



斐京華僑公學

Pretoria Chinese School

P.O. Box 2096
Wingate Park, 0153
Pretoria
Republic of South Africa
☎ (012) 345-2319
☎ (012) 345-2446

e-mail: nsewpersad@pretoriachineseschool.com

NPOREG: 023429

APPLICATION FOR ADMISSION

DETAILS OF LEARNER APPLYING FOR ADMISSION:		BOY / GIRL	GRADE
Surname:			
First Names:			
Chinese Names:			
Date of Birth:	Day: _____ Month: _____ Year: _____		
Place of Birth:			
ID Number:			
Religion:			
Names and Grades of brothers/sisters enrolled at this School:			
Where did you hear about our school?			

ACADEMIC PARTICULARS:
Previous School Attended:
Telephone Number of Previous School: _____ Last Grade Attained: _____
Have you ever been asked to leave a school? Yes/No. If yes, reason and Name of School.

LEARNERS DETAILS:
Home address: _____ Code : _____
Postal address: _____ Code : _____
Home tel. no: _____ Cell. No: _____
Home language: _____

DETAILS OF PARENTS WITH WHOM CHILD RESIDES		
	FATHER/STEPFATHER/GUARDIAN	MOTHER/STEPMOTHER/GUARDIAN
Surname:		
Names in full:		
ID Number/Passport:		
Employer:		
Occupation:		
Home address:		
Postal address:		

Work address:		
E-mail address:		
Tel. No. Home:		
Tel. No. Cell:		
Fax No.		
Tel. No. Work:		

Who is responsible for the payment of school fees? (Please sign below)

Name:

Signature:

Family Status: (Please mark with an X)

Both parents		Widow/er
Divorced/Separated - child with father		Guardians
Divorced/Separated - child with mother		
If divorced, who has custody of the child?		

Can parents speak English?

Fluently _____ A little _____ Not at all _____

EMERGENCY TELEPHONE NUMBERS. (If the school is unable to contact parents, please contact:)

Mr/Mrs/Miss _____ Relationship to child: _____

Telephone Numbers: Work: _____ Home: _____ Cell: _____

MEDICAL AID DETAILS

Medical aid name: _____ Medical Aid number: _____

FAMILY DOCTOR:

Name: _____ Telephone number: _____

Are there any illnesses from which your child has suffered or is still suffering?

Has your child undergone any operations?

Is your child on any medication?

Are you aware of any problems with:

Hearing: _____ Eyesight: _____ Speech: _____

Has your child ever been assessed by any of the following?

Speech Therapist: _____ Occupational Therapist: _____
 Audiologist: _____ Neurologist: _____

Does your child suffer from any allergies? _____

Are you aware of any SOCIAL problems which might result from any traumatic experiences?
 (e.g. serious accident, witnessing any violence/death, child abuse or molestation)

Any other information which you may regard as relevant:

MEDICAL CONSENT

We / I _____ being the parents/legal guardian of _____

hereby authorise the Pretoria Chinese School to directly contact our/my Doctor (the details of which have been furnished in the Application Form) in the event of an emergency and/or when the parent/s or Guardian cannot be contacted.

Father's Signature: _____

Mother's Signature: _____

Guardian's Signature: _____

This contract will commence on the date of signature and will terminate on 31 December of the final year of the child's attendance at Pretoria Chinese School or earlier as agreed. All fees must be paid before the final school day.