

APPLICATION FOR ADMISSION TO SCHOOL

NTJI-MOTHAPO

GA-MAGOOA

Telephone: 015 - 3305227

POLOKWANE

Fax:

0700

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:

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: <input type="text"/>	Position in the family (e.g first): <input type="text"/>
Please supply full names below:	
Name: <input style="width: 80%;" type="text"/>	Grade: <input style="width: 15%;" type="text"/>
Name: <input style="width: 80%;" type="text"/>	Grade: <input style="width: 15%;" type="text"/>
Name: <input style="width: 80%;" type="text"/>	Grade: <input style="width: 15%;" type="text"/>

Parent / Guardian Information Complete a SEPARATE parent form for each parent living at a different physical address

Title: <input type="text"/>	Initials: <input type="text"/>	Surname: <input style="width: 80%;" type="text"/>	
First Name: <input style="width: 80%;" type="text"/>	Gender: <input type="checkbox"/> Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Home Language: <input style="width: 80%;" type="text"/>	Race: <input style="width: 80%;" type="text"/>		
Identification Number: <input style="width: 20%;" type="text"/>	<input type="checkbox"/>	Or Passport number	Account Payer: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential Street Address: <input style="width: 95%;" type="text"/>			
		City/Suburb <input style="width: 40%;" type="text"/>	Code: <input style="width: 15%;" type="text"/>
Occupation: <input style="width: 80%;" type="text"/>	Employer: <input style="width: 95%;" type="text"/>		
Surname of Spouse: <input style="width: 80%;" type="text"/>	First Name: <input style="width: 80%;" type="text"/>		
Occupation of Spouse: <input style="width: 80%;" type="text"/>	Learner resides with this parent/s <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Spouse ID Number: <input style="width: 20%;" type="text"/>	<input type="checkbox"/>	Relationship to Learner: <input style="width: 80%;" type="text"/>	
Marital status of parent: <input style="width: 95%;" type="text"/>			

Correspondence Details

Title: <input type="text"/>	Surname: <input style="width: 80%;" type="text"/>		
Postal Address: <input style="width: 95%;" type="text"/>			
		City/Suburb <input style="width: 40%;" type="text"/>	Code: <input style="width: 15%;" type="text"/>

Other Contact Details

Home Telephone <input style="width: 80%;" type="text"/>	Work Telephone <input style="width: 80%;" type="text"/>
Fax Number: <input style="width: 80%;" type="text"/>	Cell Number: <input style="width: 80%;" type="text"/>
Spouse Work Telephone Number: <input style="width: 80%;" type="text"/>	Spouse Cell Number: <input style="width: 80%;" type="text"/>
E-Mail Address: <input style="width: 95%;" type="text"/>	Spouse E-Mail Address: <input style="width: 95%;" 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:	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: