



Queensburgh Primary School

Telephone: 031 464 0989

e-mail: finance1@qps2.co.za

Fax: 031 464 7146

e-mail: reception@qps2.co.za

LEARNER NAME AND SURNAME: _____

GRADE: _____

CONTACT NUMBER DETAILS 2021

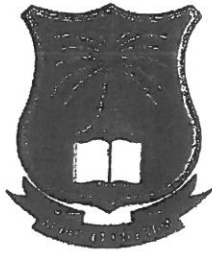
PERSON	NAME	SURNAME	CELL NR	HOME NR	WORK NR
MOTHER					
FATHER					
GRANDMOTHER					
GRANDFATHER					
GUARDIAN					
EMERGENCY					
TRANSPORT					
DOCTOR					

Please sign.

Dr N.G. Reddy

Principal

Parent / Guardian



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NO	<u>CERTIFIED COPIES</u> OF ALL DOCUMENTS	CHECK
1	Unabridged birth certificate /study visa / refugee status / passport.	
2	Recent I.D. size photo of the child.	
3	Most recent school report.	
4	School Transfer Card.	
5	Clinic card with relevant immunisations.	
6	Proof of residence of parent – Metro Bill or Lease Agreement.	
7	Both parents latest salary slip and 3 months bank statement.	
8	I.D. Documents of both parents / guardian / sponsors.	
9	Divorce Decree.	
10	In case of deceased parent(s) – A certified copy of Death Certificate(s).	
11	In case of Legal Guardianship / Adoption – Legal documents produced by the Courts are required.	

Approved

Dr N.G. Reddy

Principal

QUEENSBURGH PRIMARY SCHOOL

342 Stella Road

Telephone: 031 - 4640989

Durban

Fax: 031 - 4647146

4093

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:	
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Surname:		Initials:		Nick Name:	
First Name:					
Date Of Birth: YYYY		MM		DD	
Race:					
Country of Residence:					
If SA, indicate province of residence:					
Other Names:					
Gender:	Male:		Female:		
Identification or Passport No:					
Citizenship:					

Physical Address:		Home Telephone:		
City/Suburb		Emergency Telephone:		
Code:		Learner Cell:		
Learner Email Address:				

Home Language:		Preferred Language of Instruction						
Boarder	Yes		No					
Deceased Parent	Mother		Father		Both		Mode of transport:	
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:			
Rec. Social Grant	YES		NO:			

- 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:	<input type="text"/>	Position in the family (e.g first):	<input type="text"/>
Please supply full names below:			
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>

Parent / Guardian Information Complete a SEPARATE parent form for each parent living at a different physical address

Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>
First Name:	<input type="text"/>	Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Home Language:	<input type="text"/>	Race:	<input type="text"/>		
Identification Number:	<input type="text"/>	Or Passport number	Account Payer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Residential Street Address:					
<input type="text"/>				City/Suburb	<input type="text"/>
<input type="text"/>				Code:	<input type="text"/>
Occupation:	<input type="text"/>	Employer:	<input type="text"/>		
Surname of Spouse:	<input type="text"/>	First Name:	<input type="text"/>		
Occupation of Spouse:	<input type="text"/>	Learner resides with this parent/s	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Spouse ID Number:	<input type="text"/>	Relationship to Learner:	<input type="text"/>		
Marital status of parent:					

Correspondence Details					
Title:	<input type="text"/>	Surname:	<input type="text"/>		
Postal Address:					
<input type="text"/>				City/Suburb	<input type="text"/>
<input type="text"/>				Code:	<input type="text"/>

Other Contact Details					
Home Telephone	<input type="text"/>	Work Telephone	<input type="text"/>	<input type="text"/>	
Fax Number :	<input type="text"/>	Cell Number :	<input type="text"/>		
Spouse Work Telephone Number:	<input type="text"/>	Spouse Cell Number :	<input type="text"/>		
E-Mail Address:	<input type="text"/>	Spouse E-Mail Address:	<input type="text"/>		

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:	<input type="text"/>	2. Accepted:	<input type="text"/>	3. Accession Number:	<input type="text"/>
4. Rejected:	<input type="text"/>	5. Reason for Rejection:	<input type="text"/>		
6. Documentation Received:	<input type="text"/>	6a Immunisation Record:	<input type="text"/>	6b. Birth Certificate:	<input type="text"/>
6c. Progress Report from Previous School:	<input type="text"/>	6d. Transfer Letter from Previous School:	<input type="text"/>		