

**AL GHAZALI COLLEGE**

421 Van Leenhof Street

Pretoria

0183

Telephone: 012 - 3701049

Fax: 012 - 3701057

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: |
|--------------------|----------------------|-----------------------------|---------------|

|  |                                |                  |
|--|--------------------------------|------------------|
| 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:                   |
| City/Suburb  | Emergency Telephone:              |
| Code:  | Learner Cell:                     |
| Learner Email Address:   |                                   |
| Home Language:   | Preferred Language of Instruction |
| Boarder    Yes    No   | Mode of transport:                |
| Deceased Parent    Mother    Father    Both                                      | 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:<br>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 |

**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: |