



Trust God. Believe in yourself. Do great things.

PO Box 294, INGWAVUMA, 3968

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khethanschool@gmail.com

Place a recent school-type photo of the child here

APPLICATION FORM

Applying for Grade _____

Date of application _____

Please attach to the application form

Copy of Child's birth certificate

Copy of Parent's ID Book

Pay slip of Person responsible for fees (Formally employed)

Copy of Child's Previous School Reports

Bank statements of last 3 months (Self-employed)

Copy of Child's Clinic Card

LEARNER'S INFORMATION

Surname _____

First Names _____

Gender _____

Date of Birth _____

ID Number _____

Physical Address _____

Home Language _____

Names of Siblings at Khethani _____

Presently schooling at _____

Present grade _____

PARENT/GUARDIAN INFORMATION

Father

First Names _____

Surname _____

ID Number _____

Marital status _____

Cell phone _____

Email _____

Profession _____

Employer _____

Physical Address _____

Postal Address _____

Mother

First Names _____

Surname _____

ID Number _____

Marital status _____

Cell phone _____

Email _____

Profession _____

Employer _____

Physical Address _____

Postal Address _____

With whom does the child live _____

GUARDIAN (if the child is not staying with the parents)

Name and Surname _____

Relationship to the child _____

ID Number _____

Cell Number _____

Profession _____

Employer _____

Physical Address _____

Name of person responsible for paying school fees _____

Place and Date _____

Signature Mother:

.....

Signature Father:

.....

HEALTH QUESTIONNAIRE

Was your child born Premature or Full Term? _____

Any known allergies e.g. food, bee stings, medications? _____

Does your child have any medical condition that the school should be aware of e.g. hearing or sight problems, speech problem, epilepsy, diabetes etc. Please specify

Is the pupil on any form of chronic medication, prescribed or otherwise? If yes, please provide details

Does your child have any known learning barriers? _____

Has your child ever been assessed by a psychologist, an educational psychologist, speech therapist or OT? If yes, when and where? Please include a copy of the report

Is there any additional information, behavioural, medical or otherwise relating to this application which should be brought to the attention of the school?

FOR OFFICE USE ONLY

Assessment Date _____ English Mark _____ Math Mark _____

Offered position in Gr _____

Observations/comments

Date and Signature.....