

NTSHA-PEU PRIMARY SCHOOL

294 BLOCK F EAST

PRETORIA

0152

Telephone: 012 - 7991612

Fax: 012 - 7991741

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

Physical Address:	Home Telephone:			
City/Suburb	Emergency Telephone:			
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

SiblingsNumber 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: