

APPLICATION FOR ADMISSION TO SCHOOL



WISDOM GATE PRIMARY

NDLENKULU

NONGOMA

3950

Telephone: 073 - 3410888

Fax: 086 - 6445085

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:	Admission No.
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Surname:	Initials:
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:	Learner Cell:
City/Suburb	
Code:	Learner Email Address:
Home Language:	
Deceased Parents 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	<table border="1" style="float:right"> <tr> <td>Reg. Social Grant</td> <td>YES</td> <td>NO:</td> </tr> <tr> <td>Rec. Social Grant</td> <td>YES</td> <td>NO:</td> </tr> </table>	Reg. Social Grant	YES	NO:	Rec. Social Grant	YES	NO:
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	5. ID copies for both parents or guardian
3. Progress Report from Previous School	4. Transfer Letter from Previous School	

Siblings	
Number of other Children at this school: <input style="width: 50px;" type="text"/>	Position in the family (e.g first): <input style="width: 100px;" type="text"/>
Please supply full names below:	
Name: <input style="width: 700px;" type="text"/>	Grade: <input style="width: 50px;" type="text"/>
Name: <input style="width: 700px;" type="text"/>	Grade: <input style="width: 50px;" type="text"/>
Name: <input style="width: 700px;" type="text"/>	Grade: <input style="width: 50px;" type="text"/>

Parent / Guardian Information		
Title: <input style="width: 100px;" type="text"/>	Initials: <input style="width: 100px;" type="text"/>	Surname: <input style="width: 300px;" type="text"/>
First Name: <input style="width: 250px;" type="text"/>	Gender: <input type="checkbox"/> Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
Home Language: <input style="width: 250px;" type="text"/>	Race: <input style="width: 200px;" type="text"/>	
Identification Number: <input style="width: 150px;" type="text"/>	Or Passport number <input style="width: 150px;" type="text"/>	Account Payer: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Postal Address: <input style="width: 900px;" type="text"/>		
<input style="width: 300px;" type="text"/>	City/Suburb <input style="width: 200px;" type="text"/>	Code: <input style="width: 50px;" type="text"/>
Residential Street Address: <input style="width: 900px;" type="text"/>		
<input style="width: 300px;" type="text"/>	City/Suburb <input style="width: 200px;" type="text"/>	Code: <input style="width: 50px;" type="text"/>
Occupation: <input style="width: 300px;" type="text"/>	Employer: <input style="width: 400px;" type="text"/>	
Surname of Spouse: <input style="width: 300px;" type="text"/>	First Name: <input style="width: 300px;" type="text"/>	
Occupation of Spouse: <input style="width: 300px;" type="text"/>	Learner resides with this parent/s	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse ID Number: <input style="width: 150px;" type="text"/>	Relationship to Learner: <input style="width: 400px;" type="text"/>	
Marital status of parent: <input style="width: 400px;" type="text"/>		
Home Telephone :Number <input style="width: 100px;" type="text"/>	Work Telephone :Number <input style="width: 100px;" type="text"/>	
Fax Number : <input style="width: 100px;" type="text"/>	Cell Number : <input style="width: 100px;" type="text"/>	
Spouse Work Telephone Number: <input style="width: 100px;" type="text"/>	Spouse Cell Number : <input style="width: 100px;" type="text"/>	
E-Mail Address: <input style="width: 300px;" type="text"/>	Spouse E-Mail Address: <input style="width: 400px;" 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:	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:
6e. Father's ID copy	6f. Mother's ID copy	6g. Guardian's ID copy