

APPLICATION FOR ADMISSION TO KLOOF JUNIOR PRIMARY SCHOOL

YEAR: _____ GRADE: _____

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.

LEARNER INFORMATION

| | | | | | | | |
|--|------|--------|--------------------------|------------------------------------|-------|-----------|--|
| Surname: | | | | Initials: | | Known as: | |
| First Name: | | | | Other Names: | | | |
| Date of Birth | YYYY | MM | DD | Gender: | Male: | Female: | |
| Race: | | | | Citizenship: | | | |
| Physical Address: | | | | ID or Passport no: | | | |
| _____ _____ _____ | | | | Home language: | | | |
| | | | | Preferred Language of instruction: | | | |
| City/Suburb: | | Code | | | | | |
| Are any parents deceased? | | Mother | | Father | | Both | |
| Emergency Contact Details (other than parents) | | | Name: | | | Cell no: | |
| | | | Relationship to learner: | | | | |

Previous School Information

| | | | |
|--------------------------------|--|---------|-------|
| Name of Previous School | | | |
| Previous School Address: _____ | | | |
| Tel No: _____ | | | |
| Province: | | Country | Code: |
| | | | |

Learner Medical Information

| | |
|--------------------------------|---------|
| Doctor's Name: | Tel no: |
| Medical Conditions: | |
| May the child be given Panado? | |

Siblings

| | | |
|---|-------------------------|--------|
| Number of other children at this school | Sports House of sibling | |
| Name: | School: | Grade: |
| Name: | School: | Grade: |
| Name: | School: | Grade: |

| Primary Parent/Guardian Information | | | | | | | | | | | |
|---|--|--|--|-----------|--|--------------------------|--|-------------------|--|------|--|
| Surname: | | | | Initials: | | | | Title: | | | |
| First Names: | | | | | | | | | | | |
| Race: | | | | | | Home Language: | | | | | |
| Identification/Passport no: | | | | | | | | Account Payer:Y/N | | | |
| Residential Street Address | | | | | | Correspondence Address | | | | | |
| _____ | | | | | | _____ | | | | | |
| _____ | | | | | | _____ | | | | | |
| City /Suburb | | | | Code | | City/Suburb | | | | Code | |
| Telephone Home | | | | | | Cell No | | | | | |
| Occupation (Other than self-employed) | | | | | | Telephone Work | | | | | |
| Employer | | | | | | Email Address: | | | | | |
| Marital status of parent: | | | | | | Relationship to Learner: | | | | | |
| Does the learner reside with this Parent/Guardian Y/N | | | | | | | | | | | |

| Secondary Parent/Guardian Information | | | | | | | | | | | |
|---|--|--|--|-----------|--|--------------------------|--|-------------------|--|------|--|
| Surname: | | | | Initials: | | | | Title: | | | |
| First Names: | | | | | | | | | | | |
| Race: | | | | | | Home Language: | | | | | |
| Identification/Passport no: | | | | | | | | Account Payer:Y/N | | | |
| Residential Street Address | | | | | | Correspondence Address | | | | | |
| _____ | | | | | | _____ | | | | | |
| _____ | | | | | | _____ | | | | | |
| City/Suburb | | | | Code | | City/Suburb | | | | Code | |
| Telephone Home | | | | | | Cell No | | | | | |
| Occupation (Other than self-employed) | | | | | | Telephone Work | | | | | |
| Employer | | | | | | Email Address: | | | | | |
| Marital status of parent: | | | | | | Relationship to Learner: | | | | | |
| Does the learner reside with this Parent/Guardian Y/N | | | | | | | | | | | |

Please take special note that should any of the information given by the applicant/s, on either the Application Form or on the Admissions Contract, be shown to be either inaccurate, incorrect or misleading, then the school specifically reserves the right to refuse entry to the learner, and/or that I may be requested to remove my child from the school.
I hereby declare and warrant 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 _____

| The following forms must be submitted to the school with this Application Form |
|--|
| 1. Copy of Learner's UNABRIDGED Birth Certificate |
| 2. Copy of both parents/guardians I.D.s |
| 3. Copy of Immunisation records |
| 4. Copy of latest school report |
| 5. Proof of residence |
| 6. School Fee Clearance Certificate |
| 7. A color photograph of the child (ID or Passport size) |
| 8. The signed Admission Contract. (Both parents' signatures are required). |
| 9. Protection of Personal Information Form |
| PLEASE NOTE THAT THE CLOSURE DATE FOR APPLICATIONS IS 9th JUNE 2017 |

| | |
|---------------|----------------|
| Official Use: | Date Received: |
|---------------|----------------|

