

APPLICATION FOR ADMISSION TO SCHOOL

TSWINGA PRIMARY

TSWINGA VILLAGE

THOHOYANDOU

0950

Telephone: 082 - 0406381

Fax: 086 - 763 1444

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
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
Religion:	Mode of transport:		
	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

APPLICATION FOR ADMISSION TO SCHOOL

2

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 type="text"/>	Grade: <input type="text"/>
Name: <input type="text"/>	Grade: <input type="text"/>
Name: <input type="text"/>	Grade: <input 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 type="text"/>	
First Name: <input type="text"/>	Gender: <input type="text"/>	Male: <input type="text"/>	Female: <input type="text"/>
Home Language: <input type="text"/>	Race: <input type="text"/>		
Identification Number: <input type="text"/>	Or Passport number <input type="text"/>	Account Payer: Yes <input type="text"/>	No <input type="text"/>
Residential Street Address: <input type="text"/>			
<input type="text"/>		City/Suburb: <input type="text"/>	Code: <input type="text"/>
Occupation: <input type="text"/>	Employer: <input type="text"/>		
Surname of Spouse: <input type="text"/>	First Name: <input type="text"/>		
Occupation of Spouse: <input type="text"/>	Learner resides with this parent/s Yes <input type="text"/>		
Spouse ID Number: <input type="text"/>	Relationship to Learner: <input type="text"/>		
Marital status of parent: <input type="text"/>			

Correspondence Details	
Title: <input type="text"/>	Surname: <input type="text"/>
Postal Address: <input type="text"/>	
<input type="text"/>	City/Suburb: <input type="text"/>
Code: <input type="text"/>	

Other Contact Details	
Home Telephone: <input type="text"/>	Work Telephone: <input type="text"/>
Fax Number: <input type="text"/>	Cell Number: <input type="text"/>
Spouse Work Telephone Number: <input type="text"/>	Spouse Cell Number: <input type="text"/>
E-Mail Address: <input type="text"/>	Spouse E-Mail Address: <input 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: <input type="text"/>	2. Accepted: <input type="text"/>	3. Accession Number: <input type="text"/>	
4. Rejected: <input type="text"/>	5. Reason for Rejection: <input type="text"/>		
6. Documentation Received: <input type="text"/>	6a Immunisation Record: <input type="text"/>	6b. Birth Certificate: <input type="text"/>	
6c. Progress Report from Previous School: <input type="text"/>		6d. Transfer Letter from Previous School: <input type="text"/>	