

**APPLICATION FOR ADMISSION TO SCHOOL**

1

**MAKEKETELA PRIMARY SCHOOL**

Makeketela Village

Telephone: 082 - 4462864

Mankweng

Fax:

0727

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:			
				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 |

**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: