

NYUKANI EDUCATION CENTRE

SECTIONA-14B MAIN ROAD,

Telephone: 015 - 0130149

GIYANI

Fax: 086 - 6050350

0826

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:	
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Surname:				Initials:		Nick Name:	
First Name:							
Date Of Birth: YYYY		MM		DD			
Race:							
Country of Residence:							
If SA, indicate province of residence:							
Other Names:							
Gender:		Male:		Female:			
Identification or Passport No:							
Citizenship:							

Physical Address:			Home Telephone:					
City/Suburb			Emergency Telephone:					
Code:			Learner Cell:					
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:	