

**APPLICATION FOR ADMISSION TO SCHOOL**

**ZOLA PRIMARY SCHOOL,**

1854 SEHOOLE ST

SOWETO

1868

Telephone: 011 - 9341153

Fax: 011 - 9310475

Year: \_\_\_\_\_

**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.

|                    |                      |                            |               |
|--------------------|----------------------|----------------------------|---------------|
| Grade Applied For: | Highest Grade Passed | Year When Grade was passed | Accession No: |
|--------------------|----------------------|----------------------------|---------------|

|  |                                |               |
|--|--------------------------------|---------------|
| Surname:                               | Initials:                      | Nick Name:    |
| First Name:                            | Other Names:                   |               |
| Date Of Birth: YYYY                    | MM                             | DD            |
| Race:                                  | Gender:                        | Male: Female: |
| Country of Residence:                  | Identification or Passport No: |               |
| If SA, indicate province of residence: | Citizenship:                   |               |

|                        |                      |
|------------------------|----------------------|
| 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

|  |  |
|--|--|
| <b>Siblings</b>  |  |
| Number of other Children at this school: <input style="width: 50px;" type="text"/> | Position in the family (e.g first): <input style="width: 100px;" type="text"/> |
| Please supply full names below:  |  |
| Name: <input style="width: 600px;" type="text"/>                                   | Grade: <input style="width: 50px;" type="text"/>                               |
| Name: <input style="width: 600px;" type="text"/>                                   | Grade: <input style="width: 50px;" type="text"/>                               |
| Name: <input style="width: 600px;" type="text"/>                                   | Grade: <input style="width: 50px;" type="text"/>                               |

**Parent / Guardian Information** Complete a SEPARATE parent form for each parent living at a different physical address

|  |  |  |
|--|--|--|
| Title: <input style="width: 80px;" type="text"/>                       | Initials: <input style="width: 80px;" type="text"/>  | Surname: <input style="width: 300px;" type="text"/>  |
| First Name: <input style="width: 250px;" type="text"/>                 | Gender: <input type="checkbox"/> Male: <input type="checkbox"/> Female: <input type="checkbox"/>                     |  |
| Home Language: <input style="width: 250px;" type="text"/>              | Race: <input style="width: 250px;" type="text"/>   |  |
| Identification Number: <input style="width: 150px;" type="text"/>      | Or Passport number <input style="width: 150px;" type="text"/>  | Account Payer: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Residential Street Address: <input style="width: 800px;" type="text"/> |  |  |
| City/Suburb: <input style="width: 300px;" type="text"/>                |  | Code: <input style="width: 80px;" type="text"/>  |
| Occupation: <input style="width: 350px;" type="text"/>                 | Employer: <input style="width: 400px;" type="text"/>   |  |
| Surname of Spouse: <input style="width: 350px;" type="text"/>          | First Name: <input style="width: 400px;" type="text"/>   |  |
| Occupation of Spouse: <input style="width: 350px;" type="text"/>       | Learner resides with this parent/s <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Spouse ID Number: <input style="width: 150px;" type="text"/>           | Relationship to Learner: <input style="width: 350px;" type="text"/>  |  |
| Marital status of parent: <input style="width: 350px;" type="text"/>   |  |  |

**Correspondence Details**

|  |   |
|--|---|
| Title: <input style="width: 80px;" type="text"/>           | Surname: <input style="width: 350px;" type="text"/> |
| Postal Address: <input style="width: 800px;" type="text"/> |   |
| City/Suburb: <input style="width: 300px;" type="text"/>    | Code: <input style="width: 80px;" type="text"/>     |

**Other Contact Details**

|  |   |
|--|---|
| Home Telephone: <input style="width: 150px;" type="text"/>               | Work Telephone: <input style="width: 150px;" type="text"/>        |
| Fax Number: <input style="width: 150px;" type="text"/>                   | Cell Number: <input style="width: 150px;" type="text"/>           |
| Spouse Work Telephone Number: <input style="width: 150px;" type="text"/> | Spouse Cell Number: <input style="width: 150px;" type="text"/>    |
| E-Mail Address: <input style="width: 300px;" type="text"/>               | Spouse E-Mail Address: <input style="width: 300px;" type="text"/> |

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: |