

APPLICATION FOR ADMISSION TO SCHOOL

Siblings

Number of other Children at this school:	<input type="text"/>	Position in the family (e.g first):	<input type="text"/>
Please supply full names below:			
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>

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

Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>
First Name:	<input type="text"/>	Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Home Language:	<input type="text"/>	Race:	<input type="text"/>		
Identification Number:	<input type="text"/>	Or Passport number	Account Payer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Residential Street Address:	<input type="text"/>				
	City/Suburb	<input type="text"/>	Code:	<input type="text"/>	
Occupation:	<input type="text"/>	Employer:	<input type="text"/>		
Surname of Spouse:	<input type="text"/>	First Name:	<input type="text"/>		
Occupation of Spouse:	<input type="text"/>	Learner resides with this parent/s	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Spouse ID Number:	<input type="text"/>	Relationship to Learner:	<input type="text"/>		
		Marital status of parent:	<input type="text"/>		

Correspondence Details

Title:	<input type="text"/>	Surname:	<input type="text"/>
Postal Address:	<input type="text"/>		
	City/Suburb	<input type="text"/>	Code: <input type="text"/>

Other Contact Details

Home Telephone	<input type="text"/>	Work Telephone	<input type="text"/>
Fax Number :	<input type="text"/>	Cell Number :	<input type="text"/>
Spouse Work Telephone Number:	<input type="text"/>	Spouse Cell Number :	<input type="text"/>
E-Mail Address:	<input type="text"/>	Spouse E-Mail Address:	<input 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:	