



**APPLICATION FOR ADMISSION TO SCHOOL
MZILA S.P. SCHOOL 2012
EMSELENI AREA
SIBHAYI
3967**

A. LEARNER INFORMATION

DATE ADMISSION IS SOUGHT	
1. SURNAME	
2. FULL NAMES	
3. GENDER	
4. DATE OF BIRTH	
5. PLACE OF BIRTH	
6. GRADE ON ADMISSION	
7. LURITS NO.	
8. CITIZENSHIP	
9. RSA IDENTITY NUMBER	
10. NAME OF PREVIOUS SCHOOL	

B. MEDICAL INFORMATION COMPULSORY

1. NAME OF MEDICAL AID					
2. NUMBER OF MEDICAL AID					
3. TELEPHONE NUMBER OF DOCTOR					
4. SOCIAL GRANT (tick)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>
5. LEFT/ RIGHT HANDED					

C. GENERAL INFORMATION

1. WHO ELSE MAY FETCH YOUR CHILD	
2. MAY YOUR CHILD GO HOME WITH A TAXI/BUS	

D. INFORMATION OF PARENT

	FATHER/ GUARDIAN	MOTHER/GUARDIAN
Surname		
Full Names		
Identity Number		
Postal Address		
Residential Address		
Telephone number (h)		
(w)		
(c)		
Relationship to child		
Marital status		
Occupation		
Next of kin (not living with you)		

Tel no of next of kin		
Telephone NO in case EMERGENCY		

E. GENERAL INFORMATION

DOES SHE SUFFER FROM ANY OF THE FOLLOWING	EPILEPSY	YES	NO	HAEMOPHILIA	YES	NO	SHE HAS ANY COMMUNICABLE DISEASE?(INFECTION)	YES	NO	
	HEARTDISEASE	YES	NO	ASTHMA	YES	NO				
	CHOREA	YES	NO	DIABETES	YES	NO				
11.	IS SHE RECEIVING ANY MEDICATION ATTENTION AT PRESENT						YES		NO	
	IF YES, PLEASE DESCRIBE.									
12.	DOES SHE SUFFER FRON ANY ALLERGIES?						YES		NO	
	IF YES, PLEASE GIVE PARTICULARS.									
13.	DECEASED PARENT				MOTHER		F ATER		BOTH	

IF THE LEARNER IS ACCEPTED, THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO SCHOOL.

1. COPY OF IMMUNISATION RECORD.
2. COPY OF BIRTH CERTIFICATE.
3. PROGRESS REPORT FROM PREVIOUS SCHOOL.

CLOSING DATE FOR ADMISSION WILL BE ON THE 25TH NOVEMBER OF EVRY YEAR