

APPLICATION FOR ADMISSION TO SCHOOL

1

RIFT HOUSE ACADEMY

14561 APOLE STREET

Telephone: 010 - 0234458

MIDRAND

Fax:

1685

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					
Deceased Parent	Mother	Father	Both	Mode of transport:			
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 |

SiblingsNumber 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 addressTitle: 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: