

Received by: _____

TEL: 043 051 0459

6 Forest View Road, Stutterheim, 4930

Date: _____

Principal: newgardenschool@gmail.com Finance Office: newgardenschool.finance@gmail.com Reception: newgardenschool.office@gmail.com

EMIS: 200201116 Trust Reg: IT/104/2011(E) PBO: 930041517 NPO: 204-154

			APPLICATI	ON	FORM				
	Ap	- oplying for	Gradei	n the	year				
	•	1 7 0	LEARNER						
Surname:									
Name:									
ID:					Birthday:				
Gender:	Male	Female	Home language:			Race:			
			(U	Jnfortu	nately, race is re	equired by the	Education Department		
<u>Per</u>	son inv	olved with	<u>the learner who</u>	is mo	stly availab	le to be co	ontacted:		
Name & Sur	name:								
Contact Num	nber	Relation to the learner:							
Email addres				1 (0)		Jan 101.			
Email addition									
		DOCUME	ENTS REQUIR	RED -	- COMPUL	SORY			
Annlica	ation for		II in EVERYTHING						
			o be completed by						
		rth certificat		ию рі		•			
			e previous school.						
		•	previous school (mpulsory for C	Frade 1 lear	ners).		
			ardians. If a paren		<u> </u>		′		
	ertificate		•	Ü		, i	•		
			N RESPONSIBLE	-	ying the sch	ool fees – s	alary slip or bank		
		<u> </u>	onsible for paying						
			N RESPONSIBLE				N 0 1		
School.		ss of PERSO	N WHERE LEARI	NER is	s/will be stayi	ng while at	New Garden		
		L clinic card	d/vaccination rec	orde					
1 1		o of learner	., , , , , , , , , , , , , , , , , , ,	JI UJ.					
All Document			No						

LEARNER MEDICAL & OTHER IMPORTANT INFORMATION Medical Aid: Medical Aid No: Medical Aid Main Member: Relationship to Learner: Doctor's Name: Phone No: _____ **Medical Conditions: Chronic Medications:** Allergies: Has the learner received counselling in the past that we should be aware of? YES / NO If yes, please give a brief explanation of the circumstances or challenges that brought on the need for counselling. (Please note that this information remains confidential, and the aim is for us to understand the learner better.) Right-Handed Left-Handed Ambidextrous **Dexterity of Learner:** Father _____ **Deceased Parent:** Mother _____ SIBLINGS / FAMILY Number of children at New Garden School: _____ Grade: _____ Name: _____ Grade: _____ Name: _____ Name: Grade: WHO IS ACTIVE IN THE LEARNER'S DAILY LIFE - DAY TO DAY LIVING? (If not, please provide a reason) If not, what is the reason? Father: YES NO **Mother:** YES NO YES NO **Grandparents:**

Uncle/Aunt:

Siblings:

Guardian:

YES

YES

YFS

NO

NO

NO

				PERSON L	EAR	NER LIVE	s WITI	1			
Surname:								Title:			
First Name:						Gender					
Home Language:					Birthday:						
ID Number:								Relation:			
Passport No: (Foreigner)								Country:			
Address:									•		
Suburb:				City/Tow	/n:				Co	ode:	
Home Number	r/s:										
Cell Number/s	:										
Number you	us	e the M	OS	T:							
Email:											
Occupation:											
Employer:								Phone No:			
Employer's addres	s:										
Suburb:				City/Town:		Code		ode:			
Marital Status:		Single		Marrie	d	Separ	ated	Divorced		W	idowed
			PI	REVIOUS S	SCH	OOL INFO	MATIC	ON			
Name of Previ	ous	School:									
Address:											
									Co	de:	
Province the S	cho	ol is in:									
Country the So	ho	ol is in:									
Phone No:											
Has the learner	-				? '	YES/NO					

		PERSC	ON R	ESPONSI	BLE F	OR PAYII	NG SCH	OOL FEES		
Surname:								Title:		
First Name	: :							Gender		
Home Lang	guage:							Birthday:		
ID Number	r:								•	
Passport N	lo: (For	eigner)						Country:		
Address:							<u> </u>		· ·	
Suburb:				City/Tov	vn:				Code:	
Home Num	nber/s:									
Cell Numbe	er/s:									
Cell Numl	ber yo	u use th	he N	/IOST:						
Email:										
Occupation	n:									
Employer:								Phone No:		
Employer's ad	ddress:									
Suburb:					City	//Town:			Code:	
Marital Statu	us:	Single		Marrie	d	Separ	rated	Divorced	Wid	dowed
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RELATION T	O CHIL	D (1):		Mother:		Fat	her:	<u> </u>	rdian:	
Surname:	O CHIL	D (1):		Mother:		Fat	her:	Title:	rdian: L	
		D (1):		Mother:		Fat	her:	Title: Gender	rdian: _	
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Surname: First Name Home Lang ID Number Passport N Address:	e: guage: r: lo: (For	eigner)				Fat	her:	Title: Gender Birthday:		
Surname: First Name Home Lang ID Number Passport N Address: Suburb:	e: guage: r: lo: (For nber/s:	eigner)				Fat	her:	Title: Gender Birthday:		
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Surname:					Title:		
First Name:					Gender		
Home Language:					Birthday:		
ID Number:							
Passport No: (For	eigner)				Country:		
Address:						-	
Suburb:		City/Town:				Code:	
Home Number/s:	;						
Cell Number/s:							
Cell Number yo	u use the	MOST:					
Email:							
Occupation:							
Employer:					Phone No:		
Employer's address:							
Suburb:		С	ity/Town:			Code:	
Marital Status:	Single	Married	Separ	ated	Divorced	W	idowed
RELATION TO CHIL	D (3):	Mother:	Fatl	her:	Gua	rdian:	
RELATION TO CHIL Surname:	D (3):	Mother:	Fatl	her:	Gua Title:	rdian: [
	D (3):	Mother:	Fatl	ner:		rdian:	
Surname:	D (3):	Mother:	Fatl	her:	Title:	rdian:	
Surname: First Name:	D (3):	Mother:	Fatl	her:	Title: Gender	rdian:	
Surname: First Name: Home Language:		Mother:	Fatl	her:	Title: Gender	rdian:	
Surname: First Name: Home Language: ID Number:		Mother:	Fatl	her:	Title: Gender Birthday:	rdian:	
Surname: First Name: Home Language: ID Number: Passport No: (For		Mother: City/Town:		her:	Title: Gender Birthday:	rdian:	
Surname: First Name: Home Language: ID Number: Passport No: (For	eigner)			her:	Title: Gender Birthday:		
Surname: First Name: Home Language: ID Number: Passport No: (For Address: Suburb:	eigner)			her:	Title: Gender Birthday:		
Surname: First Name: Home Language: ID Number: Passport No: (For Address: Suburb: Home Number/s:	eigner)	City/Town:		her:	Title: Gender Birthday:		
Surname: First Name: Home Language: ID Number: Passport No: (For Address: Suburb: Home Number/s: Cell Number/s:	eigner)	City/Town:		her:	Title: Gender Birthday:		
Surname: First Name: Home Language: ID Number: Passport No: (For Address: Suburb: Home Number/s: Cell Number you	eigner)	City/Town:		her:	Title: Gender Birthday:		
Surname: First Name: Home Language: ID Number: Passport No: (For Address: Suburb: Home Number/s: Cell Number you	eigner)	City/Town:		her:	Title: Gender Birthday:	Code:	
Surname: First Name: Home Language: ID Number: Passport No: (For Address: Suburb: Home Number/s: Cell Number your Email: Occupation:	eigner)	City/Town:		her:	Title: Gender Birthday: Country:	Code:	
Surname: First Name: Home Language: ID Number: Passport No: (For Address: Suburb: Home Number/s: Cell Number your Email: Occupation: Employer:	eigner)	City/Town:		her:	Title: Gender Birthday: Country:	Code:	