

APPLICATION FOR ADMISSION TO SCHOOL

1

MAPHINDELA PRIMARY SCHOOL

IMPALA AREA

Telephone: 072 - 2156161

INGWAVUMA

Fax:

3968

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: | | | | 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: | | | |
| | | | | Emergency Telephone: | | | |
| City/Suburb | | | | Learner Cell: | | | |
| Code: | | 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 |

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: