

APPLICATION FOR ADMISSION TO SCHOOL

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JA MALHERBE PRIMERE SKOOL

REITZSTRAAT

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9640

Year: _____



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:	
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Surname:				Initials:		Nick Name:	
First Name:				Other Names:			
Date Of Birth: YYYY		MM	DD				
Race:				Gender: Male: Female:			
Country of Residence:				Identification or Passport No:			
If SA, indicate province of residence:				Citizenship:			

Physical Address:				Home Telephone:			
				Emergency Telephone:			
City/Suburb				Learner Cell:			
Code:		Learner Email Address:					
Home Language:				Preferred Language of Instruction			
Boarder	Yes	No					
Deceased Parent	Mother	Father	Both	Mode of transport:			
Religion:		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:					
Medical Aid Main Member:		Doctor Name:					
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
3. Progress Report from Previous School
4. Transfer Letter from Previous School

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SiblingsNumber of other Children at this school: Position in the family (e.g first): **Please supply full names below:** Name: Grade: Name: Grade: Name: Grade: **Parent / Guardian Information** Complete a SEPARATE parent form for each parent living at a different physical addressTitle: Initials: Surname: First Name: Gender: Male: Female: Home Language: Race: Identification Number: Or Passport number Account Payer: Yes No Residential Street Address: City/Suburb: Code: Occupation: Employer: Surname of Spouse: First Name: Occupation of Spouse: Learner resides with this parent/s Yes No Spouse ID Number: Relationship to Learner: Marital status of parent: **Correspondence Details**Title: Surname: Postal Address: City/Suburb: Code: **Other Contact Details**Home Telephone: Work Telephone: Fax Number: Cell Number: Spouse Work Telephone Number: Spouse Cell Number: E-Mail Address: Spouse E-Mail Address:

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: / / **Office use only:**

1. Date:	2. Accepted:	3. Accession Number:
4. Rejected:	5. Reason for Rejection:	
6. Documentation Received:	6a Immunisation Record:	6b. Birth Certificate:
6c. Progress Report from Previous School:		6d. Transfer Letter from Previous School: