



HIGHVELD PRIMARY SCHOOL

APPLICATION FOR ADMISSION

Form A

Office use only.
Admissions number:

NAME OF SCHOOL: HIGHVELD PRIMARY SCHOOL

PART 1: LEARNER'S DETAILS

LEARNER'S SURNAME : _____

FIRST NAME/S : _____

LEARNERS PREFURED NAME: _____

DATE OF BIRTH : _____ MALE/FEMALE : _____

HOME LANGUAGE : _____ I.D. NUMBER : _____

PLACE OF BIRTH : _____ RACE: _____

COUNTRY OF BIRTH : _____ RELIGION: _____

(If not South Africa)

VALID STUDY PERMIT NO.: _____ EXPIRY DATE: _____

PASSPORT NO: _____ CITIZENSHIP NO : _____

Dexterity of learner: Right handed Left handed Ambidextrous

Please note that Highveld Pre-Primary School reserves the right to credit check you and/or your spouse through Trans Union to verify all your details at any stage during your child's enrolment at Highveld Pre-Primary School.

Previous School/Nursery School: _____

Reason for leaving previous school : _____

Do you currently have children in Highveld Primary?	Yes	No	Name:	Grade:

PART 2 : parent's particulars

PARTICULARS	FATHER/GUARDIAN	MOTHER/ GUARDIAN
SURNAME(MR/MRS/MS)		
NAME:		
MARITAL STATUS:		
I.D. NUMBER:		
OCCUPATION:		
NAME OF EMPLOYER:		
IF SELF EMPLOYED PLEASE STATE WHAT TYPE OF		
WORK ADDRESS:		
WORK TEL. NUMBER:		
HOME TEL. NUMBER:		
CELLULAR NUMBER:		

RESIDENTIAL ADDRESS:		
EMAIL ADDRESS:		
WHO DOES THE CHILD LIVE WITH?		

NEXT OF KIN / FRIEND: RELATIVE'S DETAILS
 (Who could be contacted in case of an emergency?) NOT PARENTS

PARTICULARS	CONTACT 1	CONTACT 2
NAME:		
RELATIONSHIP TO LEARNER:		
HOME TEL. NUMBER:		
WORK TEL. NUMBER:		
CELLULAR NUMBER:		
RESIDENTIAL ADDRESS:		

SPECIAL NEEDS OF LEARNER:

(if parent/guardian requires that special attention is required for the learner, this information could be given here, e.g. epilepsy, allergies, use of wheelchair, etc)

FAMILY DOCTOR'S DETAILS:

NAME _____ TELEPHONE NUMBER _____

MEDICAL AID DETAILS:

NAME OF MEDICAL AID: _____ NUMBER: _____

NAME OF MAIN MEMBER: _____

SIBLINGS:

NAME	AGE	SCHOOL ATTENDED

_____ *Signature (Parent/guardian)*

_____ *Date*