

APPLICATION FOR ADMISSION TO SCHOOL

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BOHLOKONG PRIMARY SCHOOL

276a Cotzee Street

Bethlehem

9701

Telephone: 058 - 3031642

Fax: 058 - 3031642

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:

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

Physical Address: <input type="text"/>	Home Telephone: <input type="text"/>
City/Suburb: <input type="text"/>	Emergency Telephone: <input type="text"/>
Code: <input type="text"/>	Learner Cell: <input type="text"/>
Learner Email Address: <input type="text"/>	
Home Language: <input type="text"/>	Preferred Language of Instruction: <input type="text"/>
Boarder <input type="text"/> Yes <input type="text"/> No <input type="text"/>	
Deceased Parent <input type="text"/> Mother <input type="text"/> Father <input type="text"/> Both <input type="text"/>	Mode of transport: <input type="text"/>
Religion: <input type="text"/>	For Grade 1 only: Indicate pre-primary education None <input type="text"/> Non Formal <input type="text"/> Formal <input type="text"/>

Previous School Information

Name of Previous School: <input type="text"/>
Previous School Address: <input type="text"/>
Code: <input type="text"/> Province: <input type="text"/> Country: <input type="text"/>

Learner Medical Information

Medical Aid Number: <input type="text"/>	Medical Aid Name: <input type="text"/>
Medical Aid Main Member: <input type="text"/>	Doctor Name: <input type="text"/>
Doctor's Address: <input type="text"/>	Doctor Telephone Number: <input type="text"/>
Medical Condition: <input type="text"/>	
Special Problems Requiring Counseling: <input type="text"/>	
Dexterity of Learner: Right Handed <input type="text"/> Left Handed <input type="text"/> Ambidextrous <input type="text"/>	Reg. Social Grant YES <input type="text"/> NO <input type="text"/>
	Rec. Social Grant YES <input type="text"/> NO <input type="text"/>

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 address

Title: 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: