

APPLICATION FOR ADMISSION TO SCHOOL

1

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		Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>																		
Race:				Identification or Passport No: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
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 <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: 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: