

**APPLICATION FOR ADMISSION TO SCHOOL**

**JOHANNESBURG POLYTECH INSTITUTE**

111 ELOFF & PLEIN STR

**Telephone:** 011 - 3330228

JOHANNESBURG

**Fax:** 011 - 3330226

2001

**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
Race:	Gender:	Male: Female:
Country of Residence:	Identification or Passport No:	
If SA, indicate province of residence:	Citizenship:	

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 Telephone Number:					
Medical Condition:						
Special Problems Requiring Counseling:						
Dexterity of Learner:	Right Handed	Left Handed	Ambidextrous	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

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

**Parent / Guardian Information** Complete a SEPARATE parent form for each parent living at a different physical address

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"/>
Home Language: <input type="text"/>	Race: <input type="text"/>	Female: <input type="text"/>
Identification Number: <input type="text"/>	Or Passport number <input type="text"/>	Account Payer: <input type="text"/>
Residential Street Address: <input type="text"/>		Yes <input type="text"/>
<input type="text"/>		No <input type="text"/>
<input type="text"/>	City/Suburb <input type="text"/>	Code: <input type="text"/>
Occupation: <input type="text"/>	Employer: <input type="text"/>	
Surname of Spouse: <input type="text"/>	First Name: <input type="text"/>	
Occupation of Spouse: <input type="text"/>	Learner resides with this parent/s	Yes <input type="text"/>
Spouse ID Number: <input type="text"/>	Relationship to Learner: <input type="text"/>	No <input type="text"/>
		Marital status of parent: <input type="text"/>

**Correspondence Details**

Title: <input type="text"/>	Surname: <input type="text"/>
Postal Address: <input type="text"/>	
<input type="text"/>	City/Suburb <input type="text"/>
Code: <input type="text"/>	

**Other Contact Details**

Home Telephone <input type="text"/>	Work Telephone <input type="text"/>
Fax Number : <input type="text"/>	Cell Number : <input type="text"/>
Spouse Work Telephone Number: <input type="text"/>	Spouse Cell Number : <input type="text"/>
E - Mail Address: <input type="text"/>	Spouse E - Mail Address: <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: -----/-----/-----

<b>Office use only:</b>			
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:	