

APPLICATION FOR ADMISSION TO SCHOOL

Paul Erasmus High School

1 Van Niekerk Street, Senekal, 9600

Telephone: 058 481 2730 | Fax: 058 481 2680



Year: _____

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

Grade applied for:		Highest grade passed:	
Year when grade passed:		Accession number:	
Surname:		Initials:	Nick Name:
First Name:		Other names:	
Date of Birth:	Y Y Y Y M M D D	Gender	Male Female
Race:		ID or passport number:	
Country of residence:		Citizenship:	
If SA, indicate province of residence:		Home Telephone:	
Physical address:		Emergency Tel.:	
City/Suburb:		Learner Cell.:	
Code:	Learner E-mail address:		
Home Language:		Preferred Language of Instruction:	
Boarder?	YES NO	Mode of transport:	
Parents Deceased?	MOTHER FATHER BOTH	Religion:	
For Grade 1 only: Indicate Pre-Primary Education:		None	Informal 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's Name:		
Doctor's Address:	Doctor's 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

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Siblings			
Number of other Children at this school:		Position in the family (e.g. first):	
Please supply full names below:			
Name and Surname:		Grade:	
Name and Surname:		Grade:	
Name and Surname:		Grade:	

Title:	Initials:	Surname:	
First Name(s):	Gender:	Male	Female
Home Language:	Race:		
ID-/Passport number:		Account Payer:	YES NO
Residential Street Address:			
	City/Suburb:		Code:
Occupation:	Employer:		
Surname of Spouse:	First Name(s):		
Occupation of Spouse:	Learner resides with this/these 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:		Cellphone Number:	
Spouse Work Tel. Number:		Spouse Cellphone 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: _____ / _____ / _____

For 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:	