
| No.3 | NAME OF SCHOOL  |     | Are you applying for more than 1 learner at the same school? | YES |  | NO           |  |
|      | Please indicate if the learner has a sibling attending this school. | YES |  | NO  |  | CEMIS NUMBER |  |
| No.4 | NAME OF SCHOOL  |     | Are you applying for more than 1 learner at the same school? | YES |  | NO           |  |
|      | Please indicate if the learner has a sibling attending this school. | YES |  | NO  |  | CEMIS NUMBER |  |
| No.5 | NAME OF SCHOOL  |     | Are you applying for more than 1 learner at the same school? | YES |  | NO           |  |
|      | Please indicate if the learner has a sibling attending this school. | YES |  | NO  |  | CEMIS NUMBER |  |
| No.6 | NAME OF SCHOOL  |     | Are you applying for more than 1 learner at the same school? | YES |  | NO           |  |
|      | Please indicate if the learner has a sibling attending this school. | YES |  | NO  |  | CEMIS NUMBER |  |
| No.7 | NAME OF SCHOOL  |     | Are you applying for more than 1 learner at the same school? | YES |  | NO           |  |

|   |                |     |  |    |  |              |    |
|---|----------------|-----|--|----|--|--------------|----|
| Please indicate if the learner has a sibling attending this school. |                | YES |  | NO |  | CEMIS NUMBER |    |
| No.8  | NAME OF SCHOOL |     |  |    | Are you applying for more than 1 learner at the same school? | YES          | NO |
| Please indicate if the learner has a sibling attending this school. |                | YES |  | NO |  | CEMIS NUMBER |    |
| No.9  | NAME OF SCHOOL |     |  |    | Are you applying for more than 1 learner at the same school? | YES          | NO |
| Please indicate if the learner has a sibling attending this school. |                | YES |  | NO |  | CEMIS NUMBER |    |
| No.10   | NAME OF SCHOOL |     |  |    | Are you applying for more than 1 learner at the same school? | YES          | NO |
| Please indicate if the learner has a sibling attending this school. |                | YES |  | NO |  | CEMIS NUMBER |    |

**Declaration by legal parent/guardian**

I, the undersigned, declare that the above information is correct.

Signed by legal parent/guardian: \_\_\_\_\_

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

**REQUIRED DOCUMENTS SUBMITTED TO THE SCHOOL / WCED**

| Please check that the following documentation is attached  | Please tick |    |
|--|-------------|----|
| 1. Certified copy of ID / Birth certificate (learner)  | YES         | NO |
| 2. A study permit issued by the Department of Home Affairs or proof of application (If the learner is a foreign learner) | YES         | NO |
| 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)               | YES         | NO |

Checked by (Name and surname): \_\_\_\_\_

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

Checked and signed by: \_\_\_\_\_