

APPLICATION FOR ADMISSION TO SCHOOL**ACORN - OAKS COMPREHENSIVE HIGH SCHOOL**

TINTSWALO VILLAGE

Telephone: 072 - 8893106

ACORNHOEK

Fax:

1360

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:				Other Names:			
Date Of Birth: YYYY		MM		DD		Gender:	
Race:				Identification or Passport No:			
Country of Residence:				Citizenship:			
If SA, indicate province of residence:							

Physical Address:				Home Telephone:	
City/Suburb				Emergency Telephone:	
Code:		Learner Email Address:			
Home Language:		Preferred Language of Instruction			
Boarder					
Deceased Parent		Mode of transport:			
Religion:		For Grade 1 only: Indicate pre-primary education:			

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:		
Home Language:	Race:		
Identification Number:	Or Passport number	Account Payer:	
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:	