

APPLICATION FOR ADMISSION TO SCHOOL**BROOKLYN PRIMARY SCHOOL**

279 MURRAY STREET

PRETORIA

0184

Telephone: 012 - 4603238**Fax:** 012 - 4608884**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
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 Cell:			
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 Counselling:						
Dexterity of Learner:	Right Handed	Left Handed	Ambidextrous	Reg. Social Grant	YES	NO:
				Rec. Social Grant	YES	NO:

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:	