

APPLICATION FOR ADMISSION TO SCHOOL**KLOOF SENIOR PRIMARY SCHOOL**

1 PATRICK DUNCAN ROAD

Telephone: 031 - 7640211

KLOOF

Fax: 031 - 7645481

3610

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:	Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Country of Residence:	Identification or Passport No:	
If SA, indicate province of residence:	Citizenship:	

Physical Address:	Home Telephone:
City/Suburb	Emergency Telephone:
Code:	Learner Cell:
Learner Email Address:	
Home Language:	Preferred Language of Instruction
Boarder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Deceased Parent <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/>	Mode of transport:
Religion:	For Grade 1 only: Indicate pre-primary education <input type="checkbox"/> 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 Telephone Number:
Medical Condition:	
Special Problems Requiring Counseling:	
Dexterity of Learner: <input type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed <input type="checkbox"/> Ambidextrous <input type="checkbox"/>	Social Grant <input type="checkbox"/> YES <input type="checkbox"/> NO: <input type="checkbox"/>

The following documents must be submitted to the school

1. Copy of Immunisation Records
2. Copy of unabridged Birth Certificate
3. Copy of both parents/guardians IDs
4. Proof of residential address
5. Copy of latest report from previous school

Siblings	
Number of other Children at this school: <input style="width: 50px;" type="text"/>	Position in the family (e.g first): <input style="width: 150px;" type="text"/>
Please supply full names below:	
Name: <input style="width: 700px;" type="text"/>	Grade: <input style="width: 50px;" type="text"/>
Name: <input style="width: 700px;" type="text"/>	Grade: <input style="width: 50px;" type="text"/>
Name: <input style="width: 700px;" type="text"/>	Grade: <input style="width: 50px;" type="text"/>

Parent / Guardian Information		Complete a SEPARATE parent form for each parent living at a different physical address	
Title: <input style="width: 100px;" type="text"/>	Initials: <input style="width: 100px;" type="text"/>	Surname: <input style="width: 400px;" type="text"/>	
First Name: <input style="width: 250px;" type="text"/>	Gender: <input type="checkbox"/> Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Home Language: <input style="width: 250px;" type="text"/>	Race: <input style="width: 250px;" type="text"/>		
Identification Number: <input style="width: 150px;" type="text"/>	<input type="checkbox"/> Or Passport number	Account Payer: <input type="checkbox"/> Yes	<input type="checkbox"/> No
Residential Street Address: <input style="width: 900px;" type="text"/>			
<input style="width: 350px;" type="text"/>		City/Suburb: <input style="width: 250px;" type="text"/>	Code: <input style="width: 100px;" type="text"/>
Occupation: <input style="width: 400px;" type="text"/>	Employer: <input style="width: 450px;" type="text"/>		
Surname of Spouse: <input style="width: 400px;" type="text"/>	First Name: <input style="width: 450px;" type="text"/>		
Occupation of Spouse: <input style="width: 400px;" type="text"/>	Learner resides with this parent/s	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spouse ID Number: <input style="width: 150px;" type="text"/>	Relationship to Learner: <input style="width: 450px;" type="text"/>		
Marital status of parent: <input style="width: 450px;" type="text"/>			

Correspondence Details	
Title: <input style="width: 100px;" type="text"/>	Surname: <input style="width: 450px;" type="text"/>
Postal Address: <input style="width: 900px;" type="text"/>	
<input style="width: 350px;" type="text"/>	
City/Suburb: <input style="width: 250px;" type="text"/>	Code: <input style="width: 100px;" type="text"/>

Other Contact Details	
Home Telephone: <input style="width: 150px;" type="text"/>	Work Telephone: <input style="width: 150px;" type="text"/>
Fax Number: <input style="width: 150px;" type="text"/>	Cell Number: <input style="width: 150px;" type="text"/>
Spouse Work Telephone Number: <input style="width: 150px;" type="text"/>	Spouse Cell Number: <input style="width: 150px;" type="text"/>
E - Mail Address: <input style="width: 700px;" 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: <input style="width: 150px;" type="text"/>	2. Accepted: <input style="width: 150px;" type="text"/>	3. Accession Number: <input style="width: 150px;" type="text"/>
4. Rejected: <input style="width: 150px;" type="text"/>	5. Reason for Rejection: <input style="width: 600px;" type="text"/>	
6. Documentation Received: <input style="width: 150px;" type="text"/>	6a Immunisation Record: <input style="width: 150px;" type="text"/>	6b. Birth Certificate: <input style="width: 150px;" type="text"/>
6c. Progress Report from Previous School: <input style="width: 350px;" type="text"/>	6d. Transfer Letter from Previous School: <input style="width: 350px;" type="text"/>	