

APPLICATION FOR ADMISSION TO SCHOOL

SKEEN PRIMARY SCHOOL

S.A Boulevard and Cotedivore

Alexandra

2090

Telephone: 011 - 2646753

Fax: 011 - 2646753

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	Gender: Male: Female:
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 Cell:
Learner Email Address:	
Home Language:	Preferred Language of Instruction
Boarder Yes No	Mode of transport:
Deceased Parent Mother Father Both	None Non Formal Formal
Religion:	For Grade 1 only: Indicate pre-primary education

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

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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:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
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="checkbox"/> No <input type="checkbox"/>
Residential Street Address:	<input type="text"/>			City/Suburb	<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="checkbox"/>	No <input type="checkbox"/>	
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"/>		Code:
	City/Suburb	<input type="text"/>	<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"/>		