

TRANSFER CARD / OORPLASINGSKAART	REPORT CARD / RAPPORT	PARENT'S ID / OUERS ID	BIRTH CERT / GEBORTE- SERTIFIKAART	CLINIC CARD / KLINIEK KAART	PROOF OF ADDRESS / BEWYS VAN WOONADRES	R500 REGISTRATION FEE/ R500 REGISTRASIE FOOI.
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UMnyango WezeMfundo
Department of Education

Lefapha la Thuto
Departement van Onderwys



LAERSKOOL FLEUR PRIMARY

P.O. Box 22022, Lyttelton, 0140
Hans Strydom Avenue 236, Lyttelton, 0140

Tel. 012 – 664 5796/7
Fax: 012 – 664 6189

APPLICATION FOR ADMISSIONS TO A PUBLIC SCHOOL

DATE OF APPLICATION: _____

DATE OF ADMISSION : _____

LEARNER DETAILS:

NAME OF LEARNER:	SURNAME:			
	FIRST NAME(S):			
DATE OF BIRTH: ID Number:				
SEX: Male or Female				
GRADE APPLYING FOR:				
LEARNER STAY WITH:	BOTH PARENTS	MOTHER	FATHER	OTHER DETAILS:
LEARNER'S HOME ADDRESS:				

SIBLING(S) CURRENTLY AT THE SCHOOL

SURNAME	FIRST NAME (S)	GRADE	HOME ADDRESS

PARENT'S DETAILS:

FATHER/GARDIAN:	SURNAME:		TITLE: Dr/Rev/Mr/Mrs	
	FIRST NAME(S)			
HOME ADDRESS: (if it differs from above)				
POSTAL ADDRESS:				
CONTACT DETAILS:	HOME:	WORK:	CELL:	FAX:
WORK ADDRESS:				

MOTHER/GARDIAN:	SURNAME:		TITLE: Dr/Rev/Mr/Mrs	
	FIRST NAME(S)			
HOME ADDRESS: (if differs from above)				
POSTAL ADDRESS: (if differs from above)				
CONTACT DETAILS:	HOME:	WORK:	CELL:	FAX:
WORK ADDRESS:				

NEXT OF KIN/FRIEND/RELATIVE'S DETAILS:

(Who would be contacted in case of an emergency)

SURNAME AND INITIALS:		FULL NAME:	
RELATIONSHIP TO THE LEARNER:			
ADDRESS:			
CONTACT DETAILS	HOME:	CELL PHONE:	

LANGUAGE PREFERENCES OF LEARNER:

HOME LANGUAGE:			
LANGUAGE OF EDUCATION:	AFRIKAANS	ENGLISH	OTHER:

PREVIOUS SCHOOL ATTENDED *(if relevant)*

NAME OF SCHOOL:	
ADDRESS OF SCHOOL:	
TELEPHONE NR:	

SPECIAL NEEDS OF LEARNER:

(If parent/guardian requires that special attention is required for the learner, this could be given here, e.g. epilepsy, allergies, use of wheelchair, etc.)

FAMILY DOCTOR'S DETAILS:

NAME:		TEL. NR.	
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PARENT'S SIGNATURE : _____

FOR OFFICE USE ONLY:	
Waiting list number: _____	School account number: _____
Status of admission: Approved: <input type="checkbox"/>	Not approved: <input type="checkbox"/>
Reason(s) if not approved: _____	
Signature: _____	Date: _____

