

APPLICATION FOR ADMISSION TO SCHOOL

AUDEAMUS PRIVATE SCHOOL

53 ANNIE STREET
WITBANK
1034

Telephone: 013 - 650 1221
Fax: 086 - 609 0505
Year: _____



Plot 53 Annie Street
Riverview
Witbank
Tel: (013)650-1221
email: secretary@audeamus.co.za

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:	Male: Female:
Race:	Identification or Passport No:	
Country of Residence:	Citizenship:	
If SA, indicate province of residence:		

Physical Address:	Home Telephone:	Emergency Telephone:
City/Suburb	Learner Cell:	
Code:	Learner Email Address:	
Home Language:	Preferred Language of Instruction	
Boarder Yes No	Mode of transport:	
Deceased Parent Mother Father Both	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:	<input type="text"/>	Position in the family (e.g first):	<input type="text"/>
Please supply full names below:			
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>

Parent / Guardian Information										Complete a SEPARATE parent form for each parent living at a different physical address															
Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>																				
First Name:	<input type="text"/>			Gender:	<input type="text"/>	Male:	<input type="text"/>	Female:	<input type="text"/>																
Home Language:	<input type="text"/>			Race:	<input type="text"/>																				
Identification Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Or Passport number	Account Payer:	Yes	<input type="text"/>	No	<input type="text"/>		
Residential Street Address:																									
															City/Suburb	<input type="text"/>	Code:	<input type="text"/>							
Occupation:	<input type="text"/>				Employer:	<input type="text"/>																			
Surname of Spouse:	<input type="text"/>				First Name:	<input type="text"/>																			
Occupation of Spouse:	<input type="text"/>				Learner resides with this parent/s	Yes	<input type="text"/>	No	<input type="text"/>																
Spouse ID Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Relationship to Learner:	<input type="text"/>						
																			Marital status of parent:	<input type="text"/>					

Correspondence Details																								
Title:	<input type="text"/>	Surname:	<input type="text"/>																					
Postal Address:																								
															City/Suburb	<input type="text"/>	Code:	<input type="text"/>						

Other Contact Details																												
Home Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	Work Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax Number :	<input type="text"/>	<input type="text"/>	Cell Number :	<input type="text"/>	<input type="text"/>	Spouse Work Telephone Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Spouse Cell Number :	<input type="text"/>	<input type="text"/>	E-Mail Address:	<input type="text"/>			Spouse E-Mail Address:	<input type="text"/>		

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:	<input type="text"/>	2. Accepted:	<input type="text"/>	3. Accession Number:	<input type="text"/>					
4. Rejected:	<input type="text"/>	5. Reason for Rejection:	<input type="text"/>							
6. Documentation Received:	<input type="text"/>	6a Immunisation Record:	<input type="text"/>			6b. Birth Certificate:	<input type="text"/>			
6c. Progress Report from Previous School:	<input type="text"/>			6d. Transfer Letter from Previous School:	<input type="text"/>					

Please attach the following documentation:

	* Passport size photo of the learner
	* Copies of guardians/parents identity documents
	* Birth certificate of the learner
	* Immunisation certificate of learner (Gr RR - 3)
	* Most recent school report
	* All available assessment reports from occupational therapists, psychologists & speech therapist
	* Behavioural report from previous school
	* 3 Months bank statements
	* Proof of residence
	* Most recent payslip

Checked by office:

All documents received Y / N

Date: _____

Signature: _____