

# APPLICATION FOR ADMISSION TO PRIMARY 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.

## CHILD'S PARTICULARS

Grade Applied For:

Highest Grade Passed

Year When Grade was passed

Surname:

Initials:

First Name:

Other Names:

Date of Birth : YYYY MM DD

Gender:

Male:

Female

Nationality:

Identification or Birth Certificate No:

Country of Origin:

Citizenship:

Physical Address:

Home Telephone:

Emergency Telephone:

City/Suburb:

Cell:

Code:

Parent Email Address:

Home Language:

Deceased Parent

Mother

Father

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:

## Learner Medical Information

Special Health Problems

Dexterity of Learner:

Right Handed

Left Handed

Social Grant

YES

NO

## Submit:

1. Progress Report from Previous School

3. Transfer Letter from previous school

2. Copy of Birth Certificate

4. Immunisation Records

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## Siblings In this School

Number of children at this school		Position in the family (e.g first)	
Name:		Grade:	
Name:		Grade:	
Name:		Grade:	

## Parent / Guardian Information

Complete a SEPARATE parent form each parent living at different physical address

Title:	Initials:	Surname:
First Name:	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Language:	Nationality:	
Identification Number:		Account Payer Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential Address:		Code:
Occupation:	Employer:	
Surname of Spouse:	First Name:	
Occupation of Spouse:	Learner resides with this parent/s	yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse ID Number		Relationship to Learner:

## Correspondence Details

Title:	Surname:
Postal Address:	
	Code:

## Other Contact Details

Home Telephone:		Spouse Work Telephone:	
Cell Number:		Spouse Cell Number:	
Work Telephone:			
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 : \_\_\_\_\_

YY MM DD  
Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Office use only

1. Date:	2. Accepted:	3. Accession Number:
4. Rejected:	5. Reason for Rejection:	
6 Documentation Received:	6 (i) Immunisation Record:	6 (ii) Birth Certificate:
6 (iii) Progress Report from Previous School:	6 (iv) Transfer Letter from Previous School:	