



## SECTION 2 : LEARNER'S EDUCATION DETAILS

CURRENT SCHOOL \_\_\_\_\_ PREVIOUS SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_ CODE \_\_\_\_\_ CODE \_\_\_\_\_

TEL NO \_\_\_\_\_ CODE \_\_\_\_\_ TEL NO \_\_\_\_\_ CODE \_\_\_\_\_

PRINCIPAL \_\_\_\_\_ PRINCIPAL \_\_\_\_\_

LAST GRADE PASSED \_\_\_\_\_ YEAR \_\_\_\_\_ GRADE/S REPEATED \_\_\_\_\_

HAS ADMISSION TO ANY OTHER SCHOOL/S EVER BEEN REFUSED? IF YES, PLEASE STATE REASON. YES NO

REASON \_\_\_\_\_

ACADEMIC ACHIEVEMENTS	EXTRACURRICULAR ACHIEVEMENTS	OTHER ACHIEVEMENTS

## SECTION 3 : LEARNER'S MEDICAL DETAILS

BLOOD TYPE 

O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN
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FAMILY DOCTOR NAME \_\_\_\_\_ TEL NO \_\_\_\_\_

ADDRESS \_\_\_\_\_ CODE \_\_\_\_\_

MEDICAL AID NAME \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

MAIN MEMBER INITIALS AND SURNAME \_\_\_\_\_ MAIN MEMBER ID NUMBER \_\_\_\_\_

OPTION \_\_\_\_\_

HAS THE LEARNER RECEIVED ALL THE NECESSARY IMMUNISATIONS? IF NO, PLEASE STATE REASON. YES NO

REASON \_\_\_\_\_

HAS THE LEARNER SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE INDICATE WITH AN X.

<input type="checkbox"/> ASTHMA	<input type="checkbox"/> ENTERIC FEVER	<input type="checkbox"/> MEASLES	<input type="checkbox"/> SCARLET FEVER
<input type="checkbox"/> CHICKEN POX	<input type="checkbox"/> GERMAN MEASLES	<input type="checkbox"/> MUMPS	<input type="checkbox"/> TICKBITE FEVER
<input type="checkbox"/> DIABETES	<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> POLIO	<input type="checkbox"/> TYPHOID FEVER
<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> MALARIA	<input type="checkbox"/> RHEUMATIC FEVER	<input type="checkbox"/> WHOOPING COUGH

DOES THE LEARNER SUFFER FROM ANY ALLERGIES? YES NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

DOES THE LEARNER HAVE ANY SPECIAL MEDICAL NEEDS? YES NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

DOES OR HAS THE LEARNER SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES? YES NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

## SECTION 3 : LEARNER'S MEDICAL DETAILS (CONTINUED)

IS THE LEARNER RECEIVING MEDICAL TREATMENT FOR ANY CONDITION? YES NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

IS OR HAS THE LEARNER SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET?

YES	NO
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IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

HAS THE LEARNER HAD ANY OPERATIONS?

YES	NO
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IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS. \_\_\_\_\_

**SECTION 3 : LEARNER'S MEDICAL DETAILS - CONSENT**

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE LEARNER'S RECORDS. THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

I, \_\_\_\_\_ BEING THE PARENT/LEGAL GUARDIAN OF \_\_\_\_\_ HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY TREATMENT AS MAY BE NECESSARY.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_

**SECTION 4 : DETAILS OF FATHER/STEPFATHER/LEGAL GUARDIAN**

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 7.

SURNAME \_\_\_\_\_ FULL NAMES AS IN ID DOCUMENT \_\_\_\_\_

DESIGNATION 

MR	MRS	MS	MISS	DR	REV	PROF	OTHER
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 \_\_\_\_\_

IDENTITY NUMBER 

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RELATIONSHIP \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_ POSTAL ADDRESS \_\_\_\_\_

\_\_\_\_\_ CODE \_\_\_\_\_ CODE \_\_\_\_\_ CODE \_\_\_\_\_

TEL H \_\_\_\_\_ CODE \_\_\_\_\_ TEL W \_\_\_\_\_ CODE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) \_\_\_\_\_

PARENTAL STATUS	LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY
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**SECTION 5 : DETAILS OF MOTHER/STEPMOTHER/LEGAL GUARDIAN**

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 7.

SURNAME \_\_\_\_\_ FULL NAMES AS IN ID DOCUMENT \_\_\_\_\_

DESIGNATION \_\_\_\_\_

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	
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IDENTITY NUMBER \_\_\_\_\_

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RELATIONSHIP \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_ POSTAL ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ CODE \_\_\_\_\_ CODE \_\_\_\_\_ CODE \_\_\_\_\_

TEL H CODE \_\_\_\_\_ TEL W CODE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) \_\_\_\_\_

PARENTAL STATUS

LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY
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**SECTION 6 : DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY**

SURNAME \_\_\_\_\_ FULL NAMES \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

TEL H CODE \_\_\_\_\_ TEL W CODE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) \_\_\_\_\_

IGNITING THE SPARK OF GENIUS

## SECTION 7 : DETAILS OF ACCOUNT HOLDER

SURNAME	FULL NAMES AS IN ID DOCUMENT																	
DESIGNATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">MR</td> <td style="width: 10%;">MRS</td> <td style="width: 10%;">MS</td> <td style="width: 10%;">MISS</td> <td style="width: 10%;">DR</td> <td style="width: 10%;">REV</td> <td style="width: 10%;">PROF</td> <td style="width: 10%;">OTHER</td> <td style="width: 20%;"></td> </tr> </table>			MR	MRS	MS	MISS	DR	REV	PROF	OTHER							
MR	MRS	MS	MISS	DR	REV	PROF	OTHER											
IDENTITY NUMBER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>																	
RELATIONSHIP	MARITAL STATUS																	
OCCUPATION	EMPLOYER																	
RESIDENTIAL ADDRESS	WORK ADDRESS	POSTAL ADDRESS																
CODE	CODE	CODE																
TEL H CODE	TEL W CODE	CELL																
EMAIL ADDRESS (PLEASE WRITE LEGIBLY)																		
PARENTAL STATUS	LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER															
	ACCESS RIGHTS IN AN EMERGENCY ONLY																	
DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL																		
1 NAME	GR	2 NAME	GR															
3 NAME	GR	4 NAME	GR															
PAYMENT OPTION	MONTHLY DEBIT ORDER																	

## SECTION 8 : SIGNATURE OF PARENTS/LEGAL GUARDIAN AND/OR ACCOUNT HOLDER

We, the undersigned, \_\_\_\_\_, hereby certify that the information provided in this Application for Admission is complete and accurate. We acknowledge that enrolment is subject to, inter alia, signing a Learner Admission Contract that contains the detailed terms, conditions and requirements for admission.

We hereby authorise the School and/or any of its associates to conduct any credit enquiries on us as may be necessary from time to time.

We acknowledge that we have read the School Specific Policies and School Rules and will accept an offer of placement for our child at the School in accordance with the terms and conditions as set out therein. These documents, as amended from time to time, are available on the official School website.

**NB: The signatures of the account holder and both parents and / or legal guardians are required where applicable.**

SIGNATURE OF ACCOUNT HOLDER	DATE
SIGNATURE OF FATHER/ STEPFATHER / LEGAL GUARDIAN	DATE
SIGNATURE OF MOTHER/STEPMOTHER/LEGAL GUARDIAN	DATE

