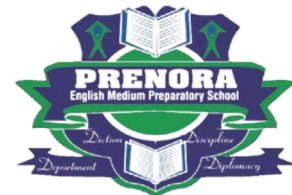


APPLICATION FOR ADMISSION TO SCHOOL

PRENORA ENGLISH MEDIUM PREPORATORY SCHOOL.



861 ZONE 4

Telephone: 015 - 2232187

POLOKWANE

Fax:

0742

Year: _____

Discipline, Diction, Diplomacy, Department

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

Physical Address:		Home Telephone:			
City/Suburb		Emergency Telephone:			
Code:		Learner Email Address:			
Home Language:		Preferred Language of Instructi			
Boarder	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Deceased Paren	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both <input type="checkbox"/>	Mode of transport:	
Religion:	For Grade 1 only: Indicate pre-primary education:		None <input type="checkbox"/>	Non Formal <input type="checkbox"/>	Formal <input type="checkbox"/>

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 <input type="checkbox"/>	Left Handed <input type="checkbox"/>	Ambidextrous <input type="checkbox"/>	Reg. Social Grant	YES <input type="checkbox"/>	NO: <input type="checkbox"/>
				Rec. Social Grant	YES <input type="checkbox"/>	NO: <input type="checkbox"/>

Parent / Guardian Information		Complete a SEPARATE parent form for each parent living at a different physical address									
Title:	Initials:	Surname:									
First Name:	Gender:	Male:		Female:							
Home Language:	Race:										
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	
Spouse ID Number:						Relationship to Learner:					
Marital status of parent:											

Correspondence Details			
Title:	Surname:		
Postal Address:			
			City/Suburb
			Code:

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

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 / Guardia _____

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:	