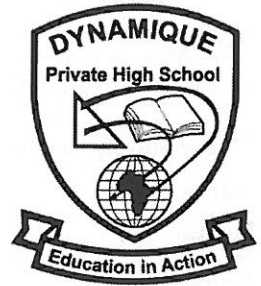


APPLICATION FOR ADMISSION TO SCHOOL

DYNAMIQUE PRIVATE HIGH SCHOOL

6 Second Avenue | Groblersdal | 0470

Tel: (013) 262 3117 | Fax: 086 764 7723 | dphs@lantic.net



NOTE: This form must be completed in full. All changes to be initialled or signed by parent / guardian. Submitting the completed form does not guarantee that the learner has been accepted into the school.

Learner Information

Grade applied for:		Year applied for:		Highest grade passed:		Year passed:	
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Surname:	Initials:	Nickname:
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First Name:	Other Names:
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Date of Birth:	C	C	Y	Y	M	M	D	D	Gender:	Male		Female	
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Race:	Identification or Passport No:
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Country of residence:	Citizenship:
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If South African, indicate province of residence:

Physical Address:	Home Telephone:	
	Emergency Telephone:	
	Learner Cell Phone:	

City/Suburb:	Code:
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Learner Email Address:

Home Language:	Preferred Language of Instruction:
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Boarder:	Yes		No		Religion:
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Deceased Parent:	Mother		Father		Both		Mode of transport:
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Previous School Information

Name of Previous School:

Previous School Address:

Code:		Province:		Country:	
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Learner Medical Information

Medical Aid Name:	Medical Aid Number:
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Medical Aid Member:	Doctor's Name:
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Doctor's Address:	Doctor's Telephone No:
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Medical Condition:

Special Problems Requiring Counselling:

Dexterity of Learner:	Right Handed		Left Handed		Ambidextrous	
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Siblings

Number of other children at this school:		Position in the family (e.g. first):	
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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:
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First Name:	Gender:	Male:	Female:
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Home Language:	Race:
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Identification number:	Account Payer:	Yes	No
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Residential Street Address:

City/Suburb:	Code:
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Occupation:	Employer:
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Surname of Spouse:	First Name:
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Occupation of Spouse:	Learner resides with this parent/s	Yes	No
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Spouse ID Number:	Relationship to Learner:
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Marital status of parent:

Correspondence Details

Title:	First Name:	Surname:
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Address:

City/Suburb:	Code:
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Other Contact Details

Home Telephone:	()	Work Telephone:	()
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Fax Number:	()	Cell Number:	
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Spouse Work Number:		Spouse Cell Number:	
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E-Mail Address:		Spouse E-Mail Address:	
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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:

Date:	ACCEPTED:	REJECTED:
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Reason for rejection: _____

Documentation received:	Birth Certificate	Progress Report	Transfer Letter:
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