APPLICATION FOR ADMISSION TO SCHOOL

FAIRHAVEN PRIMARY SCHOOL

36 LENNY NAIDU DRIVE
CHATSWORTH
4092

Telephone: 031 - 4003933
Fax: 031 - 4003933

Year: 2026

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

Home Language:		Preferred Language of Instruction							
Boarder	Yes		No						
Deceased Parent	Mother		Father		Both		Mode of transport: Click to select one		
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:	

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**

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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: Select one | 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: Select one | 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:	