

APPLICATION FOR ADMISSION TO SCHOOL

1

MAFADI ACADEMY

GA MATHIPA

Telephone: 013 - 2147633

BURGERSFORT

Fax: 013 - 2149093

1129

Year: _____



Note: This form must be completed in full. All changes to be initiated 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:
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Surname:	Initials:	Nick Name:
First Name:	Other Names:	
Date Of Birth: YYYY MM DD	Gender:	Male: Female:
Race:	Identification or Passport No:	
Country of Residence:	Citizenship:	
If SA, indicate province of residence:		

Physical Address:	Home Telephone:
City/Suburb	Emergency Telephone:
Code:	Learner Cell:
Learner Email Address:	
Home Language:	Preferred Language of Instruction
Boarder Yes No	
Deceased Parent Mother Father Both	Mode of transport:
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 Number:	Medical Aid Name:
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
Reg. Social Grant	YES NO:
Rec. Social Grant	YES NO:

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

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:

Parent / Guardian Information		Complete a SEPARATE parent form for each parent living at a different physical address	
Title:	Initials:	Surname:	
First Name:	Gender:	Male:	Female:
Home Language:	Race:		
Identification Number:	Or Passport number	Account Payer:	Yes No
Residential Street Address:			
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:			

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 :
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

Date: / /

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