

APPLICATION FOR ADMISSION TO SCHOOL

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: _____

First Name: _____

Date Of Birth: YYYY MM DD

Race: _____

Country of Residence: _____

If SA, indicate province of residence: _____

Initials: _____ Nick Name: _____

Other Names: _____

Gender: Male: Female:

Identification or Passport No: _____

Citizenship: _____

Physical Address: _____

Home Telephone: _____

Emergency Telephone: _____

City/Suburb: _____

Learner Cell: _____

Code: _____

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: