APPLICATION FOR ADMISSION TO SCHOOL

KWA-VELILE PRIMARY SCHOOL.

BHALA LOCATION
FLAGSTAFF
4810

Telephone: 073 - 6205466
Fax:

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

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Siblings

Number 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:	