

APPLICATION FOR ADMISSION TO SCHOOL

PRIMÈRE SKOOL HF VERWOERD

ST JAN STREET

PARYS

9585

Telephone: 056 - 8113541

Fax: 056 - 8113079

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: <input type="text"/>	Highest Grade Passed: <input type="text"/>	Year When Grade was passed: <input type="text"/>	Accession No: <input type="text"/>
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Surname: <input type="text"/>	Initials: <input type="text"/>	Nick Name: <input type="text"/>
First Name: <input type="text"/>	Other Names: <input type="text"/>	
Date Of Birth: YYYY <input type="text"/> MM <input type="text"/> DD <input type="text"/>	Gender: <input type="text"/>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Race: <input type="text"/>	Identification or Passport No: <input type="text"/>	
Country of Residence: <input type="text"/>	Citizenship: <input type="text"/>	
If SA, indicate province of residence: <input type="text"/>		

Physical Address: <input type="text"/>	Home Telephone: <input type="text"/>
City/Suburb: <input type="text"/>	Emergency Telephone: <input type="text"/>
Code: <input type="text"/>	Learner Cell: <input type="text"/>
Learner Email Address: <input type="text"/>	
Home Language: <input type="text"/>	Preferred Language of Instruction: <input type="text"/>
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: <input type="text"/>
Religion: <input type="text"/>	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: <input type="text"/>
Previous School Address: <input type="text"/>
Code: <input type="text"/> Province: <input type="text"/> Country: <input type="text"/>

Learner Medical Information

Medical Aid Number: <input type="text"/>	Medical Aid Name: <input type="text"/>
Medical Aid Main Member: <input type="text"/>	Doctor Name: <input type="text"/>
Doctor's Address: <input type="text"/>	Doctor Telephone Number: <input type="text"/>
Medical Condition: <input type="text"/>	
Special Problems Requiring Counseling: <input type="text"/>	
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