



h/v Fir- & Oliehoutstraat  
SE 3  
Vanderbijlpark  
1911

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Posbus /PO Box 12030  
LUMIER  
1905

Hoof / Principal: Mnr FP van Kradenburg

Office use only			
Date:	Accepted:	Admission Number:	
Not accepted	Reason for non-acceptance:		
Documentation received:	Immunisation Records		
	Birth Certificate		
	Progress Report from previous school		
	Transfer card from previous school		
	Proof of address		
	Parents' ID's		

**This form must be completed in FULL!**

### APPLICATION

Grade applied for:		Year applied for:	
Highest grade passed:		How many years in grade:	
Year when grade was passed			
<b>Grade 1 only:</b> Indicate pre-primary education:	None	Non-formal	Formal

### LEARNER INFORMATION

Surname:				First Name:			
Nick Name:				Second Name:			
Initials:				Third Name:			
<b>Date of Birth</b>	Year	Month	Day	<b>Gender</b>	Male	Female	
<b>Race</b>	African	Asian/Indian	Coloured	White	Other		
<b>Citizenship</b>	SA Citizen	ID Number (If SA Citizen):					
	Immigrant	Passport Number:					
<b>Physical Address</b>	Street Name & Number						
	City / Suburb:					Code:	
<b>Additional Information:</b>	Home Language:			Language of Instruction:			
<b>Mode of Transport:</b>	Bicycle	Bus	Employer Bus	Hostel	Car	Motorcycle	Taxi
	<b>By foot:</b>	10 + km	2 km or less	2 – 5 km	5 – 10 km		

### INFORMATION – PREVIOUS SCHOOL

Name of previous school:		
Street Address of previous school:		
Code:	Province:	Country:

### SIBLINGS

Number of other children at this school:	Position in the family (Eg; 1 <sup>st</sup> , 2 <sup>nd</sup> ):			
Name and Surname:	Grade:			
Name and Surname:	Grade:			
Name and Surname:	Grade:			
<b>Deceased Parents:</b>	Father	Mother	Both	<b>Religion:</b>

**MEDICAL / SOCIAL INFORMATION**

Medical Aid Number:	Medical Aid Name:	Main Member:
Name of Doctor:		Number of Doctor:

**MEDICAL CONDITION**

Special problems requiring counseling:					
Dexterity of Learner	Left Handed		Right Handed		Ambidextrous
Does this child benefit from the National School Nutrition Program?			Yes		No

<b>Social Grant Information</b>	<b>Registration</b>	<b>Receive</b>	<b>Grant Number</b>
	Child Support		Child Support
	Disability		Disability
	Foster Child		Foster Child
	Care-Dependency		Care-Dependency

**PARENT INFORMATION (FATHER)**

Title:	Initials:	Surname:																			
Name:										Gender:	Male		Female								
Home Language:						ID number:															
Race:	African		Asian/Indian		Coloured		White		Other												
Physical Address:										Suburb:				Code:							
City:						Cell:						e-mail:									
Telephone (Home):						Telephone (Work):						Fax:									
Postal Address (Complete only if different from physical address)																					
										Suburb:				Code:							
Learner resides with his parents		Yes								No											
Occupation (Father):										Employer:											
<b>Relationship to learner:</b>	Father & Mother		Father		Mother		Foster Parent		Grandparent		Legal Guardian		Step Parent		Other						
Account payer (Responsible for school fees)					Father			Mother			Guardian										

**INFORMATION OF 2<sup>ND</sup> PARENT (MOTHER) WHO RESIDES AT THE SAME ADDRESS**

Title	Initials:	Surname:																					
Name:										ID number:													
Gender:	Male		Female		Cell:																		
Occupation (Mother):										Employer:													
Telephone (Home):						Telephone (Work):						e-mail:											
<b>Relationship to learner:</b>	Father & Mother		Father		Mother		Foster Parent		Grandparent		Legal Guardian		Step Parent		Other								
<b>Marital status of parent</b>		Married			Single			Divorced			Widowed												

I hereby declare that to the best of my knowledge, the above information is accurate and correct.

Name of Parent / Guardian (Print) \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_