



PANORAMA PRIMARY SCHOOL

GRADE R ADMISSIONS: 2027



DATES	ACTION
10 March 2026	School admissions open.
14 April 2026	School admissions close.
15 April – 19 May 2026	Schools process applications.
28 May – 10 June 2026	Parents are informed of the outcome per email/SMS.
28 May – 15 June 2026	Parents confirm acceptance.

WHERE TO APPLY FIRST?

WCED ONLINE SYSTEM: (www.wcedonline.westerncape.gov.za)

- Apply to at least 3 schools.
- Indicate your order of preference on the system.
- Parents to upload copies of supporting documents required onto the system when they apply online.



WHAT CAN YOU DO AFTER YOU HAVE APPLIED ON THE WCED- ONLINE PLATFORM?

1. Go to the website of Panorama Primary School: www.panoramaps.co.za
2. Download the Application for Admission form.
3. Complete it comprehensively with the recommended documents attached.
4. Email the complete application to the school: dorita.moreira@panoramaps.co.za
5. You may put the application in a clearly marked envelope with your child's name and the grade for which you have applied, and put in the container by security.



IMPORTANT DOCUMENTATION

1.	Recent I.D. size photograph of the child
2.	Unabridged birth certificate/study visa/refugee status/passport
3.	Clinic Card with relevant immunisations
4.	Identity Documents of both parents/guardians
5.	In the case of Legal Guardianship/Adoption – copies of legal documents produced by the Courts are required
6.	Proof of residence – Municipal Account/Lease agreement
7.	Latest recent school report
8.	Proof of online application with WCED

All documents must be certified



No school may ask any upfront payments, deposits, book fees, admin fees, registration fees, etc. for 2027!!

Please read the Admission Policy, Code of Conduct, Financial Policy, SGB Constitution and Prospectus on our website www.panoramaps.co.za



I CANNOT WAIT TO MEET OUR NEW PANORAMA FALCONS AT OUR SCHOOL!!

LAERSKOOL PANORAMA PRIMARY SCHOOL APPLICATION FORM

Malmesbury Road, Welgelegen, 7500
Tel: +27(0)21-5587337; Fax: +27 (0)21-5591592
e-mail: admin@panoramaps.co.za
www.panoramaps.co.za



Please PRINT IN CAPITALS and complete ALL sections, even if there is repetition. Use black ink only.

Surname of Learner:								
Name of Learner:								
Date of birth:	2	0	y	y	m	m	d	d
Gender:	MALE				FEMALE			
Grade Applying for:	GRADE: ____		AFRIKAANS		ENGLISH			
Year Applying for:	2027							

Please
Attach
Photo
Here

Application Information and Requirements: ALL SUPPORTIVE DOCUMENTATION HAS TO BE CERTIFIED.

- The application must be accompanied by :** Copies of *Identity documents of both parents* , *Proof of residence* (original rates/utility bill or certified lease agreement), Copy of learner's *unabridged birth certificate* (full birth certificate), , Copy of the *clinic card* or immunisation card, Copy of learner's latest *school report* (if applicable), one *passport size photograph* of learner attached in the space provided, Foreign nationals are to ensure that this is available and that the study documents from the Department of Home Affairs are in order.
- By signing this application, you are binding yourself to all current rules, regulations and policies of Panorama Primary School and the amendment thereof from time to time. Supplying false information will invalidate this application.
- In the case of a divorce, irrespective of the divorce agreement, both parents will be held responsible for the fees and must, therefore, both sign the application form.
- If you have any objections to participation in sport, or other activities, a request stipulating the objections and reasons must be made **in writing** and attached to this application for consideration.
Addresses and other information can be verified. If the application forms have been completed dishonestly, it will be rejected.

FOR OFFICE USE ONLY:

DATE RECEIVED:		ACCEPTED:	YES	NO
TIME RECEIVED:		BY:		

DETAILS OF LEARNER:					
SURNAME:				Initials:	
First names:					
Called name, if different to first name above:					
ADDRESS AND CONTACT DETAILS OF LEARNER:					
Physical address:					
		Postal code:			
OTHER PERSONAL DETAILS OF LEARNER:					
Identity number:				Birth date:	
Home language:				Nationality:	
Date of arrival in SA:		SA Citizenship:		Yes	No
Name of current school:					
Siblings in this school		Name:		Grade:	
		Name:		Grade:	
Siblings in other schools					
Name:		School:		Grade:	
Name:		School:		Grade:	
Siblings not yet in school					
Name:		School:		Age:	
Name:		School:		Age:	
MEDICAL DETAILS OF LEARNER					
Doctor's Name:					
Practice Phone no:					
Cell no:					
EMERGENCY CONTACT (other than parents):					
Name:				Landline Tel. no:	
Relationship to learner:				Cell no:	
MEDICAL HISTORY OF LEARNER					
Allergies:					
Routine Medication:					
Recent Injuries:					
Previous Operations:					

Existing Medical Problems:			
Please indicate any appropriate information below. Failure to do so may result in your application being withdrawn:			
Learning disabilities:			
Social disabilities:			
MEDICAL AID DETAILS			
Member's Name:		Medical Aid: e.g. Fedhealth	
Membership no:		Specific Plan: e.g. Maxima	

CORRESPONDENCE			
Please indicate who is to receive the school report.	Father	Mother	Guardian
Please indicate who is to receive the fees account.	Father	Mother	Guardian

WHO DOES THE LEARNER RESIDE WITH?					
Father	Mother	Guardian	Grandparent	Sponsor	Other

SPORT PARTICIPATION (Indicate your choice X) If a learner does not participate in a sport, reasons must accompany the application, in writing.				
SUMMER SPORT	Athletics	Cricket	Tennis	Swimming
WINTER SPORT	Rugby	Hockey	Netball	Cross Country

DETAILS OF FATHER									
SURNAME:						Title:			
FIRST NAMES:									
Identity no:					e-mail:				
Marital status:	Single		Married		Divorced		Widower		
If re-married, complete stepmother's details on page 5									
Home phone no:					Cell no:				
Work number:					Fax no:				
Residential (Proof):						Postal code:			
Postal address: If different to above:									
Name of Employer:									
Occupation:									
Self-Employed: Name of company/enterprise and nature of business									

DETAILS OF MOTHER

SURNAME:					Title:			
FIRST NAMES:								
Identity no:					e-mail:			
Marital status:	Single		Married		Divorced		Widow	
If re-married, complete stepfather's details on page 5								
Home phone no:					Cell no:			
Work number:					Fax no:			
Residential (Proof):								
					Postal code:			
Postal address: If different to above:								
Name of Employer:								
Occupation:								
Self-Employed: Name of company/enterprise and nature of business								

DETAILS OF STEPFATHER / STEPMOTHER

SURNAME:					Title:			
FIRST NAMES:								
Identity no:					e-mail:			
Home phone no:					Cell no:			
Business number:					Fax no:			
Physical address:								
					Postal code:			
Postal address: If different to above:								
Name of Employer:								
Occupation:								

DETAILS OF GUARDIAN (PERSON LEGALLY RESPONSIBLE FOR THE CHILD)

SURNAME:			
FIRST NAMES:			
Identity no:		e-mail:	
Marital status:	Married:		Divorced:
	Single parent:		Remarried:
Home phone no:		Cell no:	
Business number:		Fax no:	
Physical address:			
		Postal code:	
Postal address: If different to above:			
Name of Employer:			
Occupation:			

RELATIONSHIP TO LEARNER:

Guardian	Grandparent	Foster Parent	Other:
----------	-------------	---------------	--------

To be completed only if 'OTHER' is indicated above) :

SURNAME:			
FIRST NAMES:			
Identity no:		e-mail:	
Home phone no:		Cell no:	
Business number:		Fax no:	
Physical address:			
		Postal code:	
Postal address: If different to above:			
Name of Employer:			
Occupation:			



PERSONAL DATA

Unless you at any time instruct the school expressly and in writing to the contrary, your consent is given for the School to:

- 1.1.1. collect, store and process information about you and any Third Party or divorced or separated parent responsible for payment of any or all amounts owing in school fees;
- 1.1.2. collect, store and process names, contact details and information relating to yourself and your child, and to such information being made available to other parents/guardians, staff or responsible persons engaged or authorised by the school for school-related purposes to the extent required for the purpose of managing relationships between the school, parents/guardians, and current learners as well as providing references and communicating with the body of former learners;
- 1.1.3. include photographs, with or without name, of your child in school publications, or in press releases to publish the school's or your child's activities, achievements or successes;
- 1.1.4. supply information and a reference in respect of your child to any educational institution which you propose your child may attend. We will take care to ensure that all information that is supplied relating to your child is accurate and any opinion given on his/her ability, aptitude and character is fair. However, the school cannot be liable for any loss you or your child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or report given by us; and
- 1.1.5. The school will not use your personal information in any manner that is contrary to the principles stipulated in the Protection of Personal Information Act and will be guided by those principles in its use of this information.

PANORAMA AFTERCARE

Panorama Aftercare is located inside the school premises. Please be advised that a Grade R application does not automatically serve as an application to the aftercare as well.

If you are interested in applying for aftercare, kindly send an email to aftercare@panoramaps.co.za requesting to apply for space. Your child will be placed on a list of interested parents.

Once you have a confirmation of acceptance for Grade R, you can inform the Aftercare and an application form will be sent to you. The aftercare works on a first come, first served basis.

Space is limited, so do not wait too long to apply.

The procedure applies to siblings of current Aftercare learners as well.



STATUTORY OBLIGATION TO PAY SCHOOL FEES

I /We hereby apply to have _____ as a learner at
PANORAMA PRIMARY SCHOOL. (FULL NAME & SURNAME)

1. I /We hereby certify that I / we are the biological / adoptive parents and that I/we have legal custody and / or legal guardianship in respect of the above-named learner.
2. We take note and understand the following:
 - a. Compulsory annual school fees payable for 2026 is R25 000 per learner as adopted by the majority of parents at a general meeting. 2027 Fees will be determined at the annual Budget meeting which will take place in October 2026.
 - b. School fees are payable in advance and are due on the first day of school.
 - c. The payment options are as follows:

	TICK
School fees will be paid in full	
School fees will be paid off in 10 monthly equal instalments. Monthly payers to sign compulsory debit order (choice of 3 deduction dates)	

- d. If parents are in arrears with one instalment, then the full amount becomes due and payable immediately.
 - e. Biological / adoptive parents are **jointly and severally liable for the payment** of school fees irrespective of their marital status.
 - f. In the event of non-payment of school fees, the school will institute legal action against both parents irrespective of maintenance and/or court orders which may exist between the parties.
 - g. In terms of Section 39 of the South African Schools Act, parents are liable to pay compulsory school fees. This is a statutory obligation.
 - h. In terms of Section 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
 - i. In the event of the school having to take legal action for the recovery of school fees, all legal costs, including attorney / client fees, interest and collection costs incurred by the school will be charged to the parent's account
 - j. I/We have been informed that if we are unable to pay school fees, I/We may apply for exemption of these fees.
 - k. If Parents/s fail to meet their school fee obligations, the school may record the parent/s non-performance with a registered Credit Bureau.
3. I/We undertake to give notice in writing of any intention to remove my/our child from the school and furthermore to return any books and/or equipment belonging to the school which our child may have.
4. ADDRESS: The signatories hereto, hereby chooses domicillium citandi et executandi as follows:

Residential address: _____

Email address: _____
5. The above is valid from the day on which it is signed by the parent(s) / guardian(s), to the day on which the learner officially leaves the school. Please inform the school in writing if your address changes.

Father's Signature

Mother's Signature

Identity No: _____

Identity No: _____



PANORAMA LAERSKOOL
PRIMARY SCHOOL

MALMESBURYSTRAAT/STREET
WELGELEGEN PAROW 7500

Ihereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me.

Signed on this day of20.....

.....
SIGNATURE

DECLARATION: PARENT 2

Ihereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me.

Signed on this day of 20.....

.....
SIGNATURE

PANORAMA PRIMARY SCHOOL
LEARNER: PERSONAL INFORMATION

PLEASE PRINT



SURNAME: _____ GRADE: _____
FULL NAME: _____
ID NO _____
DATE OF BIRTH: _____ SEX: (M/F) _____
HOME LANGUAGE: _____
COUNTRY OF ORIGIN: _____

ELDEST IN PANORAMA (YES/NO) _____ BROTHERS / SISTERS IN THIS SCHOOL:

NAME: _____ GRADE: _____
1) _____
2) _____

PARENTS: PERSONAL INFORMATION

MARITAL STATUS: _____

FATHER: TITLE _____ INITIALS _____

MOTHER: TITLE _____ INITIALS _____

FULL NAMES: _____

FULL NAMES: _____

SURNAME: _____

SURNAME: _____

ADDRESS: _____

ADDRESS: _____

POSTAL CODE: _____

POSTAL CODE: _____

TEL NO (H) _____

TEL NO (H) _____

(W) _____ (CELL) _____

(W) _____ (CELL) _____

OCCUPATION: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER: _____

ID NO _____

ID NO _____

E-MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

MEDICAL INFORMATION:

ALLERGIES _____ CHRONIC ILLNESS _____

DOCTOR _____ TEL NO _____

EMERGENCY CONTACT PERSON _____ TEL NO _____

MEDICAL AID _____ MEDICAL AID NO _____

PRINCIPAL MEMBER _____

FOR OFFICE USE ONLY:

FAMILY CODE: _____

PANORAMA PRIMARY SCHOOL



Consent form in terms of the Protection of Personal Information Act 4 of 2013 (POPI)

Consent to use personal information¹

By agreeing to the terms of this information form, you hereby voluntarily authorise **PANORAMA PRIMARY SCHOOL** to

- Process your personal information as well as that of the learner (NAME), (including the names, physical address, telephone numbers and any other information you have provided to the school).
- Processing shall include the receipt, recording, organising, collation, storage, updating or modification, retrieval, alteration, consultation and use, outsourcing and transferring to third parties, the dissemination by means of transmission, distribution or making available in any other form, or the merging, linking as well as blocking, degradation, erasure or destruction of information.
- Processing your personal information for purposes as required in terms of your relationship with the school, or as otherwise required by law, and that such personal information shall only be processed by the school or an authorized third party operator for purposes relating to the aforesaid relationship, or any third party where required in terms of applicable law.
- This consent is effective immediately and will remain effective until one of the conditions stated under paragraph 8 of the Policy on the Protection of Personal Information has been met.
- The personal information may only be processed if it is adequate, relevant and not excessive, given the purpose for which it is processed, and if processing occurs in accordance with the relevant provisions of POPI. The purpose of the processing of information must relate to a function or an activity of the school.

In addition, you hereby take note that **PANORAMA PRIMARY SCHOOL** collects and processes personal information pertaining to the proper functioning, management and governance of the

¹ This form must be read with the *Policy on the Protection of Personal Information*.

- school, as prescribed in the South African Schools Act 84 of 1996 and other relevant education legislation and policies.
- The type of information will depend on the purpose for which it is collected and will be processed for that purpose only.
- In terms of section 11 of POPI, personal information may only be processed in the following circumstances:
 - If the data subject, or a competent person where the data subject is a child, consents to the processing.
 - If processing is necessary to carry out actions for the conclusion or performance of a contract to which the data subject is party.
 - If processing complies with an obligation imposed by law on the school.
 - If processing protects a legitimate interest of the data subject.
 - If processing is necessary for the performance of a public law duty.
 - If processing is necessary for pursuing the legitimate interests of the school.

Your rights in terms of this consent

You have the following rights:

- *The right to know what information is being kept, how it is being used, and when the school will disclose it.* All of the aforesaid information is contained in our Policy on the Protection of Personal Information and our Privacy Policy, which are available and may be obtained from our offices or our website.
- *The right to correct your details.* The school will try to keep your information up to date. However, should any of your details change, please notify us to ensure that our records are as accurate as possible.
- *The right to revoke consent.* You may revoke the consent you have given us in terms of this form at any time. Your revocation should be in writing and addressed to the information officer of the school. Revoked consent is not retroactive and will not affect any past or existing use of your information.

Consent to receive marketing information

By agreeing to the terms of this consent form, you expressly consent to the processing of your information for marketing purposes, and understand that by consenting, you may receive marketing materials in the form of SMSs, e-mails, and the like from the school.

Please tick the appropriate box below:

I agree ☐

I do not agree ☐

Parent / Guardian (Name & Surname) _____

Signature of parent/guardian

Date

WESTERN CAPE EDUCATION DEPARTMENT

PANORAMA PRIMARY



CEMIS: NEW REGISTRATION FORM

Please note that this form must be completed for all NEW learner registrations (learners that are NOT CURRENTLY registered in the CEMIS). The form must be signed by the parent/guardian and the principal. It is important to collect learner information in terms of gender, race and disability in order to track the extent to which **EQUITY** and **ACCESS** are being addressed.

Please observe the following strictly:

- The form must be completed by an official, parent or guardian, not the learner.
- Race, gender, social grant and disability detail should be collected with sensitivity from the parent/guardian.

1. Surname																			
2. First name																			
3. Second and third name																			
4. Learner's Identity Number		If the identity number is not available, apply to Home Affairs immediately.																	
** Is the learner an immigrant: 1=yes; 2=no		Year			Month			Day			6. Learner's race: 1=black/african; 2=coloured; 3=Indian/Asian; 4=white; 5=not applicable			Diacritics on name: 1=yes 2=no			7. Learner's gender: 1=male; 2=female		
5. Date of birth																			
8a. Street number or write Plot / Farm / Flat					8b. Name of street/ plot / farm / flat														
8c. Suburb / Address line 2																			
8d. Town / Address line 3																			
8e. Postal code					** Telephone code and number or cellular phone number														
9. Learner's parents deceased: 1=only mother deceased; 2=only father deceased; 3=both parents deceased; 4=both parents alive; 5=unknown																			
10. Is it the first time the learner has registered at a school in the Western Cape Province? 1=yes; 2=no; 3= comes from independent/private school										11. In which province or country did the learner attend school LAST year?: 1=Western Cape; 2=Free State; 3=Gauteng; 4=KwaZulu-Natal; 5=Limpopo/Northern Province; 6=Mpumalanga; 7=Northern Cape; 8=North-West Province; 9=Eastern Cape; 10=Other country: specify below; 11= Not in school									
12. Learner's grade this year: 1=Pre-GrR; 2=GrR; 3=Gr1; 4=Gr2; 5=Gr3; 6=Gr4; 7=Gr5; 8=Gr6; 9=Gr7; 10=Gr8; 11=Gr9; 12=Gr10; 13=Gr11; 14=Gr12; 15=Special Grade 7; 16=Special Grade 8; 17=Special Grade 9; 18=Infant Phase; 19=Junior Phase; 20=Intermediate Phase; 21=Senior Phase; 22=Vocational phase; 23=ABET Level 1; 24=ABET Level 2; 25=ABET Level 3; 26=ABET Level 4; 27=N1; 28=N2; 29=N3; 30=N4; 31=N5; 32=N6; 33=NIC; 34=NSC; 35=LSEN Unit																			
13. If the learner is in a Pre-GrR or GrR class, is it a STATE or SGB/R3 funded class? 1= State; 2=SGB/R3;																			
14. In which class is the learner this year? E.g. 3c or 12a																			
15. Did the learner attend any school last year? 1=yes; 2=no										16. Is the learner a hostel boarder this year? 1=yes; 2=no									
17. Is the learner registered for a social grant? 1=yes; 2=no										18. Does the learner receive a social grant? 1=yes; 2=no									
19. Did the learner attend any formal or non-formal pre-primary programmes LAST year? (Only applies to Gr1 first time enrolments) 1=yes; 2=no										20. Does the learner benefit from the Primary School Nutrition Programme (PSNP)? 1=yes; 2=no									
21. Is the learner 1=mainstream; 2=LSEN in unit class; 3=LSEN in mainstream; 4=in a LSEN school?																			
22. Learner according to disability (leave blank if no disability) 2=deaf; 3=hard of hearing; 4=blind; 5=partially sighted; 7=cerebral palsied; 8=specific learning disabled; 9=behavioural disorder; 10=mild/moderate intellectually disabled; 11=severely intellectually disabled; 12=physically disabled; 13=autistic spectrum disorder; 14=epilepsy; 15=attention deficit disorder with hyperactivity; 16=none; 17=attention deficit disorder without hyperactivity																			
Primary disability		Secondary disabilities (This field is only to be completed if the learner has more than one disability)																	
		Sec. Dis. 1			Sec. Dis. 2			Sec. Dis. 3			Sec. Dis. 4								
23. Learner's home language: 1=Afrikaans; 2=English; 3=Xhosa; 4=Swati; 5=Ndebele; 6=Zulu; 7=Sotho; 8=Pedi; 9=Tswana; 10=Venda; 11=Tsonga; 12=Sign Language; 13=Other: specify below																			
24. Learner's language of teaching: 1=Afrikaans; 2=English; 3=Xhosa; 4=Swati; 5=Ndebele; 6=Zulu; 7=Sotho; 8=Pedi; 9=Tswana; 10=Venda; 11=Tsonga; 12=Sign Language; 13=Other: specify below																			
25. Learner's preferred language/Certificate language: 1=Afrikaans; 2=English; 3=Xhosa; 4=Swati; 5=Ndebele; 6=Zulu; 7=Sotho; 8=Pedi; 9=Tswana; 10=Venda; 11=Tsonga; 12=Sign Language; 13=Other: specify below																			

WCEDNEWREG-1

