

APPLICATION FOR ADMISSION TO SCHOOL

DIMANI AGRICULTURAL HIGH

shayandima
thohoyandou
0950

Telephone: 015 - 9643520
Fax: 015 - 9643520
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: 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: