

APPLICATION FOR ADMISSION TO SCHOOL

MVENYANE SENIOR SECONDARY SCHOOL

MVENYANE ADMINISTRATIVE AREA

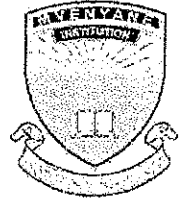
Telephone: 079 - 8379231

MATATIELE

Fax:

4720

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:	Male: Female:
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 Cell:
Learner Email Address:	
Home Language:	Preferred Language of Instruction
Boarder Yes No	
Deceased Parent Mother Father Both	Mode of transport:
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