

**TSHWANE COLLEGE PRIMARY & HIGH SCHOOL**

PRETORIUS STREET 440

Telephone: 012 - 3225239

PRETORIA

Fax:

0002

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:							
Date Of Birth: YYYY		MM		DD			
Race:							
Country of Residence:							
If SA, indicate province of residence:							
Other Names:							
Gender:	Male:		Female:				
Identification or Passport No:							
Citizenship:							

Physical Address:				Home Telephone:			
City/Suburb				Emergency Telephone:			
Code:	Learner Email Address:			Learner Cell:			
Home Language:				Preferred Language of Instruction			
Boarder	Yes		No				
Deceased Parents	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

<b>Siblings</b>		
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:

<b>Parent / Guardian Information</b>		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:			

<b>Correspondence Details</b>	
Title:	Surname:
Postal Address:	
	City/Suburb
	Code:

<b>Other Contact Details</b>	
Home Telephone :Number	Work Telephone :Number
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: -----/-----/-----

<b>Office use only:</b>			
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:	