

APPLICATION FOR ADMISSION TO SCHOOL

HOËRSKOOL JAN VILJOEN

c/o Mainroad & Maugham

Telephone: 011 - 6935204

RANDFONTEIN

Fax:

1760

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 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. Birth Certificate
2. ID of Mother & Father
3. Latest Report
4. Transfer letter from previous school
5. Proof of Residence

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Siblings

Number 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

Family Member Contactnr. 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: