



**SALESIAN INSTITUTE
LEARN TO LIVE SCHOOL OF SKILLS**

2 Somerset Road | Green Point
Cape Town | South Africa
8001

P.O. Box 870 | Cape Town
South Africa
8000

Tel+27 (0) 21 421 6764
admissionsL2L@salesianyouth.org.za

APPLICATION FOR ADMISSION – Letter to Parents

17 April 2023

Dear Prospective Parents/Guardians

Thank you for taking an interest in our School.

Please note the following important information before proceeding with the application:

- The Learn to Live School of Skills follows the Technical Occupational Stream alongside an academic curriculum using the National Curriculum and Assessment Policy Statement (CAPS).
- At present there is no final qualification from the Learn to Live School of Skills.
- The language of instruction is English with Afrikaans as the First Additional Language.
- All applications to Learn to Live *must be accompanied by a referral*. This referral is preferably done by a registered school psychologist, but in the absence thereof, the current School Principal must motivate with evidence, why the applicant would be best suited to the Learn to Live School of Skills.

***Applications open at the beginning of Term 2 and close at the end of Term 2 each year
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED***

Application timeline for all new Year 1 applicants:

1. Completion of application by the parent/guardian before the end of Term 2.
2. Shifting of applications completed by the end of Term 2.
3. Short-listed applicants invited for competency tests and interview starting in term 2 and ending on the last day of Term 3.
4. Successful applicants informed telephonically by 15 October.
3. Registration for new learners takes place in November each year.

Completed application forms may be hand-delivered or emailed to: admissionsL2L@salesianyouth.org.za

To follow-up on the progress of your application please call the school secretary, on 021 4216764.

Yours Sincerely

**Tony Austen
School Principal**

Please detach this letter for your records.



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This application form must be read and completed in conjunction with the attached letter from the Principal to prospective parents.

Completed application forms may be hand-delivered or emailed to admissionsL2L@salesianyouth.org.za

<i>for office use only</i>	
Date received:	
<i>application number:</i>	

Date of submission:	y	y	y	y	m	m	d	d
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Is the learner currently attending school? state 'yes' or 'no':	If the learner is NOT attending school currently, indicate the highest grade passed and the year.	Grade:	Year:
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Details of person who should be contacted in connection with this application:	Name & Surname:
	Telephone:
	Relationship to learner:

State the year for which this application is being made:	2	0		
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A: Learner Details:

Surname as on the birth certificate:	Date of Birth							
	y	y	y	y	m	m	d	d
Full First Names as on the birth certificate:								Gender:
Nationality:	Area traveling from:							
Religious affiliation:	Home Language:							
Learner cell number:	Learner email:							
CEMIS number:								
Name and Province of current school:							Current Grade:	
State, if any, grades (and the year/s) that the learner has repeated:								
Address where the learner currently resides:								

State the title, name and surname of the learner's LEGAL primary care giver:	
What is the relationship of the learner to this LEGAL primary care giver (e.g. father/grand-mother)?	
Does the learner currently reside with this LEGAL primary care giver?	
Is the learner presently residing in a place of safety? If yes, give the name of the institution where the learner is currently placed.	
Is the learner a beneficiary of the child-care grant?	
Is the learner a beneficiary of a medical aid?	Medical Aid Name and Number:
Has the learner previously been expelled from school?	
Has the learner previously required any assistance during exams and assessments? Please state the nature of this assistance:	
Has the learner previously been diagnosed with attention hyperactive disorder (ADD?ADHD)?	
Has the learner been diagnosed with dyslexia?	
List the names of any prescribed medication that the learner is currently using.	
Is the learner currently receiving any therapy, or has the learner received any therapy in the last three years? If so, state the nature of the therapy.	
Does the learner have any physical impairments? If so, please provide details of the impairment.	

Is the learner currently involved in any sport or cultural activities at school or in the community? If so, please provide any details of his/her involvement in these activities. Also mention any awards or recognition that he/she may have received.

As the parent or guardian please provide a concise reason and motivation why you think your child/ward should be considered for placement at Learn to Live School of Skills.

B. 1st Parent/Guardian Details	
Title:	Relationship to learner:
Surname:	
Full First Names:	
Marital status:	
Does the learner(applicant) reside with you?	
ID Number:	
Nationality:	
Cell Phone Number:	
Other contactable telephone numbers:	
Email Address:	
Physical Address:	
Occupation:	
Nature of employment, e.g. fulltime/part-time:	
Name of Employer:	
Address of Company / Employer	
Are you a recipient of a SASSA grant? Yes/No:	
If yes, please state the TYPE of grant:	

C. 2nd Parent/Guardian Details	
Title:	Relationship to learner:
Surname:	
Full First Names:	
Marital status:	
Does the learner(applicant) reside with you?	
ID Number:	
Nationality:	
Cell Phone Number:	
Other contactable telephone numbers:	
Email Address:	
Physical Address:	
Occupation:	
Nature of employment, e.g. fulltime/part-time:	
Name of Employer:	
Address of Company / Employer	
Are you a recipient of a SASSA grant? Yes/No:	
If yes, please state the TYPE of grant:	

D. Permission to request information

At Learn to Live School of Skills we take the safety and well-being of our learners very seriously. As part of our admission process, we will be reaching out to your child’s/ward’s previous school to gather additional information that will help us create the best possible learning environment for the learner. This may include asking about their academic record, behaviour, and any special needs they may have had. As the parent or legal guardian, we require your consent in obtaining this information.

Signature of parent/legal guardian:

Date:

E. Permission for the use of photographic images

We understand that privacy is a priority for our families, which is why we ask for your consent before using photographic images of your child for advertising and promotional purposes. These may include images used in brochures, on our website, social media pages and other promotional materials. We take great care to ensure that any images we use are appropriate and in line with our school’s values and policies. Your consent allows us to showcase the wonderful things our learners are involved in, while also respecting your child’s privacy and keeping them safe from unwanted attention.

Please tick the relevant box below:

As parent/legal guardian, I give my permission for the use of photographic images

As parent/legal guardian I do not give permission for use of photographic images

Signature of parent/legal guardian:

Date:

F. Submission of supporting documents

When submitting your child’s application, please include certified copies where requested. Please note that we cannot accept original documents and will only accept certified copies. These copies will not be returned to you, so please ensure that you retain the originals for your records. The following documents must be submitted with the application:

	Learner’s most recent AND previous end of year school reports.
	Certified copy of the unabridged birth certificate of the learner.
	Certified copy of the learner’s clinic card.
	Letter and documents from the current school principal supporting the referral.
	Certified copy of study permit for non-South African residents.
	Certified proof of parents’ resident status for non-South African applicants.

	Certified copies of identity documents of both parents/legal guardian.
	Proof of income of both parents/legal guardian.
	Proof of address of both parents/legal guardian.
	Proof of address where the learner resides.
	Certified proof of legal guardianship where applicable.

G. Conclusion and understanding

By signing this application, I confirm that all the information supplied is true and correct. I understand that any false or misleading information may result in my child’s/ward’s application being rejected or their enrolment being terminated.

Name of parent/legal guardian:.....

Signature of parent/legal guardian:.....

Date:.....