



**APPLICATION FOR ADMISSION TO KLOOF JUNIOR PRIMARY SCHOOL**

YEAR: \_\_\_\_\_ GRADE: \_\_\_\_\_ MAINSTREAM  REMEDIAL

**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.

**LEARNER INFORMATION**

Surname:				Initials:		Known as:	
First Name:				Other Names:			
Date of Birth	YYYY	MM	DD	Gender:		Male:	Female:
Race:				Citizenship:			
Physical Address:				ID or Passport no:			
				Home language:			
				Preferred Language of instruction:			
City/Suburb:		Code					
Are any parents deceased?		Mother		Father		Both	
Emergency Contact Details (other than parents)			Name:			Cell no:	
			Relationship to learner:				

**Previous School Information**

Name of Previous School			
Previous School Address: _____			
Tel No: _____			
Province:		Country	Code:

**Learner Medical Information**

Doctor's Name:	Tel no:
Medical Conditions:	
May the child be given Panado?	

**Siblings**

Number of other children at this school	Sports House of sibling	
Name:	School:	Grade:
Name:	School:	Grade:
Name:	School:	Grade:

Primary Parent/Guardian Information											
Surname:				Initials:				Title:			
First Names:											
Race:						Home Language:					
Identification/Passport no:								Account Payer:Y/N			
Residential Street Address						Correspondence Address					
_____						_____					
_____						_____					
City /Suburb				Code		City/Suburb				Code	
Telephone Home						Cell No					
Occupation (Other than self-employed)						Telephone Work					
Employer						Email Address:					
Marital status of parent:						Relationship to Learner:					
Does the learner reside with this Parent/Guardian Y/N											

Secondary Parent/Guardian Information											
Surname:				Initials:				Title:			
First Names:											
Race:						Home Language:					
Identification/Passport no:								Account Payer:Y/N			
Residential Street Address						Correspondence Address					
_____						_____					
_____						_____					
City/Suburb				Code		City/Suburb				Code	
Telephone Home						Cell No					
Occupation (Other than self-employed)						Telephone Work					
Employer						Email Address:					
Marital status of parent:						Relationship to Learner:					
Does the learner reside with this Parent/Guardian Y/N											

Please take special note that should any of the information given by the applicant/s, on either the Application Form or on the Admissions Contract, be shown to be either inaccurate, incorrect or misleading, then the school specifically reserves the right to refuse entry to the learner, and/or that I may be requested to remove my child from the school.

I hereby declare and warrant 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 \_\_\_\_\_

The following forms must be submitted to the school with this Application Form
1. Copy of Learner's UNABRIDGED Birth Certificate
2. Copy of both parents/guardians I.D.s
3. Copy of Immunisation records
4. Copy of latest school report
5. Proof of residence
6. School Fee Clearance Certificate
7. A color photograph of the child (ID or Passport size)
8. The signed Admission Contract. (Both parents' signatures are required).
9. Protection of Personal Information Form
10. Psychological Assessment if you are applying for Remedial
<b>PLEASE NOTE THAT THE CLOSURE DATE FOR APPLICATIONS IS 5<sup>th</sup> June 2020</b>

Official Use:	Date Received:
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