

**APPLICATION FOR ADMISSION TO SCHOOL
TSWELLANG SPECIAL SCHOOL**



C/o Dr. Belcher and Monapi Streets
Mangaung
9307

Telephone: 051 - 4323975
Fax: 051 - 4324664
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:
Surname:		Initials:	Nickname:
First name:		Other names:	
Date of Birth: YYYY	MM	DD	Gender: Male: Female:
Race:		Identification or Passport	
Country of Residence:		Citizenship:	
If SA, indicate province of residence:			

Physical Address:	Home Telephone:
City/ Suburb:	Emergency Telephone:
Code:	Learner cell:
	Learner e-mail Address:

Home language:	Preferred language of instruction:
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Boarder:	Yes:	No:
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Deceased parent: Mother	Father	Both	Mode of transport:
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Religion:	For Grade 1 only: Indicate pre-primary education	None	Non Formal	Formal
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Previous School Information:

Name of previous school:

Previous school address:

Code:	Province:	Country:
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Learner Medical Information:

Medical Aid Number: Medical Aid Name:

Medical Aid Main Member: Doctor Name:

Doctor's Address: Doctor Telephone Number:

Medical Condition:

Permission for: a) Treatment by Health Professionals b) Outings arranged by Tswellang School	Yes	No	Signature of parent/ guardian:

Dexterity of Learner:	Right Handed	Left Handed	Ambidextrous
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Social Grant:	YES	NO
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Grant Number:

If the learner is accepted, the following documents must be submitted to the school:

1. Copy of Immunization 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: 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: