Little Hearts Community School

Address: 18 Carbis Road, Scottsville
Pietermaritzburg, 3201
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Email: admissions@littlehearts.org.za
Website: www.littlehearts.org.za
Registration number: NPO222-936

LITTLE HEARTS COMMUNITY SCHOOL 2026 APPLICATION FORM 1 MONTH TO GRADE 3

Application for admission to Little Hearts Community School. Submission of this form does not guarantee admission.

SECTION 1. LEARNER INFORMATION

Full Name of Learner

First Name(s): _____ Last Name: _____

Date of Birth:___ / ___ / _____ Current Age: _____ years

Gender

☐ Male ☐ Female

Class or Grade Applying For

☐ Baby Care (1 month to 1 year) ☐ Toddler Class (1 to 2 years) ☐ Preschool (3 to 5 years)

☐ Grade R ☐ Grade 1 ☐ Grade 2 ☐ Grade 3

Current School (if applicable): _____

Current Grade (if applicable): _____

Home Language: _____ Other Languages Spoken: _____

Learner Lives With

☐ Mother ☐ Father ☐ Both Parents ☐ Grandparents ☐ Guardian

Home Address: _____

_____

SECTION 2. PARENTS OR GUARDIANS DETAILS

Mother or Guardian Full Name

First Name(s): _____ Last Name: _____

ID Number: _____

Occupation: _____

Employer: _____

Residential Address: _____

Postal Address: _____

Contact Number (Work): _____

Contact Number (Cell): _____

Email Address: _____

Father or Guardian Full Name

First Name(s): _____ Last Name: _____

ID Number: _____

Occupation: _____

Employer: _____

Residential Address: _____

Postal Address: _____

Contact Number (Work): _____

Contact Number (Cell): _____

Email Address: _____

SECTION 3. SIBLINGS AT LITTLE HEARTS (IF ANY)

Name(s) of Sibling(s): _____

Grade(s) of Sibling(s): _____

SECTION 4. PERSON RESPONSIBLE FOR SCHOOL FEES

Full Name and Surname
First Name(s): _____ Last Name: _____

ID Number: _____

Contact Number: _____

Relationship to Learner: _____

SECTION 5. MEDICAL INFORMATION

Medical Aid Name (if any): _____

Medical Aid Number: _____

Does the learner have any medical conditions or allergies: ☐ Yes ☐ No

If yes, please specify: _____

Doctor Name and Contact Details (if applicable): _____

SECTION 6. REQUIRED SUPPORTING DOCUMENTS

Please note. These documents may be requested after submission.

☐ Learner's Birth Certificate ☐ Immunisation Card (for children under school age) ☐ Proof of address
☐ Most Recent School Report (if applicable) ☐ Medical Aid Card (if applicable)
☐ Certified copies of Parent or Guardian ID documents ☐ Two recent ID photos of the learner

SECTION 7. DECLARATION

I declare that the information provided in this application form is true and complete.
I understand that submission of this form does not guarantee admission.
I agree to comply with the school's policies, rules, and regulations if my child is accepted.

Do you agree to the above declaration

☐ Yes

Parent or Guardian Full Name: _____

Signature: _____ Date: ____ / ____ / 2026