

APPLICATION FOR ADMISSION TO SCHOOL

JONGILIZWE COLLEGE

EBHUNGENI/AGRIC

TSOLO

5170

TELEPHONE: 065 -5789918

FAX: 047 - 5420059

YAER: _____



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 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: <input type="checkbox"/>	Female: <input type="checkbox"/>
RACE:				Identification or Passport No:				
Country of Resident:				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:				
Border	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Deceased Parent:	Mother: <input type="checkbox"/>	Father: <input type="checkbox"/>	Both: <input type="checkbox"/>	Mode of transport:				
Religion:				For grade 1 only: Indicate pre-primary education	None <input type="checkbox"/>	Non Formal <input type="checkbox"/>	Formal <input type="checkbox"/>	

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:				Doctors Telephone Number:			
Medical Condition:							
Special Problems Requiring Counseling:							
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"/>	
				Reg. Social Grant	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

If the learner is admitted, the following documents must be submitted to the school:

1. Copy of Immunisation Records
2. Copy of Birth Certificate
3. Copy of birth Certificate
4. Transfer Letter from Previous School
5. ID Copy of Parent

APPLIACTION FOR ADMISSION TO SCHOOL

Siblings

Name 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

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

Correspondence Details

Title:	Surname:
Postal Address:	
	City/Suburb
	Code:

Other Contact Details:

Home Telephone:	Work Number:
Fax Number:	Cell Number:
Spouse Work Telephone Number:	Spouse Cell Number:
Email Address:	Spouse Email Address:

I hereby declare 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:

6. Date:	4. Accepted:	5. Accession Number:
3. Rejected	2. Reasons for Rejection:	
1. Documentation Received:	6a Immunisation Record:	6b. Birth Certificate:
6c. Progress from Previous School:	6d. Transfer Letter from Previous School:	