

ADMISSION FORM

Admission for Grade: _____ Year: _____

LEARNER INFORMATION

SURNAME			
FIRST NAME/S			
BIRTH DATE DD/MM/YY	____/____/____		
PREVIOUS SCHOOL			
SEX	MALE		FEMALE
HOME LANGUAGE			
NATIONALITY			
IDENTITY NUMBER / BIRTH CERTIFICATE NUMBER			
SPECIAL NEEDS (Please attach all medical reports)			

We require a copy of the following documents:

1. Learner's Birth Certificate
2. Fathers' ID (if available)
3. Mothers' ID (if available)
4. Transfer Card (if available)
5. Last Report

PARENT INFORMATION

FATHER:

Surname _____

Name _____

ID Number _____

Cellphone Number _____

Email _____

Alternative (eg.cell) _____

MOTHER:

Surname _____

Name _____

ID Number _____

Cellphone Number _____

Email _____

TUTOR INFORMATION (COMPULSORY)

Surname _____

Name _____

Email Address _____

Cellphone Number _____

Tutor Centre Name _____

Date of Application: _____

Parent Signature: _____