

9640

Fax: 058 - 8713151

Year: _____



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		

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

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	

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

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: