## **LEKANG PRIMARY**

1545 MAVI STREET **Telephone:** 011 - 9306417 011 - 9324071 SOWETO Fax:

1868 Year: \_

Note: This form must be collearner has been accepted	ompleted in full. All changinto the school.	ges to be initialed	d or signed	d by parent /	guardian. Cor	mpleting the form does	not necessarily m	ean that the
Grade Applied For:	Highest Grade Pa	assed:	Year W	hen Grade w	as passed:	Accession	on No:	
Surname:				Initials:		Nick Name	:	
First Name:				Other Names:				
Date Of Birth: YYYY	MM	DD		Gender:		Male: Female	e:	
Race:				Identification or Passport No:				
Country of Residence:				Citizenship:				
If SA, indicate province of r	residence:							
Physical Address:					Home Telep	phone:		
					Emergency	Telephone:		
City/Suburb					Learner Ce	II:		
Code:	Learner Email A	ddress:						
Home Language:		Pr	referred La	anguage of Ir	struction			
Boarder Yes	No							
Deceased Parents Mother Father Both Mode of transport:								
Religion:	For Grade	1 only: Indicat	e pre-prim	nary educatio	n: None	Non Formal	Forma	I
Previous School Informati	ion							
Name of Previous School:								
Previous School Address:								
Code:	Province:		Со	untry:				
Learner Medical Informati	ion							
Medical Aid Number:		Medical A	id Name:					
Medical Aid Main Member:	:				Docto	or Name:		
Doctor's Address:  Doctor Telephone Number:								
Medical Condition:								
Special Problems Requirin	ng Counseling:							
Dexterity of Learner:	Right Handed	Left Handed		Ambidextro	us	Reg. Soci		NO:
If the learner is accepted,	the following documen	ts must be sub	mitted to	the school:				

- Copy of Immunisation Records.
   Progress Report from Previous School
- Copy of Birth Certificate
   Transfer Letter from Previous School

		2					
Siblings							
Number of other Children at this school:	Position	on in the family (e.g first):					
Please supply full names below:							
Name:		Grade:					
Name:		Grade:					
Name:	Grade:						
		, 2 3 3 3 4					
Parent / Guardian Information Complete a SEPA	RATE pa	arent form for each parent living at a different physical address					
Title: Surname:							
First Name: Gend	ler:	Male: Female:					
Home Language:	e:						
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					
		Relationship to Learner:					
Spouse ID Number:							
		Marital status of parent:					
Correspondence Details							
Correspondence Details  Title: Surname:							
Title: Surname:	City/Subu	rb Code:					
Title: Surname:  Postal Address:	City/Subu	rb Code:					
Title: Surname:	City/Subu	rb Code:					
Title: Surname:  Postal Address:	City/Subu	rb Code:  Work Telephone :Number					
Title: Surname:  Postal Address:  Other Contact Details	City/Subu						
Title: Surname:  Postal Address:  Other Contact Details  Home Telephone : Number	City/Subu	Work Telephone :Number					
Title: Surname:  Postal Address:  Other Contact Details  Home Telephone : Number  Fax Number :	City/Subu	Work Telephone :Number  Cell Number :					
Title: Surname:  Postal Address:  Other Contact Details  Home Telephone : Number  Fax Number :  Spouse Work Telephone Number:		Work Telephone :Number  Cell Number :  Spouse Cell Number :  Spouse E-Mail Address:					
Title: Surname:  Postal Address:  Other Contact Details  Home Telephone :Number  Fax Number :  Spouse Work Telephone Number:  E-Mail Address:		Work Telephone :Number  Cell Number :  Spouse Cell Number :  Spouse E-Mail Address:					
Title: Surname:  Postal Address:  Other Contact Details  Home Telephone : Number  Fax Number :  Spouse Work Telephone Number:  E-Mail Address:  I hereby declare that to the best of my knowledge, the above info		Work Telephone :Number  Cell Number :  Spouse Cell Number :  Spouse E-Mail Address:					
Title: Surname:  Postal Address:  Other Contact Details  Home Telephone :Number  Fax Number :  Spouse Work Telephone Number:  E-Mail Address:  I hereby declare that to the best of my knowledge, the above information of Parent / Guardian (Please Print ) :		Work Telephone :Number  Cell Number :  Spouse Cell Number :  Spouse E-Mail Address:					
Title: Surname:  Postal Address:  Other Contact Details  Home Telephone :Number    Fax Number :  Spouse Work Telephone Number:  E-Mail Address:  I hereby declare that to the best of my knowledge, the above information of Parent / Guardian (Please Print ) :  Signature of Parent / Guardian :		Work Telephone :Number  Cell Number :  Spouse Cell Number :  Spouse E-Mail Address:					
Title: Surname:  Postal Address:  Other Contact Details  Home Telephone :Number  Fax Number :  Spouse Work Telephone Number:  E-Mail Address:  I hereby declare that to the best of my knowledge, the above information of Parent / Guardian (Please Print ) :  Signature of Parent / Guardian :  Date:		Work Telephone :Number  Cell Number :  Spouse Cell Number :  Spouse E-Mail Address:					
Title:    Postal Address:	prmation as s	Work Telephone :Number  Cell Number :  Spouse Cell Number :  Spouse E-Mail Address:  supplied is accurate and correct.					
Title:    Postal Address:	prmation as s	Work Telephone :Number  Cell Number :  Spouse Cell Number :  Spouse E-Mail Address:  supplied is accurate and correct.					