

APPLICATION FOR ADMISSION TO SCHOOL**MVANGATINI PRIMARY SCHOOL**

STAND NO.01 MVANGATINI TRUST

Telephone: 076 - 8615472

KA-BOKWENI

Fax:

1245

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: <input type="checkbox"/>	Female: <input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>						
Deceased Parent	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Both	<input type="checkbox"/>	Mode of transport:			
Religion:				For Grade 1 only: Indicate pre-primary education	None	<input type="checkbox"/>	Non Formal	<input type="checkbox"/>	Formal	<input type="checkbox"/>

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	<input type="checkbox"/>	Left Handed	<input type="checkbox"/>	Ambidextrous	<input type="checkbox"/>
Reg. Social Grant		YES	<input type="checkbox"/>	NO:	<input type="checkbox"/>	
Rec. Social Grant		YES	<input type="checkbox"/>	NO:	<input type="checkbox"/>	

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

Siblings	
Number of other Children at this school: <input type="text"/>	Position in the family (e.g first): <input type="text"/>
Please supply full names below:	
Name: <input type="text"/>	Grade: <input type="text"/>
Name: <input type="text"/>	Grade: <input type="text"/>
Name: <input type="text"/>	Grade: <input type="text"/>

Parent / Guardian Information		Complete a SEPARATE parent form for each parent living at a different physical address	
Title: <input type="text"/>	Initials: <input type="text"/>	Surname: <input type="text"/>	
First Name: <input type="text"/>	Gender: <input type="text"/>	Male: <input type="text"/>	Female: <input type="text"/>
Home Language: <input type="text"/>	Race: <input type="text"/>		
Identification Number: <input type="text"/>	Or Passport number	Account Payer: <input type="text"/>	Yes <input type="text"/>
No <input type="text"/>			
Residential Street Address: <input type="text"/>			
<input type="text"/>		City/Suburb <input type="text"/>	Code: <input type="text"/>
Occupation: <input type="text"/>	Employer: <input type="text"/>		
Surname of Spouse: <input type="text"/>	First Name: <input type="text"/>		
Occupation of Spouse: <input type="text"/>	Learner resides with this parent/s	Yes <input type="text"/>	No <input type="text"/>
Spouse ID Number: <input type="text"/>	Relationship to Learner: <input type="text"/>		
Marital status of parent: <input type="text"/>			

Correspondence Details	
Title: <input type="text"/>	Surname: <input type="text"/>
Postal Address: <input type="text"/>	
<input type="text"/>	City/Suburb <input type="text"/>
Code: <input type="text"/>	

Other Contact Details	
Home Telephone <input type="text"/>	Work Telephone <input type="text"/>
Fax Number : <input type="text"/>	Cell Number : <input type="text"/>
Spouse Work Telephone Number: <input type="text"/>	Spouse Cell Number : <input type="text"/>
E-Mail Address: <input type="text"/>	Spouse E-Mail Address: <input type="text"/>

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:	