

# APPLICATION FOR ADMISSION TO SCHOOL

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## NELSON MANDELA PRIMARY SCHOOL

11397 RUTH FIRST

Telephone: 074 - 1053323

ZAMDELA

Fax:

1949

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					
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 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: