



APPLICATION FOR ADMISSION TO KLOOF JUNIOR PRIMARY SCHOOL

YEAR: _____ **GRADE:** _____ **MAINSTREAM** **REMEDIAL**

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
10. Psychological Assessment if you are applying for Remedial
PLEASE NOTE THAT THE CLOSURE DATE FOR APPLICATIONS IS 8th June 2018

Official Use:	Date Received:
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