



## APPLICATION FOR ADMISSION

**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.

Grade Applied For:	Highest Grade Passed:	Year When Grade was passed:	Accession No:
Surname:		Initials:	Nick Name:
First Name:		Other Names:	
Date Of Birth: YYYY	MM	DD	Gender: Male: Female:
Race:		Identification or Passport No:	
Country of Residence:		Citizenship:	
If SA, indicate province of residence:			

Physical Address:		Home Telephone:	
City/Suburb		Emergency Telephone:	
Code:	Learner Email Address:		
Home Language:	Preferred Language of Instruction		
Boarder	Yes	No	
Deceased Parent	Mother	Father	Both
Religion:		Mode of transport:	
For Grade 1 only: Indicate pre-primary education:		None	Non Formal
		Formal	

**Previous School Information**

Name of Previous School:			
Previous School Address:			
Code:	Province:	Country:	

**Learner Medical Information**

Medical Aid Number:	Medical Aid Name:	Doctor Name:	
Medical Aid Main Member:			
Doctor's Address:	Doctor Telephone Number:		
Medical Condition:			
Special Problems Requiring Counseling:			
Dexterity of Learner:	Right Handed	Left Handed	Ambidextrous
		Reg. Social Grant	YES NO:
		Rec. 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	5. ID Copies of both parents
3. Progress Report from Previous School	4. Transfer Letter from Previous School	6. Signed and stamped credit check from previous

<b>Siblings</b>			
Number of other Children at this school:	<input type="text"/>	Position in the family (e.g first):	<input type="text"/>
<b>Please supply full names below:</b>			
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>

<b>Parent / Guardian Information</b>										Complete a SEPARATE parent form for each parent living at a different physical address									
Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>														
First Name:	<input type="text"/>			Gender:	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>											
Home Language:	<input type="text"/>			Race:	<input type="text"/>														
Identification Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Or Passport number	Account Payer:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Residential Street Address:																		<input type="text"/>	
										City/Suburb	<input type="text"/>					Code:	<input type="text"/>		
Occupation:	<input type="text"/>			Employer:	<input type="text"/>														
Surname of Spouse:	<input type="text"/>			First Name:	<input type="text"/>														
Occupation of Spouse:	<input type="text"/>			Learner resides with this parent/s	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>											
Spouse ID Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Relationship to Learner:	<input type="text"/>						
Marital status of parent:																		<input type="text"/>	

<b>Correspondence Details</b>																			
Title:	<input type="text"/>	Surname:	<input type="text"/>																
Postal Address:																		<input type="text"/>	
										City/Suburb	<input type="text"/>					Code:	<input type="text"/>		

<b>Other Contact Details</b>																		
Home Telephone	<input type="text"/>	<input type="text"/>	Work Telephone	<input type="text"/>	<input type="text"/>													
Fax Number :	<input type="text"/>	<input type="text"/>	Cell Number :	<input type="text"/>														
Spouse Work Telephone Number:	<input type="text"/>	<input type="text"/>	Spouse Cell Number :	<input type="text"/>														
E-Mail Address:	<input type="text"/>										Spouse E-Mail Address:	<input type="text"/>						

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

Name of Parent / Guardian (Please Print) : \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Date: -----/-----/-----

<b>Office use only:</b>																		
1. Date:	<input type="text"/>					2. Accepted:	<input type="text"/>					3. Accession Number:	<input type="text"/>					
4. Rejected:	<input type="text"/>					5. Reason for Rejection:	<input type="text"/>											
6. Documentation Received:	<input type="text"/>					6a Immunisation Record:	<input type="text"/>					6b. Birth Certificate:	<input type="text"/>					
6c. Progress Report from Previous School:	<input type="text"/>					6d. Transfer Letter from Previous School:	<input type="text"/>											