



EMIS Number: 500 505 901
P.O Box 500 Melmoth 3835
Contact: 083 722 0323 / 076 970 3075 / 035 450 7048
Email Address: info@stmarysbfs.co.za

YEAR: _____

Note: This form must be completed in full. All changes to be initiated 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 Number:

Country of Residence:

Passport Number:

If SA, Indicate province of residence:

Citizenship:

Physical Address:

City/Suburb:

Code: Learner Email Address

Home Language: Preferred Language of instruction

Boarder:

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 Counselling:

Dexterity Of Learner Right Handed Left Handed Ambidextrous Reg. Social Grant: Yes No

Reg. Social Grant: Yes No

If the learner is accepted, the following documents must be submitted to the school:

1. Certified Copy of Birth Certificate
2. Certified copy of 2023 term two report
3. Proof of Residence
4. Certified Copy of both parent's/guardian ID/Affidavit
5. Immunisation Card
6. Study permit for foreign learners or temporary or permanent residence permit.



Application For Admission To 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 Names:	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:
Email Address:	Spouse Email 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	Reason for rejection	
6. Documentation Received.	6a. Immunisation Record	6b. Birth Certificate
6c. Progress Report from previous school	6d. Transfer Letter from previous school.	