



APPLICATION FOR ADMISSION TO SCHOOL

NOTE: This form must be completed in full. All changes to be initialed or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

LEARNER INFORMATION

| | | | | | | | | | |
|---|--------|--|-------------|------------------------------------|--------------------|---------------|--------|-----|----|
| GRADE APPLIED FOR: | | HIGHEST GRADE PASSED: | | YEAR WHEN GRADE WAS PASSED | | ACCESSION NO: | | | |
| SURNAME: | | | | INITIALS: | | NICKNAME: | | | |
| FIRST NAME: | | | | OTHER NAMES: | | | | | |
| DATE OF BIRTH: YYYY | | MM | DD | GENDER: | | MALE | FEMALE | | |
| RACE: | | | | ID OR PASSPORT NO: | | | | | |
| COUNTRY OF RESIDENCE: | | | | CITIZINSHIP: | | | | | |
| IF RSA, INDICATE PROVINCE OF RESIDENCE: | | | | LEARNER RESIDES WITH PARENT/S | | YES | NO | | |
| | | | | IF NOT WITH PARENT/S, WITH WHOM: | | | | | |
| PHYSICAL ADDRESS: | | | | HOME TELEPHONE: | | | | | |
| | | | | EMERGENCY NUMBER: | | | | | |
| CITY / SUBURB: | | | | LEARNER CELL: | | | | | |
| CODE: | | | | LEARNER EMAIL ADDRESS: | | | | | |
| HOME LANGUAGE: | | | | PREFERRED LANGUAGE OF INSTRUCTION: | | | | | |
| DECEASED PARENT: | MOTHER | FATHER | BOTH | MODE OF TRANSPORT: | | | | | |
| RELIGION: | | GRADE 1 ONLY: INDICATE PRE-PRIMARY EDUCATION | | NONE | NON FORMAL | FORMAL | | | |
| PREVIOUS SCHOOL INFORMATION | | | | | | | | | |
| NAME OF PREVIOUS SCHOOL: | | | | | | | | | |
| PREVIOUS SCHOOL ADDRESS: | | | | | | | | | |
| CODE: | | PROVIDENCE: | | COUNTRY: | | | | | |
| LEARNER MEDICAL INFORMATION | | | | | | | | | |
| MEDICAL AID NAME: | | | | MEDICAL AID NUMBER: | | | | | |
| MEDICAL AID MAIN MEMBER: | | | | NAME OF DOCTOR: | | | | | |
| DOCTORS ADDRESS: | | | | DOCTORS TELEPHONE NUMBER: | | | | | |
| MEDICAL CONDITION: | | | | | | | | | |
| SPECIAL PROBLEMS REQUIRING COUNSELING: | | | | | | | | | |
| | | | | | | | | | |
| DEXTERITY OF LEARNER: | | RIGHT HANDED | LEFT HANDED | AMBIDEXTROUS | REG. SOCIAL GRANT: | | | YES | NO |

If the learner is accepted, the following documents must be submitted to the school:

- 1 Copy of Immunisation Records
- 2 Copy of Birth Certificate
- 3 Progress Report from Previous School
- 4 Transfer Letter from Previous School

SIBLINGS

| | | | |
|--|--|-------------------------------------|--|
| NUMBER OF OTHER CHILDREN AT THIS SCHOOL: | | POSITION IN THE FAMILY (eg first) | |
|--|--|-------------------------------------|--|

PLEASE SUPPLY FULL NAMES BELOW:

| | | | |
|-------|--|--------|--|
| NAME: | | GRADE: | |
| NAME: | | GRADE: | |
| NAME: | | GRADE: | |

PARENT / GUARDIAN INFORMATION (FATHER)

| | | |
|-----------------------------|-------------|-----------------------|
| TITLE: | INITIALS: | SURNAME: |
| FIRST NAME: | GENDER | MALE |
| HOME LANGUAGE: | RACE: | |
| IDENTIFICATION NUMBER: | | OR PASSPORT NUMBER |
| | | ACCOUNT PAYER: YES NO |
| RESIDENTIAL STREET ADDRESS: | | |
| CITY / SUBURB: | CODE: | |
| OCCUPATION: | EMPLOYER: | |
| WORK ADDRESS: | | |
| TELEPHONE NUMBER (W) | CELL PHONE: | |
| EMAIL ADDRESS: | | |

PARENT / GUARDIAN INFORMATION (MOTHER)

| | | |
|-----------------------------|-------------|-----------------------|
| TITLE: | INITIALS: | SURNAME: |
| FIRST NAME: | GENDER | MALE |
| HOME LANGUAGE: | RACE: | |
| IDENTIFICATION NUMBER: | | OR PASSPORT NUMBER |
| | | ACCOUNT PAYER: YES NO |
| RESIDENTIAL STREET ADDRESS: | | |
| CITY / SUBURB: | CODE: | |
| OCCUPATION: | EMPLOYER: | |
| ADDRESS OF WORK: | | |
| TELEPHONE NUMBER (W) | CELL PHONE: | |
| EMAIL ADDRESS: | | |

MARITAL STATUS OF PARENT/ S:

EMERGENCY NUMBERS (WHEN PARENT CANNOT BE REACHED)

| | | | |
|---|-------------------|---------------|-----------------|
| 1 | NAME AND SURNAME: | RELATIONSHIP: | CONTACT NUMBER: |
| 2 | NAME AND SURNAME: | RELATIONSHIP: | CONTACT NUMBER: |
| 3 | NAME AND SURNAME: | RELATIONSHIP: | CONTACT NUMBER: |

I / we hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

PLEASE PRINT

Name of parent / gaurdian (FATHER): _____

Signature of Parent / Gaurdian: _____

Name of parent / gaurdian (MOTHER): _____

Signature of Parent / Gaurdian: _____

DATE: _____