

APPLICATION FOR ADMISSION TO SCHOOL**MOTSWEDI HIGH SCHOOL EMIS NO: 600101458**

Stand No: 10362 Sekgwakgwe Section

MOTSWEDI

2870

Telephone: +27(0) 18 365 1675**FAX:****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	
First Name		Other Names	
Date Of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
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	
Deceased Parent		Boarder	<input type="checkbox"/>
Mode of transport		Religion	

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	
Doctors Address		Doctor Telephone Number	
Medical Condition			
Special Problems Requiring Counselling			
Dexterity of Learner	Right Handed <input type="checkbox"/>	Left Handed <input type="checkbox"/>	Ambidextrous <input type="checkbox"/>
Reg. Social Grant	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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 name(s) below:

Name : Grade :

Name : Grade :

Name : Grade :

Parents / 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 : +27 (0)

Work Telephone : +27 (0)

Fax number : +27 (0)

Cell Number : +27 (0)

Spouse Work Telephone Number : +27 (0)

Spouse Cell Number : +27 (0)

E-mail Address :

Spouse E-mail Address :

I hereby declare that to the best of my knowledge, 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 :	
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 :	