

APPLICATION FOR ADMISSION TO SCHOOL

1

KLIPFONTEIN PRIMARY SCHOOL

ERF 16043 SOSHANGUVE SOUTH EXT 12

Telephone: 071 - 1756355

SOSHANGUVE

Fax:

0152

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		Gender:	
						Male:	
						Female:	
Race:				Identification or Passport No:			
Country of Residence:				Citizenship:			
If SA, indicate province of residence:							

Physical Address:				Home Telephone:			
City/Suburb				Emergency Telephone:			
Code:		Learner Email Address:					
Home Language:				Preferred Language of Instruction			
Boarder	Yes		No		Mode of transport:		
Deceased Parent	Mother		Father		Both		
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

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: