

JBAY ACADEMY SECONDARY

29 Da Gama road

Telephone: 042 - 2930352

Jeffreys Bay

Fax:

6330

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:		
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	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'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

APPLICATION FOR ADMISSION TO SCHOOL

Siblings			
Number of other Children at this school: <input style="width: 50px;" type="text"/>		Position in the family (e.g first): <input style="width: 100px;" type="text"/>	
Please supply full names below:			
Name: <input style="width: 700px;" type="text"/>			Grade: <input style="width: 50px;" type="text"/>
Name: <input style="width: 700px;" type="text"/>			Grade: <input style="width: 50px;" type="text"/>
Name: <input style="width: 700px;" type="text"/>			Grade: <input style="width: 50px;" type="text"/>

Parent / Guardian Information		Complete a SEPARATE parent form for each parent living at a different physical address			
Title: <input style="width: 100px;" type="text"/>	Initials: <input style="width: 100px;" type="text"/>	Surname: <input style="width: 400px;" type="text"/>			
First Name: <input style="width: 250px;" type="text"/>		Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Home Language: <input style="width: 250px;" type="text"/>		Race: <input style="width: 250px;" type="text"/>			
Identification Number: <input style="width: 150px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Or Passport number	Account Payer: Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential Street Address: <input style="width: 900px;" type="text"/>					
			City/Suburb: <input style="width: 150px;" type="text"/>	Code: <input style="width: 50px;" type="text"/>	
Occupation: <input style="width: 350px;" type="text"/>		Employer: <input style="width: 450px;" type="text"/>			
Surname of Spouse: <input style="width: 250px;" type="text"/>		First Name: <input style="width: 400px;" type="text"/>			
Occupation of Spouse: <input style="width: 350px;" type="text"/>		Learner resides with this parent/s		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spouse ID Number: <input style="width: 150px;" type="text"/>		Relationship to Learner: <input style="width: 450px;" type="text"/>			
Marital status of parent: <input style="width: 450px;" type="text"/>					

Correspondence Details			
Title: <input style="width: 100px;" type="text"/>	Surname: <input style="width: 400px;" type="text"/>		
Postal Address: <input style="width: 900px;" type="text"/>			
			Code: <input style="width: 50px;" type="text"/>

Other Contact Details			
Home Telephone: <input style="width: 150px;" type="text"/>		Work Telephone: <input style="width: 150px;" type="text"/>	
Fax Number: <input style="width: 150px;" type="text"/>		Cell Number: <input style="width: 150px;" type="text"/>	
Spouse Work Telephone Number: <input style="width: 150px;" type="text"/>		Spouse Cell Number: <input style="width: 150px;" type="text"/>	
E-Mail Address: <input style="width: 300px;" type="text"/>		Spouse E-Mail Address: <input style="width: 300px;" 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:	