



FORM A

**KUILS RIVER PRIMARY SCHOOL
APPLICATION FOR ADMISSION
OF LEARNER**

**Attach
ID photo
here**

Surname of Learner								
Full name/s of learner								
Grade Applying for (X)	R	1	2	3	4	5	6	7
Year Applying for	2019							

Called name, if different to first name above			
ADDRESS AND CONTACT DETAILS OF LEARNER			
<small>(Read Annexure A and Complete Annexure B if from outside area)</small>			
Physical address			
		Postal code	

Identity Number		Birth date	YYYY	MM	DD
Home Language (If foreigner)		Nationality			
Date of arrival in SA		SA Citizenship	Yes	No	

Name of current school/creche/pre-school:					
Siblings in this school (only brother/sister)	Name & Surname			Grade	
	Name & Surname			Grade	

CORRESPONDENCE			
Indicate who is to receive any emails, sms's, etc.	Father	Mother	Guardian
Indicate who is to receive the fees account	Father	Mother	Guardian

WHO DOES THE LEARNER RESIDE WITH?					
<i>(X more than one if necessary)</i>					
Father	Mother	Guardian	Grandparent	Sponsor	Other

MEDICAL DETAILS OF LEARNER	
Doctor's Name	
Contact Number of Doctor	

EMERGENCY CONTACT (other than parents)			
Name		Tel. No.	
Relationship to learner		Tel. No.	

MEDICAL HISTORY OF LEARNER	
Please indicate any appropriate information below. Failure to do so may result in your application being withdrawn	
Allergies-Please specify action plan	
Routine Medication	
Recent Injuries	
Previous Operations	
Existing Medical Problems	

MEDICAL AID DETAILS <i>(if any)</i>			
Member's Name		Medical Aid: eg Fedhealth	
Membership no.		Specific Plan: eg Maxima	

DETAILS OF FATHER							
SURNAME				TITLE			
FIRST NAMES							
Identity no.				e-mail			
Marital Status	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Single Parent	<input type="checkbox"/>	Re-married
<i>(If re-married, complete stepmother's details on page 4)</i>							
Home phone no				Cell no.			
Business				Fax no.			
Physical address							
					Postal code		
Postal address If different to above				Postal code			
Name of Employer							
Occupation							

DETAILS OF MOTHER			
SURNAME			TITLE
FIRST NAMES			
Identity no.			e-mail

MOTHER'S DETAIL CONTINUES <i>(If re-married, complete stepfather's details on page 4)</i>							
Marital status	Married		Divorced		Single parent		Re-married
Home Phone no.				Cell no.			
Business number				Fax no.			
Physical address						Postal code	
						Postal code	
Postal address (if different to above)						Postal code	
Name of Employer							
Occupation							

DETAILS OF STEPFATHER / STEPMOTHER <i>(If applicable)</i>			
SURNAME		TITLE	
FIRST NAMES			
Identity no.		e-mail	
Home phone no		Cell no.	
Business number		Fax no.	
Physical address			Postal code
			Postal code
Postal address (if different to above)			Postal code
Name of employer			
Occupation			

DETAILS OF GUARDIAN / SPONSOR (Attach proof)							
SURNAME					TITLE		
FIRST NAMES							
Identity no.					e-mail		
Marital status	Married		Divorced		Single parent		Re-married
Home phone no					Cell no.		
Business number					Fax no.		
Physical address							Postal code
Postal address (If different to above)					Postal code		
Name of Employer							
Occupation							

RELATIONSHIP TO LEARNER			
Guardian	Grandparent	Foster Parent	Other

Our school respects all religious beliefs and creeds but is Christian in its approach. All children will be taught in the Christian tradition.

Please indicate whether you would like your child to be included or excluded from such activities, e.g. certain parts of the assemblies, morning devotions, etc.

INCLUDED

EXCLUDED

DECLARATION OF PARENT 1

I,hereby declare that all the information which I have recorded in this document is true and correct. If any information is found to be false, the school reserves the right to withdraw the application.

Signed onday ofat in
the year Signature:

DECLARATION OF PARENT 2

I,hereby declare that all the information which I have recorded in this document is true and correct. If any information is found to be false, the school reserves the right to withdraw the application.

Signed onday ofat in
the year Signatire:

Thank you for taking time to complete and hand in a neat and legible application.

FOR OFFICE USE



Date Received	By Whom	Time	ACCEPTED YES / NO

This is to prove that the Application Form of

Name & Surname of Learner:

was received by **on**

School Stamp