

ARISING LITTLE ANGELS ENGLISH MEDIUM CHRISTIAN SCHOOL

865 N.U 16

Telephone: 043 - 0230220

East London

Fax:

5219

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

Physical Address:	Home Telephone:			
City/Suburb	Emergency Telephone:			
Code:	Learner Email Address:			
Home Language:	Preferred Language of Instruction			
Boarder	Yes		No	
Deceased Parents	Mother		Father	
			Both	
Religion:	Mode of transport:			
	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
			Amidextrous
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 |

Siblings		
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:	

Parent / Guardian Information		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:			

Correspondence Details			
Title:	Surname:		
Postal Address:			
	City/Suburb		Code:

Other Contact Details			
Home Telephone		Work Telephone :Number	
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: -----/-----/-----

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:	