

**APPLICATION FOR ADMISSION TO SCHOOL****PHAHAMANG PRIMARY SCHOOL**

1391 Evaton North

Telephone: 016 - 5830004

Evaton

Fax: 082 - 5560290

1981

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:    Female:
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 Cell:
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:

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: