

APPLICATION FOR ADMISSION TO SCHOOL

1

LEKANG PRIMARY

1545 MAVI STREET

Telephone: 011 - 9306417

SOWETO

Fax: 011 - 9324071

1868

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

Physical Address: <input type="text"/>				Home Telephone: <input type="text"/>	
				Emergency Telephone: <input type="text"/>	
City/Suburb <input type="text"/>				Learner Cell: <input type="text"/>	
Code: <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="text"/>	No <input type="text"/>			
Deceased Parents	Mother <input type="text"/>	Father <input type="text"/>	Both <input type="text"/>	Mode of transport: <input type="text"/>	
Religion: <input type="text"/>	For Grade 1 only: Indicate pre-primary education:		None <input type="text"/>	Non Formal <input type="text"/>	Formal <input type="text"/>

Previous School Information					
Name of Previous School: <input type="text"/>					
Previous School Address: <input type="text"/>					
<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="text"/>	Left Handed <input type="text"/>	Ambidextrous <input type="text"/>					
				Reg. Social Grant		YES <input type="text"/>	NO: <input type="text"/>		
				Rec. Social Grant		YES <input type="text"/>	NO: <input type="text"/>		

If the learner is accepted, the following documents must be submitted to the school:

1. Copy of Immunisation Records.
3. Progress Report from Previous School

2. Copy of Birth Certificate
4. Transfer Letter from Previous School

Other Contact Details					
Home Telephone :Number				Work Telephone :Number	
Fax Number :				Cell Number :	
Spouse Work Telephone Number:				Spouse Cell Number :	
E-Mail Address:			Spouse E-Mail Address:		

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: