

APPLICATION FOR ADMISSION TO SCHOOL

1

THUTO TSEBO P/S

1466 MAREMATLOU STREET

Telephone: 058 - 4630215

LINDLEY

Fax:

9630

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

SiblingsNumber of other Children at this 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 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 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 / Guardian

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: