|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FORM** | **YEAR: 2020** | **GRADE APPLIED FOR:** | **R** | **RR** | **0** | **A/C** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of children in the family: | | | | | |  | | Position of the child in the family (e.g. 1st / 2nd ) | | | | | | | |  |
| Number of other children at Solid Foundation: | | | | | |  | |
| Please supply their names: | | |  | | | | | | | | | | | | | | | |
| With whom does the child reside: | | | | | |  | | | | Relationship: | |  | | | | | | |
| Who brings the child to school: | | | | | |  | | | | Relationship: | |  | | | Mode of transport: | | |  |
| **Marital status of parents (please tick appropriate box)** | | | | | | | | | | | | | | | | | | |
| Married |  | Separated  **PARENT /GUARDIAN INFORMATION** | |  | Divorced | |  | | Single parent | |  | | Widow (er) |  | |

Unit 6

Makhene Road, Plot no 7852

Postnet suit 2030

Private bag 184

Mafikeng South 2794

Tel: 018 386 1020

Cel: 0614686095

Email: solidfountionelc@gmail.com

Parent/ Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (Name & surname): | | | (Name & surname): | | |
| Relationship to learner: | | | Relationship to learner: | | |
| Id number: | | | Id number: | | |
| Account payer: | | | Account payer: | | |
| Residential address: | | | Residential address: | | |
| Occupation: | | | Occupation: | | |
| Tel: Home: | Work: | Cell: | Tel: Home | Work: | Cell: |
| Email address: |  |  | Email address: |  |  |
| Work address: | | | Work address: | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dexterity of learner | Left Handed |  | Right handed |  | Ambidextrous |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identity/Passport number: | | |  | | | | | Phone | Mother |  |
| Physical address where the child resides: | | | | | | | | Phone | Father |  |
|  | | | | | | | | Emergency Telephone | |  |
| Deceased | | Mother |  | Father |  | Both |  | |  |  | | --- | --- | | Religion: |  | | | |
|  | | None |  | | | | |
| Citizenship: |  | | | | | | |

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medical condition: |  |  | | |
| Doctors name: |  |  | Doctor’s contacts: |  |
| Medical Aid Number: |  |  | Medical Aid name: |  |
| Medical Aid Main: |  |  | | |
| Allergies: |  | | | |

**LEARNER MEDICAL INFORMATION**



Photo

**FAMILY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: | | First name: | |
| Date of birth: | | Gender: | |
| Home language: | | Who brings the child to school: | |
| Race: | Nationality: | Place of Birth: | Country: |

|  |  |  |  |
| --- | --- | --- | --- |
| Current school & address: | Grade: |  | Telephone: |
|  |  | | |
|  |
| Other schools attended: |  | | |

**EDUCATIONAL INFORMATION**

Please note: This form must be completed in full. All changes to be initialed or signed by parent/ guardian.