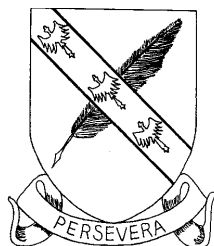


Official use only	Date received		No. yrs in Gr.		Grade	
Accepted	Admin No.		Admin date		Educator	



APPLICATION FOR ADMISSION

LEARNER'S NAME :

GRADE APPLIED FOR : **MONTH :** **YEAR :**

ON BEHALF OF MY CHILD AND ON MY OWN BEHALF I AGREE TO:

- Accept the ethos of the school.
- Accept the behaviour and uniform rules.
- Accept the authority of the principal, educators, prefects and monitors.
- Understand that the payment of school fees is compulsory and undertake to pay.
- Oversee my child's involvement in the school's extra-mural programme.
- Inform the principal in writing in the event of my child leaving the school and return all items obtained from the school on loan.
- Abide by the school's Code of Conduct.

Signed : Date :

Name in block letters :

Your application will not be considered if the following items do not accompany the application form:

1.	Copy of latest report from learner's present school (if applicable)
2.	Transfer documents (if applicable)
3.	Copy of birth certificate
4.	Copy of clinic card
5.	Non refundable administration fee
6.	Copy of parents' identity documents
7.	Proof of residence

Completion of this application form is not a guarantee that your child will be accepted at Lorraine Primary School. You will be informed of the school's decision as soon as possible.
An interview may be required.

A. Personal information of learner

Surname						Initials	
Full Names							
Date of Birth	Year	Month	Day	Gender	Male	Female	
Race	African		Asian	Coloured	White	Other	
Identity Number Passport Number							
Residential Address							
Postal Code							
Home Language				Language of Instruction			
Does this learner have either parent deceased?	Mother		Father	Both	None		
Citizenship				Religion			
Mode of transport to school	Bicycle	Bus	By foot	Motor car	Motor cycle	Taxi	
School last attended by learner	None	School in this province	School in another province		School in another country		
	Province				Country		
Name of previous school							
Address of previous school							
Tel No. of previous school				Fax No.			
Highest grade passed				Year			
Is Lorraine the nearest school to your place of residence?							
Number of children in this family				Position in the family e.g. first			
Brothers/Sisters at Lorraine	Name				Grade		

B. Personal information of parents/guardians with whom the learner resides

		FATHER					MOTHER				
Surname											
First names											
Identity No.											
Home Language											
Race		African	Asian	Coloured	White	Other	African	Asian	Coloured	White	Other
Marital Status	Married	Divorced		Single		Widowed		Other			
Telephone Numbers:											
Father	H				Cell				W		
Mother	H				Cell				W		
Email Address				Father							
				Mother							
Father's occupation											
Company											
Mother's occupation											
Company											

Please note the school will only deal with the person in whose care the learner is. That person is therefore responsible for the payment of the school fees.

C. Any special medical conditions that the school should be aware of:

Special problems requiring counseling		Dexterity of learner	Right Handed	Left Handed
I hereby grant permission that the following medication may be given to my child:				
Paracetamol tablet for headache	Yes		No	
Dosage of antihistamine syrup for bee-sting	Yes		No	
Name of family Doctor				
Telephone No.				

D. Social Grant Information

Is this learner registered for a Social Grant?	Yes	No
If yes, is the learner receiving a Social Grant?	Yes	No

I hereby certify that all the information supplied is correct.

SIGNATURE

DATE