

APPLICATION FOR ADMISSION

GRADE APPLIED FOR: YEAR: APPROVED: Y: N:

HIGHEST GRADE PASSED: YEAR WHEN GRADE WAS PASSED: ACCESSION NO.

LEARNER INFORMATION

Surname:				Initials:			
First Name:				Other Names:			
Date of Birth: YYYY		MM		DD		Gender: Male:	Female:
Race:				Identification or Passport no.:			
Country of Residence:				Citizenship:			
If SA, Province of Residence:				Home Language:			

CONTACT DETAILS

<u>Cell:</u>		<u>Email</u>	
Mother:		Mother:	
Father:		Father:	
Guardian:		Guardian:	

GENERAL INFORMATION

Home Language:				Preferred Language of Instruction:			
Deceased Parents:	Mother:	Father:	Both:	Religion:			
REG. Sosial Grant:	Y:	N:		REC. Social Grant	Y:	N:	
Dexterity of Learner:	Left Handed:		Right Handed:		Ambidextrous:		

SIBLINGS

Number of other siblings in this School:		
Position in the family. (eg. First)		
Please supply full Names below:		
1. Name & Surname:		Grade:
2. Name & Surname:		Grade:
3. Name & Surname:		Grade:

PREVIOUS SCHOOL INFORMATION

For Grade 1 only: Indicate pre-primary Education:		None:		Non Formal:		Formal:	
Name of previous School:							
School Address:				Postal Address:			
Code:				Code:			
Province:				Country:			

MEDICAL INFORMATION:

Medical Aid Number:				Medical Aid Name:			
Main Member:				ID Nr: Main Member:			
Doctor's Name:				Doctor's Address:			
Doctor's Contact Nr:							
Medical Conditions:							
Special Problems Requiring Counseling:							

CLIMB EVERY MOUNTAIN