

Laerskool A. F. Louw Primary

Stellenbosch

P.O. Box 2113 Dennesig 7601

Tel. 021 - 886 4791 Fax. 021 - 887 1901 Please attach photo

APPLICATION FOR ADMISSION

Grade R Year

EARNER'S	SINFORM	IATION							
Surname					Date of birth				
Names					Country of birth				
Name by which learner is called						Home language			
ID number	(birth certi	ificate)					Sex (M / F)	
Number of children in household or family			Race			ationality			
Position in family: Only chil		ld First child		Second child		Third child	Fourth child	Fifth /	
Disability (if		L				l -		l	L
Type social	grant (e.g	. foster ca	are, child-	support etc	.)				
Religion:	Religion: African Bahai		Buddist	Christian	Hindu	Islam	Jewish	Other:	
PREVIOUS	SCHOOL					<u> </u>		1	
Name of la		attended							
Province									
Reason for	leaving								
MEDICAL IN	JEODMAT	TION							
Family doc			ct no						
Allergies				Chro	Chronic illness				
Any develo	pment pro	blems							
Name of Medical Aid				Medi	Medical Aid no.				
Name of pr		mber							
Contact pe (not parent	rson and r or guardia	an)							
in case of e	emergency	<u> </u>							

DATAFORM LEARNER GR							
Learner's parents deceased? (None/Father/Mother/Both)							
Does the learner receive a social grant? (Yes / no)							
Learner Immigrant? (Yes/No) (If yes, attach proof of status in RSA).							
Parents immigrant? (Yes/No) (If yes, attach proof of status in RSA).							
	FATHER		MOTHER			GUAR	DIAN
Туре	Biological	Step	Biolog	jical	Step	Legal	
	Adoptive		Adopt	ive		Unofficially	1
Surname							
Initials							
Name							
ID/passport number							
Date of birth							
Nationality							
Race							
Marital status							
Home language							
Residential address							
Postal address							
Tel. (home)							
Tel. (work)							
Cellphone							
E-mail							
Occupation							
Employer							
Religion							
Highest education							
Disability							
PERSON WITH WHOM THE LEARNER LIVES							
Name and Surname							
BROTHER(S) / SISTER(S) ENROLLED WITH A.F LOUW PRIMARY							
	Surname)			Nam	е	Grade

At what age did he/she sit?						
At what age did he/she walk?						
At what age did he/she start to say words?						
At what age did he/she start to say sentences?						
Evaluate your child's speech: Good / Satisfactory / Weak?						
Speech impediments:						
Does he/she dress him/herself?	Yes	No				
Does he/she bathe him/herself?	Yes	No				
Is he/she competent at using the toilet? Yes No						
Does he/she sleep in his/her own bed? Yes						
Does he/she show interest in stories? Yes No						
Does he/she look at pictures in books? Yes No						
Does he/she play with friends? Yes No						
Does he/she accept friends and siblings? Yes No						
Does he/she become bored easily? Yes No						
Does he/she show any signs of aggressiveness? Yes No						
How long can your child concentrate on one activity?						
What kind of toys does your child prefer?						
At what time does your child go to bed at night?						
Any other information you deem the school should know about your child:						
PERSONS AUTHORIZED TO COLLECT LEARNER FROM SCHOOL (Fill in only if this is different						

Name of learmer:

from parents/guardians mentioned above):

DECLARATION.							
DECLARATION:							
We the undersigned parents/guardians of							
to pay the required school fees as approved by the Governing Body							
to respect and obey the school rules and admission policy							
Signed (Father / Guardian) :	Date:						
Signed (Mother / Guardian):	Date:						
Photocopies of documents for learner and p	parents/guardians that must accompany						
this application:							
 Learner Birth certificate Most recent report Clinic card (Immunisation Record) Immigrant – proof of status in RSA 	Parents/Guardians ID document/Passport Proof of RSA address Proof of legal guardianship Immigrant – proof of status in RSA						
Decision on admission of a learner: This is to certify that	(name of learner)						
has been admitted / not admitted to Gr							
Comments:							

Date

Signature of Principal

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