

BEST START PRIVATE SCHOOL

Ursuline Sisters Convent Newtown

Telephone: 072 - 1999287

NGQELENI

Fax:

5140

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:																
Date Of Birth: YYYY		MM		DD		Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>								
Race:																
Country of Residence:																
If SA, indicate province of residence:																
				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	<input type="checkbox"/>	No	<input type="checkbox"/>					
Deceased Parent	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Both	<input type="checkbox"/>	Mode of transport:		
Religion:			For Grade 1 only: Indicate pre-primary education:	None	<input type="checkbox"/>	Non Formal	<input type="checkbox"/>	Formal	<input type="checkbox"/>

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	<input type="checkbox"/>	Left Handed	<input type="checkbox"/>	Ambidextrous	<input type="checkbox"/>	Reg. Social Grant	YES	<input type="checkbox"/>	NO:	<input type="checkbox"/>	
								Rec. Social Grant	YES	<input type="checkbox"/>	NO:	<input type="checkbox"/>

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	
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:	