

APPLICATION FOR ADMISSION TO SCHOOL

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JOHANNESBURG POLYTECH INSTITUTE

111 ELOFF & PLEIN STR

JOHANNESBURG

2001

Telephone: 011 - 3330228

Fax: 011 - 3330226

Year: _____

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

Grade Applied For:	<input type="text"/>	Highest Grade Passed:	<input type="text"/>	Year When Grade was passed:	<input type="text"/>
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Surname:	<input type="text"/>	Initials:	<input type="text"/>
First Name:	<input type="text"/>	Other Names:	<input type="text"/>
Date Of Birth: YYYY	<input type="text"/>	MM	<input type="text"/>
		DD	<input type="text"/>
Home Language:	<input type="text"/>	Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Race:	<input type="text"/>	Preferred Language of instruction:	<input type="text"/>
		Mode of Transport to School:	<input type="text"/>

Previous School Information

Previous School:	<input type="text"/>
Previous School Address:	<input type="text"/>
	<input type="text"/>
Code:	<input type="text"/>
Province:	<input type="text"/>
Country:	<input type="text"/>

Identification or Passport Number:	<input type="text"/>	Telephone:	<input type="text"/>
Physical Address:	<input type="text"/>	Telephone:	<input type="text"/>
	<input type="text"/>	Emergency Telephone:	<input type="text"/>
	<input type="text"/>	Citizenship:	<input type="text"/>
Code:	<input type="text"/>	Province:	<input type="text"/>
Boarder	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Deceased	Mother <input type="checkbox"/>	Father	<input type="checkbox"/>
	Both		<input type="checkbox"/>
		Religion:	<input type="text"/>

Learner Medical Information

Medical Condition:	<input type="text"/>
Doctor Name:	<input type="text"/>
Doctor Telephone Number:	<input type="text"/>
Medical Aid Number:	<input type="text"/>
Medical Aid Name:	<input type="text"/>
Medical Aid Main	<input type="text"/>
Special Problems Requiring Counseling:	<input type="text"/>
Dexterity of Learner:	Right Handed <input type="checkbox"/>
	Left Handed <input type="checkbox"/>
	Ambidextrous <input type="checkbox"/>
Social Grant	YES <input type="checkbox"/>
	NO: <input type="checkbox"/>

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

Siblings	
Number of other Children at this school: <input type="text"/>	Position in the family (e.g first): <input type="text"/>
Please supply full names below:	
Name: <input type="text"/>	
Name: <input type="text"/>	
Name: <input type="text"/>	

Parent / Guardian Information			
Title: <input type="text"/>	Initials: <input type="text"/>	Surname: <input type="text"/>	
First Name: <input type="text"/>	Gender: <input type="text"/>	Male: <input type="text"/>	Female: <input type="text"/>
Home Language: <input type="text"/>	Race: <input type="text"/>		
Identification Number: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Street Address: <input type="text"/>			
<input type="text"/>			Code: <input type="text"/>
Relationship to Learner: <input type="text"/>		Employer: <input type="text"/>	
Occupation: <input type="text"/>		Occupation of Spouse: <input type="text"/>	
Name + Surname of Spouse: <input type="text"/>			
Account Payer: Yes <input type="text"/>	No <input type="text"/>		

Correspondence Details	
Title: <input type="text"/>	Surname: <input type="text"/>
Postal Address: <input type="text"/>	
<input type="text"/>	
Code: <input type="text"/>	

Other Contact Details	
Home Telephone <input type="text"/>	<input type="text"/>
Fax Number : <input type="text"/>	<input type="text"/>
Spouse Work Telephone Number: <input type="text"/>	<input type="text"/>
E - Mail Address: <input type="text"/>	
Relationship to Learner: <input type="text"/>	

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:	