APPLICATION FOR ADMISSION TO THE SCHOOL

MABELA INTERMIDIATE SCHOOL

Ha- Rankopane Village
Phuthadijhaba
9866

Telephone:
Fax:
Year: _____

Note: This form must be completed in full. All changes to be initialled or signed by parent/ guardian. Completing the form does not necessarily mean that learner has been accepted into the school.

Grade Applied For :		Highest Grade Passed:		Year when grade was passed		Accession No.	

Surname:		Initials		Nickname	
First Name:		Other Names:			
Date Of Birth: YYYY	MM	DD	Gender	Male	Female
Race		Identification Number:			
Country Of Residence		Citizenship:			
If SA indicate province of residence:					

Physical Address:		Telephone Number		
		Emergency Number		
City/Suburb:		Learner Cell:		
Code:	Learner Email Address:			
Home Language:		Preferred Language:		
Boarder:	Yes		No	
Deceased Parent:	Mother	Father	Both	Mode of transport:
Religion:	For Grade 1 only: Indicate pre-primary education		None	Informal / 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
Doctor's Address		Doctors Telephone number	
Medical Condition:			
Special Problems requiring Counselling:			

Dexterity Of Learner		Right Handed	Left Handed	Ambidextrous

Reg. Social Grant	Yes	No
Reg.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 children in school		Position in the family (e.g. First)	
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 Address

Title:	Initials:	Surname:				
Full 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 phone Number:		
Spouse Work Telephone			Spouse Cell phone Number:		
E-mail Address:			Spouses E-mail:		

I hereby declare that to the best of my Knowledge, the above information as supplied is accurate and correct.

Name of Parent/ Guardian (Print): _____

Signature of Guardian: _____

Date: _____

FOR OFFICE USE ONLY

1. Date:	2. Accepted:	3.Accession Number:	
4. Rejected:	5. Reason for rejection:		
6. Documentation Received:	6.a. Immunisation record:	6.b. Birth Certificate:	
6.c. Progress Report:	6.d. Transfer letter from Previous School:		