

APPLICATION FOR ADMISSION TO SCHOOL

TOM NAUDE THS

226 POTGIETERAVE

Telephone: 015 - 2988710

POLOKWANE

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0759

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

Parent / Guardian Information		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"/>	Or Passport number	Account Payer: Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential Street Address:			
<input type="text"/>		City/Suburb	<input type="text"/>
<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"/>	Relationship to Learner:	<input type="text"/>
Marital status of parent:			

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

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

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:	