

**APPLICATION FOR ADMISSION TO SCHOOL**

**VUKASAMBE PRIMARY SCHOOL**

STAND NO. 02

Telephone: 013 - 0071147

NELSPRUIT

Fax:

1215

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:
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Surname:	Initials:	Nick Name:
First Name:	Other Names:	
Date Of Birth: YYYY	MM	DD
Race:	Gender:	Male: Female:
Country of Residence:	Identification or Passport No:	
If SA, indicate province of residence:	Citizenship:	

Physical Address:	Home Telephone:			
City/Suburb	Emergency Telephone:			
Code:	Learner Cell:			
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

<b>Siblings</b>	
Number of other Children at this school: <input style="width: 50px;" type="text"/>	Position in the family (e.g first): <input style="width: 150px;" type="text"/>
<b>Please supply full names below:</b>	
Name: <input style="width: 700px;" type="text"/>	Grade: <input style="width: 50px;" type="text"/>
Name: <input style="width: 700px;" type="text"/>	Grade: <input style="width: 50px;" type="text"/>
Name: <input style="width: 700px;" type="text"/>	Grade: <input style="width: 50px;" type="text"/>

<b>Parent / Guardian Information</b>		Complete a SEPARATE parent form for each parent living at a different physical address	
Title: <input style="width: 100px;" type="text"/>	Initials: <input style="width: 100px;" type="text"/>	Surname: <input style="width: 400px;" type="text"/>	
First Name: <input style="width: 250px;" type="text"/>	Gender: <input style="width: 50px;" type="text"/>	Male: <input style="width: 50px;" type="text"/>	Female: <input style="width: 50px;" type="text"/>
Home Language: <input style="width: 250px;" type="text"/>	Race: <input style="width: 250px;" type="text"/>		
Identification Number: <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Or Passport number		Account Payer: <input style="width: 50px;" type="text"/>	Yes <input style="width: 50px;" type="text"/>
		No	<input style="width: 50px;" type="text"/>
Residential Street Address: <input style="width: 900px;" type="text"/>			
		City/Suburb <input style="width: 150px;" type="text"/>	Code: <input style="width: 100px;" type="text"/>
Occupation: <input style="width: 350px;" type="text"/>	Employer: <input style="width: 400px;" type="text"/>		
Surname of Spouse: <input style="width: 350px;" type="text"/>	First Name: <input style="width: 400px;" type="text"/>		
Occupation of Spouse: <input style="width: 350px;" type="text"/>	Learner resides with this parent/s	Yes <input style="width: 50px;" type="text"/>	No <input style="width: 50px;" type="text"/>
Spouse ID Number: <input style="width: 150px;" type="text"/>	Relationship to Learner: <input style="width: 450px;" type="text"/>		
Marital status of parent: <input style="width: 450px;" type="text"/>			

<b>Correspondence Details</b>	
Title: <input style="width: 100px;" type="text"/>	Surname: <input style="width: 450px;" type="text"/>
Postal Address: <input style="width: 900px;" type="text"/>	
City/Suburb <input style="width: 150px;" type="text"/>	
Code: <input style="width: 100px;" type="text"/>	

<b>Other Contact Details</b>	
Home Telephone <input style="width: 150px;" type="text"/>	Work Telephone <input style="width: 150px;" type="text"/>
Fax Number : <input style="width: 150px;" type="text"/>	Cell Number : <input style="width: 150px;" type="text"/>
Spouse Work Telephone Number: <input style="width: 150px;" type="text"/>	Spouse Cell Number : <input style="width: 150px;" type="text"/>
E-Mail Address: <input style="width: 450px;" type="text"/>	Spouse E-Mail Address: <input style="width: 450px;" 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: -----/-----/-----

<b>Office use only:</b>			
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:	