

**APPLICATION FOR ADMISSION TO SCHOOL**

1

**THE SEEKER'S TOWER MATHS AND SCIENCE ACADEMY**

23 Victoria Avenue

Telephone: 016 - 4553696

Vereeniging

Fax: 086 - 4021823

1939

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

Physical Address:				Home Telephone:									
				Emergency Telephone:									
City/Suburb				Learner Cell:									
Code:				Learner Email Address:									
Home Language:				Preferred Language of Instruction									
Boarder	Yes		No		Mode of transport:								
Deceased Parent	Mother		Father		Both								
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:	
4. Rejected:		5. Reason for Rejection:	
6. Documentation Received:		6a. Birth Certificate:	
6c. Progress Report from Previous School:		6d. Transfer Letter from Previous School:	