



APPLICATION FOR ADMISSION TO BIRCH ACRES PRIMARY

TEL: 011-976-1003
 FAX: 011-976-2923

W/LIST NO: _____
 ADMIN NO: _____
 DATE OF ENROL: _____

Note: This form must be completed in full. All changes to be initialled or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school

LEARNER INFORMATION

Grade applied for : _____ Highest Grade Passed: _____
 Has Learner been retained, what grade & year: _____

Surname:	Initials:
First Name:	Other Names:
Date of Birth: ____ / ____ / ____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Race: _____ Home Language: _____	Citizenship: _____
Country of Residence: _____	Identification or Passport no: _____
If SA, indicate province of residence: _____	
If Immigrant: Country of Origin: _____	Study Permit No: _____
Physical address: _____	Home Tel: _____
	Cell No: _____
Home Language: _____	Language of Instruction: English
Deceased Parent: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/>	Mode of transport to school: _____
Religion: _____	Pre Primary education: None <input type="checkbox"/> Non Formal <input type="checkbox"/> Formal <input type="checkbox"/>

Previous School Information

Name of School: _____	Tel No: _____
Address: _____	Province: _____ Country: _____

Learner Medical Information	Medical Aid Name: _____
Medical Aid Number: _____	Medical Aid Main Member: _____
Doctor Name: _____	Doctor Tel No: _____
Medical Condition: _____	Special Problems Requiring Attention: _____
Dexterity of Learner: Right Handed <input type="checkbox"/> Left Handed <input type="checkbox"/>	Rec. Social Grant: Yes <input type="checkbox"/> No <input type="checkbox"/>

Documents Required:

- 1 Copy of Immunisation Records
- 2 Copy of Unabridged Birth Certificate
- 3 Progress Report from Previous School
- 4 Transfer Letter from Previous School (only on acceptance)
- 5 Copy of Parent's ID's
- 6 Proof of Residence in your name, Lease agreement must be Stamped by a Lawyer or Estate agent. No affidavits are acceptable.
- 7 If immigrant – copy of a valid study permit and resident permit for child and parent's work permit and resident permit.

ADMINISTRATOR SIGNATURE

PARENT / GUARDIAN INFORMATION (FATHER)		Complete for both parents in full	
Title:	Initials:	Surname:	
First Name:		Gender: Male	Female
Home Language:	Race:	Identification Number:	
Residential street address:		Tel Home:	Cell No:
Occupation:		Employer:	
Tel Work:		Address:	
Learner resides with this parent YES <input type="checkbox"/> NO <input type="checkbox"/>		Relationship to Learner:	
Account payer: YES <input type="checkbox"/> NO <input type="checkbox"/>		Marital Status:	
Immigrants : Country of Origin		Work / Study Permit No:	Exp date:

PARENT / GUARDIAN INFORMATION (MOTHER)		Complete for both parents in full	
Title:	Initials:	Surname:	
First Name:		Gender: Male	Female
Home Language:	Race:	Identification Number:	
Residential street address:		Tel Home:	Tel Cell:
Occupation:		Employer:	
Tel Work:		Address:	
Learner resides with this parent YES <input type="checkbox"/> NO <input type="checkbox"/>		Relationship to Learner:	
Account payer: YES <input type="checkbox"/> NO <input type="checkbox"/>		Marital Status:	
Immigrants : Country of Origin		Work / Study Permit No:	Exp date:

Alternative Contact in the event of not being able to contact the parent	
1.	Cell No.
2.	Cell No.

SIBLINGS	Position in family (e.g. first)	Number of children at this school:
Name & Surname:		Grade
Name & Surname:		Grade

- I/We agree to abide by the Code of Conduct, the rules of the school.
- I/We acknowledge that English is the medium of education and communication at Birch Acres Primary.
- I/We agree to the payment of School Fees as determined by the School Governing Body at a Parents meeting.
- I/We understand that school fees are compulsory and payable in advance before the 7th of each month. Failure to comply will result in the account being handed over to the lawyers.

I/WE AGREE TO ABIDE BY THE ABOVE AGREEMENT AND UNDERSTAND THE CONTENTS THEREOF.

SIGNATURE: _____

Father / Guardian

SIGNATURE: _____

Mother / Guardian

DATE: _____

DATE: _____