



# PARKVIEW JUNIOR SCHOOL

Ennis Road, Parkview 2193 Tel: (011) 646 5542 Fax: (011) 486 1599

Adobe Acrobat is needed to complete this form.

Mobile users can download adobe on **iPhone (app store)** or **Android (Play store)**

**Note: This form must be completed in full. All changes to be initialled or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.**

## Learner Application Form - Grade 2

I / we hereby complete this learner application form on behalf of my / our child / ward to be considered for admission to Parkview Junior School.

Surname of learner

First name of learner:

Applying for: Grade  Year

Email

## Information and Requirements

Please complete **ALL** sections and submit the following documentation.

1. Copy of the Immunisation record.
2. Copy of the Birth Certificate.
3. Copy of Parents/Guardians ID (For both parents).
4. Proof of home address and work address of parents/Guardians.
5. Copy of learners progress report from current school

## Parent/Guardian Details

If parents are deceased please attach proof of legal guardianship

### 1. Parent / Guardian

(If guardian, state relationship with learner)

Relationship to learner

Title (Mr/Mrs/Ms/Dr/etc)

Surname

First names

Identity number

Marital status

Residential address   
 Postal Code

Postal address   
 Postal Code

Home number  Cell number

E-mail address

Who should receive SMS

Who should receive E-mail

Occupation

Employer/Company

Address of business   
 Postal Code

Work number

**2. Parent / Guardian**

(If guardian, state relationship with learner)

Relationship to learner

Title (Mr/Mrs/Ms/Dr/etc)

Surname

First names

Identity number

Marital status

Residential address   
 Postal Code

Postal address   
 Postal Code

Home number  Cell number

E-mail address

Who should receive SMS

Who should receive E-mail

Occupation

Employer/Company

Address of business   
 Postal Code

Work number

**With whom does the learner reside?**

Both parents     Mother only     Father only     Guardian     Grandparent/s

Other (please specify):

**Please indicate custodial parent (if applicable)**

Parent/Guardian 1     Parent/Guardian 2

Account payer (Fees) Name and surname

## Medical Information

Medical Aid name

Medical Aid number

Principal member

Principal member's ID

Known medical problems

Doctor's name  Doctor's number

## Emergency Contact

(Someone other than Parent / Guardian)

First names

Home number  Cell number

Work number

**Reg. Social grant**  Yes  No

**Rec. Social grant**  Yes  No

## Learner Details

Surname

First names, in full  
(As per birth certificate)

Grade  Year  Term

Physical address where learner is living

Postal Code

**Distance from School**  <5km  5-10km  10-15km  15-20km  20-25km  >25km

Date of birth

Identity number

Place of birth

Nationality

Date of arrival in SA

Race (for GDE statistics)

Gender  Male  Female

Home language

Other languages

Dexterity of Learner  Left handed  Right handed

Religion

Special problems / counselling

Name of current school

Number of current school

**Does the applicant have a sibling in this school currently?**  Yes ( If so, list below )  No

1. First name	<input type="text"/>	Grade	<input type="text"/>
2. First name	<input type="text"/>	Grade	<input type="text"/>
3. First name	<input type="text"/>	Grade	<input type="text"/>

## Declaration

**I / We hereby declare that to the best of my/our knowledge, the above information as supplied above is accurate and correct.**

1. Parent / Guardian name  Date:  /  /

1. Parent / Guardian name Signature

How to sign: Locate fill & sign  on right tool panel, choose [Fill and sign](#), locate sign  on top tool bar & follow steps.

2. Parent / Guardian name  Date:  /  /

1. Parent / Guardian name Signature

How to sign: Locate fill & sign  on right tool panel, choose [Fill and sign](#), locate sign  on top tool bar & follow steps.

## For office use only

Received on  /  /

Accepted  Accession Number

Rejected  Reason

### Documents Received:

Birth Certificate  Immunisation Record  Progress Report  Parents / Guardians ID/s:  Proof of residence

