APPLICATION FOR ADMISSION TO SCHOOL

AFRICAN SCHOOL FOR EXCELLENCE

29108 Puseletso Street

Telephone: 076 - 9143698

Tsakane 1550 Fax:

Year:

Reg. Social Grant

Rec. Social Grant

YES

YES

NO:

NO:

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: Initials: Nick Name: Surname: Other Names: First Name: Date Of Birth: YYYY MM DD Male: Female: Gender: Race: Identification or Passport No: Country of Residence: Citizenship: If SA, indicate province of residence: Physical Address: Home Telephone: Emergency Telephone: City/Suburb Learner Cell: Code: Learner Email Address: Home Language: Preferred Language of Instruction Boarder No Yes Deceased Parent Both Mode of transport: Mother Father 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 Name: Medical Aid Number: 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

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

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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:

Title: Initials: Surname: First Name: Gender: Male: Female: Home Language: Race: Identification Number: No Identification Number: Image: Race: No Residential Street Address: Image: Image: No Cocupation: City/Suburb Code: Code: Occupation: Employer: Image: No Surname of Spouse: Learner resides with this parent/s Yes No Spouse ID Number: Image: Image: Image: Image: Postal Address: Image: Image: Image: Image: Postal Address: City/Suburb Code: Code: Other Contact Details Image: Image: Image: Home Telephone Image: Image: Image: Image: Spouse Work Telephone Number: Image: Image: Image: Image: Spouse Work Telephone Number: Image: Image: Image: Image: Image: Spouse Cell Number: Image: Image: Image:	Parent / Guardian Information Complete a SEPARATE parent form for each parent living at a different physical address						
Home Language: Race: Identification Number: Or Passport number Account Payer: Yes No Residential Street Address: Code: Occupation: Code: Occupation: Occupation: Employer: Sumame of Spouse: First Name: Occupation of Spouse: No Occupation of Spouse: Learner resides with this parent/s Yes No No Spouse ID Number: Image: Correspondence Details Marital status of parent: Code: Octorespondence Details City/Suburb Code: Code: Other Contact Details City/Suburb Code: Code: Other Contact Details Marital status of parent: Code: Other Contact Details Code: Code: Exa Number : Market Telephone Code: Spouse Work Telephone Number: Spouse Cell Number : Spouse Cell Number :	Title: Initials: Sum	Initials: Surname:					
Identification Number: Or Passport number Account Payer: Yes No Residential Street Address: Code: Code: Code: Occupation: Employer: Code: Code: Code: Occupation of Spouse: First Name: Cocupation of Spouse: No Cocupation of Spouse: No Occupation of Spouse: Learner resides with this parent/s Yes No No Spouse ID Number: Relationship to Learner: Marital status of parent: Marital status of parent: Correspondence Details City/Suburb Code: Code: Other Contact Details Mork Telephone Code: Home Telephone Work Telephone Cell Number : Spouse Cell Number : Spouse Work Telephone Number: Spouse Cell Number : Spouse Cell Number : Spouse Cell Number :	First Name: Geno	ne: Gender: Male: Female:					
Residential Street Address:	Home Language:	ne Language: Race:					
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: Marital status of parent: Correspondence Details Code: Title: Surname: Postal Address: Code: Other Contact Details Code: Home Telephone Marital Status Fax Number: Work Telephone Spouse Work Telephone Number: Spouse Cell Number :	Identification Number:	Or Passport number Accou	int Payer: Yes	No			
Occupation: Employer: Surname of Spouse: First Name: Occupation of Spouse: Learner resides with this parent/s Yes Spouse ID Number: Relationship to Learner: Marital status of parent: Correspondence Details Title: Surname: Postal Address: Citty/Suburb Code: Other Contact Details Home Telephone Work Telephone Fax Number : Spouse Vork Telephone Number: Spouse Work Telephone Number: Spouse Cell Number :	Residential Street Address:						
Sumame 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 Correspondence Details Correspondence Details Title: Surname: Postal Address: Postal Address: Code: Other Contact Details Code: Fax Number: Work Telephone Cell Number : Spouse Work Telephone Number: Spouse Cell Number : Spouse Cell Number :		City/Suburb			Code:		
Occupation of Spouse: Learner resides with this parent/s Yes No Spouse ID Number: Relationship to Learner: Marital status of parent: Correspondence Details Marital status of parent: Marital status of parent: Correspondence Details Correspondence Details Correspondence Details Title: Surname: Occupation Code: Postal Address: Code: Code: Other Contact Details Code: Code: Fax Number : Vork Telephone Cell Number : Spouse Work Telephone Number: Spouse Cell Number : Spouse Cell Number :	Occupation:		Employer:				
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 Work Telephone Spouse Work Telephone Number: Spouse Work Telephone Number: Spouse Cell Number :	Surname of Spouse:		First Name:				
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 :	Occupation of Spouse:		Learner resides with this parent/s	S Yes	No		
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 :	Spouse ID Number:		Relationship to Learner:				
Title: Surname: Postal Address: City/Suburb City/Suburb Code: Other Contact Details Vork Telephone Fax Number : Vork Telephone Spouse Work Telephone Number: Spouse Cell Number :			Marital status of parent:				
Postal Address: Code: City/Suburb Code: Other Contact Details Home Telephone Work Telephone Fax Number : Cell Number : Spouse Work Telephone Number: Spouse Cell Number :	Correspondence Details						
City/Suburb Code: Other Contact Details	Title: Surname:						
Other Contact Details Home Telephone Fax Number : Spouse Work Telephone Number: Spouse Cell Number :	Postal Address:						
Home Telephone Work Telephone Fax Number : Cell Number : Spouse Work Telephone Number: Spouse Cell Number :		City/Suburb			Code:		
Fax Number : Cell Number : Spouse Work Telephone Number: Spouse Cell Number :	Other Contact Details						
Fax Number : Cell Number : Spouse Work Telephone Number: Spouse Cell Number :	Home Telephone		Work Telephone				
	Fax Number :						
	Spouse Work Telephone Number:		Spouse Cell Number :				
E-Mail Address: Spouse E-Mail Address:	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

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	Office use only:	ice use only:					
	1. Date:	2. Accepted:		3. Accession Number:			
	4. Rejected:	5. Reason for Rejection:					
	6. Documentation Received: 6	Immunisation Record:		6b. Birth Certificate:			
6c. Progress Report from Previous School:		6d. Transfer Letter from Previous School:					

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