

**JBAY ACADEMY SECONDARY**

Equinox Mall, 59 St Francis street

JEFFREYS BAY

6330

**Telephone:** 042 - 2930352

**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:					
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

<b>Siblings</b>		
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:

<b>Parent / Guardian Information</b>		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:			

<b>Correspondence Details</b>			
Title:	Surname:		
Postal Address:			
	City/Suburb		Code:

<b>Other Contact Details</b>			
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: -----/-----/-----

<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:	