

APPLICATION FOR ADMISSION TO SCHOOL



PARSEE RUSTOMJEE PRIMARY

59 SATARA ROAD

Telephone: 031 - 4683959

DURBAN

Fax: 086 - 5646915

4052

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		Gender:	
						Male:	
						Female:	
Race:				Identification or Passport No:			
Country of Residence:				Citizenship:			
If SA, indicate province of residence:							

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 |

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:	<input type="text"/>	Male:	<input type="text"/>	Female:	<input type="text"/>										
Home Language:	<input type="text"/>			Race:	<input type="text"/>														
Identification Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Or Passport number	Account Payer:	Yes	<input type="text"/>	No	<input type="text"/>				
Residential Street Address:																	<input type="text"/>		
										City/Suburb	<input type="text"/>					Code:	<input type="text"/>		
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="text"/>	No	<input type="text"/>										
Spouse ID Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Relationship to Learner:	<input type="text"/>							
Marital status of parent																			

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

Other Contact Details																
Home Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	Work Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax Number :	<input type="text"/>	<input type="text"/>	Cell Number :	<input type="text"/>				
Spouse Work Telephone Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Spouse Cell Number :	<input type="text"/>											
E-Mail Address:	<input type="text"/>						Spouse E-Mail Address:	<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:	<input type="text"/>					2. Accepted:	<input type="text"/>					3. Accession Number:	<input type="text"/>					
4. Rejected:	<input type="text"/>					5. Reason for Rejection:	<input type="text"/>											
6. Documentation Received:	<input type="text"/>					6a Immunisation Record:	<input type="text"/>					6b. Birth Certificate:	<input type="text"/>					
6c. Progress Report from Previous School:	<input type="text"/>					6d. Transfer Letter from Previous School:	<input type="text"/>											