

# APPLICATION FOR ADMISSION TO SCHOOL

1

## JABULANI TECHNICAL HIGH SCHOOL

P.O. Box 615 Koma Road

Telephone: 010 - 0233557

Soweto

Fax:

1868

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: <input type="text"/>		Highest Grade Passed: <input type="text"/>		Year When Grade was passed: <input type="text"/>		Accession No: <input type="text"/>	
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Surname: <input type="text"/>				Initials: <input type="text"/>		Nick Name: <input type="text"/>	
First Name: <input type="text"/>				Other Names: <input type="text"/>			
Date Of Birth: YYYY <input type="text"/>		MM <input type="text"/>		DD <input type="text"/>		Gender: <input type="text"/>	
Race: <input type="text"/>		Male: <input type="text"/>		Female: <input type="text"/>			
Country of Residence: <input type="text"/>				Identification or Passport No: <input type="text"/>			
If SA, indicate province of residence: <input type="text"/>				Citizenship: <input type="text"/>			

  

Physical Address: <input type="text"/>				Home Telephone: <input type="text"/>	
City/Suburb: <input type="text"/>				Emergency Telephone: <input type="text"/>	
Code: <input type="text"/>		Learner Email Address: <input type="text"/>			
Home Language: <input type="text"/>		Preferred Language of Instruction: <input type="text"/>			
Boarder	Yes	No			
Deceased Parent	Mother	Father	Both	Mode of transport: <input type="text"/>	
Religion: <input type="text"/>	For Grade 1 only: Indicate pre-primary education		None	Non Formal	Formal

  

<b>Previous School Information</b>					
Name of Previous School: <input type="text"/>					
Previous School Address: <input type="text"/>					
Code: <input type="text"/> Province: <input type="text"/> Country: <input type="text"/>					

  

<b>Learner Medical Information</b>									
Medical Aid Number: <input type="text"/>		Medical Aid Name: <input type="text"/>							
Medical Aid Main Member: <input type="text"/>		Doctor Name: <input type="text"/>							
Doctor's Address: <input type="text"/>				Doctor Telephone Number: <input type="text"/>					
Medical Condition: <input type="text"/>									
Special Problems Requiring Counseling: <input type="text"/>									
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 addressTitle:  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: