

# MABALANE SELEKA TECHNICAL SCHOOL

2022/2023



<b>OFFICE USE ONLY</b>						
Accession No: _____						
Grade:	A	B	C	D	E	F

## APPLICATION FOR ADMISSION OF LEARNER (GR 8 - 10)

The following documents **MUST** accompany this form before the application form will be accepted:

1. Copy of ID documents/birth certificate of parent/s or learner.
2. Academic results (report) of previous school.
3. Transfer letter of previous school
4. Proof of residential address e.g Municipa

**IMPORTANT: This form must be completed in full and in BLOCK LETTERS. Completing the form DOES NOT necessarily mean that the learner has been accepted into the school.**

### INFORMATION CONCERNING LEARNER

LANGUAGE OF INSTRUCTION

Afrikaans

English

Grade applied for \_\_\_\_\_ Years in grade: \_\_\_\_\_ Highest grade passed: \_\_\_\_\_

SURNAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_ NICK NAME: \_\_\_\_\_

FULL NAMES: \_\_\_\_\_ GENDER: Male  Female

DATE OF BIRTH: YYYY  MM  DD  RACE: \_\_\_\_\_ HOME LANGUAGE: \_\_\_\_\_

ID or PASSPORT NUMBER:  RELIGION: \_\_\_\_\_

COUNTRY OF ORIGIN: \_\_\_\_\_ PROVINCE IF BORN IN RSA: \_\_\_\_\_

HOME ADDRESS: _____ _____ _____	Tel Home: _____
Town/area: _____ Code: _____	Tel in Emergency: _____
	Cell no of learner: _____

PARENTS DECEASED? Father  Mother  Both  Email of learner: \_\_\_\_\_

### MEDICAL INFORMATION OF LEARNER

NAME OF MEDICAL AID: \_\_\_\_\_ MEDICAL AID NUMBER: \_\_\_\_\_

MAIN MEMBER: \_\_\_\_\_ OPTION/PLAN: \_\_\_\_\_

NAME OF DOCTOR: \_\_\_\_\_ DR. TEL NO.: \_\_\_\_\_

Medical condition, allergies or special health problems we must take note of: _____ _____ _____
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Dexterity of learner: Right handed  Left handed  Ambidextrous

### PREVIOUS SCHOOL

NAME OF PREVIOUS SCHOOL: \_\_\_\_\_

ADDRESS OF PREVIOUS SCHOOL: \_\_\_\_\_

CODE: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TEL NO OF PREVIOUS SCHOOL: \_\_\_\_\_