APPLICATION FOR ADMISSION TO SCHOOL

PRESDA PRIMARY SCHOOL

Plot 91, Zwavelpoort, Tshwane, 0042

Telephone: 012 996-1629

Fax: 012 996-1977

Year: ___________________

Note: This form must be completed in full. All changes to be initialled or signed by parent/guardian. Completing the form does not necessarily mean that the learner has been accepted in 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:				I.D. or Passp No.			
Country of Residence:				Citizenship:			
If SA, indicate province of residence:							
Physical Address:				Home Telephone:			
				Emergency Telephone:			
City Suburb:				Learner Cell:			
Code:	Learner Email Address:						
Home Language:				Preferred Language of Instruction:			
Deceased Parent	Mother:		Father:		Both:		Mode of Transport:
Religion:		Congregation:		For Gr. 1 only: Indicate pre-primary education:	None	Non Formal	For-mal
Previous School Information:							
Name of previous School:							
Previous School Address:							
Code:		Province:			Country:		
Learner Medical Information:							
Medical Aid No.:				Medical Aid Name:			
Medical Aid Main Member:							
Doctor Name:				Doctor Telephone No.:			
Medical condition:							
Special problems requiring counselling:							
Dexterity of Learner:		Right Handed:		Left Handed:		Ambidextrous:	
Social Grant:	Yes		No				

See overleaf /............

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Siblings:			
Number of other children at school:		Position in the family (e.g. first):	

Please supply full names below:

Name:	Grade	
Name:	Grade	
Name:	Grade	

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 No.: (or Passport No.)														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 No.:														Relationship to learner:				
Marital status of parent:																		

Correspondence Details

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

Other Contact Details:

Home Telephone:			Work Telephone:		
Fax Number:			Cell Number:		
Spouse Work Telephone No.			Spouse Cell No.:		
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/Guardian: ______________________ Date: _____ / _____ / ________

Office Use Only:	**1. Date:**	**2. Accepted**	**3. Access. No:**
4. Rejected	**5. Reason for Rejection**	**6. Documentation Received:**	
6a Birth certificate:	**6b Progress Report from previous school:**	**Transfer letter from previous school:**	