

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 initialled 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	Gender:	Male: Female:
Race:	Identification or Passport No:	
Country of Residence:	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	
Boarder Yes No	Mode of transport:	
Deceased Parent Mother Father Both	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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Reg. Social Grant</td> <td>YES</td> <td>NO:</td> </tr> <tr> <td>Rec. Social Grant</td> <td>YES</td> <td>NO:</td> </tr> </table>	Reg. Social Grant	YES	NO:	Rec. Social Grant	YES	NO:
Reg. Social Grant	YES	NO:					
Rec. Social Grant	YES	NO:					

Document requirements: Refer to checklist. Certified copies, to be submitted with the application form. Incomplete applications cannot be processed.

South African Citizens:	Non-South African Citizens
1. Childs Birth Certificate	1. Child's Asylum Seeker Permit/ Refugee Permit/ Passport
2. Parent/ Legal Guardian ID	2. Parent/ Legal Guardian Passport
3. Child's Clinic Card	3. Child's Clinic Card
4. *Proof of Home/** Work address	4. *Proof of Home/**Work address
5. ***Report card Term 1/2/3: Gr 2 – Gr 7 learners	5. ***Report card Term 1/2/3: Gr 2 – Gr 7 learners

Siblings			
Number of other Children at this school:	<input type="text"/>	Position in the family (e.g first):	<input type="text"/>
Please supply full names below:			
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>

Parent / Guardian Information			
Complete a SEPARATE parent form for each parent living at a different physical address			
Title:	<input type="text"/>	Initials:	<input type="text"/>
Surname:	<input type="text"/>		
First Name:	<input type="text"/>	Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Home Language:	<input type="text"/>	Race:	<input type="text"/>
Identification Number:	<input type="text"/>	Or Passport number	<input type="text"/>
Account Payer:	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Residential Street Address:	<input type="text"/>		
	City/Suburb	Code:	
Occupation:	<input type="text"/>	Employer:	<input type="text"/>
Surname of Spouse:	<input type="text"/>	First Name:	<input type="text"/>
Occupation of Spouse:	<input type="text"/>	Learner resides with this parent/s	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse ID Number:	<input type="text"/>	Relationship to Learner:	<input type="text"/>
		Marital status of parent:	<input type="text"/>

Correspondence Details			
Title:	<input type="text"/>	Surname:	<input type="text"/>
Postal Address:	<input type="text"/>		
	City/Suburb	Code:	

Other Contact Details			
Home Telephone	<input type="text"/>	Work Telephone	<input type="text"/>
Fax Number :	<input type="text"/>	Cell Number :	<input type="text"/>
Spouse Work Telephone Number:	<input type="text"/>	Spouse Cell Number :	<input type="text"/>
E-Mail Address:	<input type="text"/>		Spouse E-Mail Address:
<input type="text"/>			<input type="text"/>

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:	