

FAIRVIEW PRIMARY SCHOOL

APPLICATION FOR ADMISSION FOR 2012



- This form must be completed on application for admission of a learner to this school.
- Indicate with a cross (x) in the appropriate space/s where applicable.
- The following documents should accompany this application:
 - 1) A copy of the learner's latest examination results
 - 2) A police certified copy of the learner's birth certificate
- FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN YOUR APPLICATION BEING UNSUCCESSFUL

A. PARTICULARS OF LEARNER

CEMIS NUMBER																			
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SURNAME													
NAME													

RESIDENTIAL ADDRESS			
			CODE

HOME LANGUAGE			
<input type="checkbox"/>	AFRIKAANS	<input type="checkbox"/>	ENGLISH
<input type="checkbox"/>	XHOSA	<input type="checkbox"/>	OTHER
IF OTHER(SPECIFY)			

DATE OF BIRTH	DD	MM	YYYY
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GENDER:	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
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IDENTITY NUMBER																			
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RELIGION													
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LAST SCHOOL ATTENDED													
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REASON FOR LEAVING													
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IDENTITY NUMBER																			
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DOES THE LEARNER SUFFER FROM ANY ALLERGIES OR CHRONIC AILMENTS? YES NO

IF YES (SPECIFY) _____

HAS THE LEARNER UNDERGONE ANY RECENT OPERATION/S? YES NO

IF YES (SPECIFY) _____

ILLNESS/ES THE LEARNER HAS BEEN IMMUNISED AGAINST.

<input type="checkbox"/>	TUBERCULOSIS (TB)	<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	WHOOPIING COUGH (DPT)
<input type="checkbox"/>	POLIOMYELITIS	<input type="checkbox"/>	TELANIS (DT)	<input type="checkbox"/>	HAEMOPHILUS INFLUENZAE TYPE B (HIB)

B. PARTICULARS OF PARENT/S OR GUARDIAN

FULL NAME AND SURNAME	
NATURE OF GUARDIANSHIP	

(E.g. Foster parent, Uncle, Aunt, grandmother etc. In the case of legal guardianship or foster care, documentary proof must be attached)

OCCUPATION	
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IDENTITY NUMBER														
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PASSPORT NUMBER														
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(IF FOREIGN NATIONAL)

RESIDENTIAL ADDRESS	
	CODE

POSTAL ADDRESS : (IF NOT THE SAME)	
	CODE

CONTACT DETAILS

HOME	WORK	CELL	OTHER

EMAIL ADDRESS	
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WORK ADDRESS	
	CODE

MEDICAL AID AND DOCTORS DETAILS	
MEDICAL AID NAME	
MEMBERSHIP NO.	
DOCTORS NAME	
CONTACT NUMBER	

WHO IS RESPONSIBLE FOR THE DIRECT SUPERVISION OVER THE LEARNER/S

FULL NAME AND SURNAME	
CONTACT TELEPHONE NUMBER/S	

DECLARATION OF PARENT OR GUARDIAN

I, _____

the undersigned parent/guardian of, (Learners full name) _____

Hereby declare that the information above is correct to the best of my knowledge.

Signed at:

On this _____ day of _____ month _____ year

SIGNATURE OF PARENT/GUARDIAN

PRINT NAME