HIGHVELD PRIMARY SCHOOL

APPLICATION FOR ADMISSION

Form A

Office use only.
Admissions number:
_____
Accepted: Yes / No
Date:

PART 1: LEARNER'S DETAILS

LEARNER'S SURNAME :

FIRST NAME/S :

LEARNERS PREFERED NAME:

DATE OF BIRTH: **MALE/FEMALE:**

HOME LANGUAGE: **I.D. NUMBER:**

PLACE OF BIRTH: **RACE:**

COUNTRY OF BIRTH : **RELIGION:**
(If not South African)
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	Yes	No	Name:	Grade

PART 2:PARENT'S PARTICULARS (Please complete in full)

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.		
WORK ADDRESS:		
WORK TEL. NUMBER:		
HOME TEL. NUMBER:		
CELLULAR NUMBER:		
EMAIL ADDRESS:		
RESIDENTIAL 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:		
EMAIL 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.

_____

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FAMILY DOCTOR'S DETAILS:

NAME :☐☐☐☐☐☐☐☐☐☐☐☐☐ TEL NUMBER: ☐☐☐☐☐☐☐☐☐☐

MEDICAL AID DETAILS:

NAME OF MEDICAL AID:☐☐☐☐☐☐☐☐☐ NUMBER:☐☐☐☐☐☐☐☐☐☐

NAME OF MAIN MEMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐

SIBLINGS:

NAME	**AGE**	**SCHOOL ATTENDED**

_____***Signature (Parent/guardian)***

_____ ***Date***