APPLICATION FOR ADMISSION TO SCHOOL

NEW MOUNT ACADEMY

WILD SILK BUILDING ,MOLOPO RD

GANYESA

8613

Telephone: 053 - 2150435

Fax:

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	Gender:	Male:	Female:
Race:			Identification or Passport No:			
Country of Residence:			Citizenship:			
If SA, indicate province of residence:						

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:	