

JBAY ACADEMY PRIMARY

59 St Francis Street

JEFFREYS BAY

6330

Telephone: 042 - 2930188

Fax:

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: | |
|--------------------|--|----------------------|--|-----------------------------|--|---------------|--|

| | | | | | |
|--|--|-----------|---------|------------|--|
| Surname: | | Initials: | | Nick Name: | |
| First Name: | | | | | |
| Date Of Birth: YYYY | | MM | DD | | |
| Race: | | | | | |
| Country of Residence: | | | | | |
| If SA, indicate province of residence: | | | | | |
| Other Names: | | | | | |
| Gender: | | Male: | Female: | | |
| Identification or Passport No: | | | | | |
| Citizenship: | | | | | |

| | | | | | |
|-------------------|---|-----------------------------------|------|--------------------|--------|
| Physical Address: | | Home Telephone: | | | |
| City/Suburb | | | | | |
| Code: | | 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 |

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

| | | | |
|--------------------------------------|------------------------------------|--|-----------------------|
| Parent / Guardian Information | | Complete a SEPARATE parent form for each parent living at a different physical address | |
| Title: | Initials: | Surname: | |
| First Name: | Gender: | Male: | Female: |
| Home Language: | Race: | | |
| Identification Number: | | Or Passport number | Account Payer: Yes No |
| Residential Street Address: | | | |
| | City/Suburb | | Code: |
| Occupation: | Employer: | | |
| Surname of Spouse: | First Name: | | |
| Occupation of Spouse: | Learner resides with this 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 : | | Cell Number : | |
| Spouse Work Telephone Number: | | Spouse Cell 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: -----/-----/-----

| | | | |
|---|--------------------------|---|--|
| 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: | |