

APPLICATION FOR ADMISSION TO SCHOOL

CANSAS PRIVATE SCHOOL

11 MALUBANE

Telephone: - 0721194776

MKHUHLU

Fax:

1246

Year: _____

Note: This form must be completed in full. All changes to be initiated 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: Female:	
Race:	Identification of 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	
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

Siblings

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

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: 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:	<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"/>		