



SPARROW COMBINED SCHOOL

Physical Address: Cnr Hermans and Gerty Street
Sophiatown Johannesburg Gauteng South Africa

Postal Address: HERMAN STREET 0
Sophiatown Johannesburg Gauteng South Africa 2012

School Phone: 0114777010

School Fax:

School Mobile:

Admission Application

Learner Information:

Grade Application:		Highest Grade Achieved:		Year of Highest Grade Achieved:										
For Grade 1 Applicants only		Specify Pre-primary Education:		Formal:	<input type="checkbox"/>									
				Non-Formal:	<input type="checkbox"/>									
				None:	<input type="checkbox"/>									
Surname:					Initials:									
Name:					Preferred Name:									
Birth Date:	YYYY:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MM:	<input type="text"/>	DD:	<input type="text"/>	Gender:	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Country:					Ethnic Group:									
Citizenship:					Religion:									
Identity Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address:					Postal Address:					Same as Physical Address?:	<input type="checkbox"/>			
Province:					Province:									
Country:					Country:									
		Postal Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Distance From Home To School:	<input type="checkbox"/>	0 - 5 km	<input type="checkbox"/>	5 - 10 km	<input type="checkbox"/>	10 - 20 km	<input type="checkbox"/>	20 km +						
Home Phone:					Home Language:									
Alternative Phone:					Preferred Language:									
Mobile Telephone:					Parents Deceased:	Both	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>			
Email Address:					Boarder:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>				
Name of previous School:					Postal Address:					Same as Physical Address?:	<input type="checkbox"/>			
Province:					Province:									
Country:					Country:									
		Postal Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Aid Name:					Doctor:									
Aid Main Member:					Doctor Telephone:									
Medical Aid Number:					Social Grant:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>					
Medical Condition:														
Special problems requiring Counselling:														
Number of children in family:	<input type="text"/>	<input type="text"/>			Position of child in family:	<input type="text"/>	<input type="text"/>							
Number of other Children in the School:	<input type="text"/>	<input type="text"/>												



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Specify details of other children in the school:

Name:		Grade:	Class:	Position:	
Name:		Grade:	Class:	Position:	
Name:		Grade:	Class:	Position:	
Marital status of parents:	<input type="checkbox"/> Married	<input type="checkbox"/> Widower	<input type="checkbox"/> Widow		
After school care:	<input type="checkbox"/> After School Center	<input type="checkbox"/> Father	<input type="checkbox"/> Mother		
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Step Father	<input type="checkbox"/> Step Mother		
	<input type="checkbox"/> Domestic Worker	<input type="checkbox"/> Friend	<input type="checkbox"/> Family	<input type="checkbox"/> None	<input type="checkbox"/> Other

Primary Guardian Details:

Surname:		Initials:	
Name:		Title:	
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/> DD: <input type="text"/> <input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country:		Ethnic Group:	
Citizenship:		Religion:	
Identity Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Language:	
Passport Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Preferred Language:	
Physical Address:		Postal Address:	Same as Physical Address?: <input type="checkbox"/>
.....			
.....			
Province:		Province:	
Country:		Country:	
	Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Stays in the area (Within 10km)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Works in the area (Within 10km)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation:		Work Address:	
Employer:		Email Address:	
Home Phone:		Work Telephone:	
Mobile Telephone:		Relationship to Learner:	

Secondary Guardian Details:

Surname:		Initials:	
Name:		Title:	
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/> DD: <input type="text"/> <input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country:		Ethnic Group:	
Citizenship:		Religion:	
Identity Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Language:	
Passport Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Preferred Language:	



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.....		
.....		
.....		
Province:		Province:			
Country:		Country:			
	Postal Code:		Postal Code:		
Stays in the area (Within 10km)	Yes	No	Works in the area (Within 10km)	Yes	No
Occupation:		Work Address:			
Employer:		Email Address:			
Home Phone:		Work Telephone:			
Mobile Telephone:		Relationship to Learner:			
Alternative Contact Details:					
Name and Surname:		Contact Number:			
Relationship:					
Physical Address:		Postal Address:		Same as Physical Address?:	
.....		
.....		
.....		
Province:		Province:			
Country:		Country:			
	Postal Code:		Postal Code:		
Home Phone:		Mobile Telephone:			
Alternative Phone:		Email Address:			
Account Holder Details:					
Account Holder:	Primary Guardian:	Secondary Guardian:	Other/Company:		
Debit Order:	Yes:	No:			
Payment Agreement:	Monthly:	By Term:	Annually:	AdHoc:	
EFT:	Yes:	No:			
Account Holder:		Account Number:			
Bank Name:		Branch Code:			
Amount:		Action Day:			



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Province:		Province:	
Country:		Country:	
	Postal Code: <input type="text"/>		Postal Code: <input type="text"/>
Signature of applicant (Father): _____		Signature of applicant (Mother): _____	

If the learner is accepted, the following documents must be submitted to the school

1. Copy of Immunisation Records	<input type="checkbox"/> Y	<input type="checkbox"/> N	2. Copy of Birth Certificate	<input type="checkbox"/> Y	<input type="checkbox"/> N
3. Progress Report from previous school	<input type="checkbox"/> Y	<input type="checkbox"/> N	4. Transfer Letter from previous school	<input type="checkbox"/> Y	<input type="checkbox"/> N
5. Copy of ID - Father	<input type="checkbox"/> Y	<input type="checkbox"/> N	6. Copy of ID - Mother	<input type="checkbox"/> Y	<input type="checkbox"/> N
7. Proof of address	<input type="checkbox"/> Y	<input type="checkbox"/> N	8. Proof of address	<input type="checkbox"/> Y	<input type="checkbox"/> N

For office use:

Waiting list and No.:		Class Placed:	
Reason:		Date Accepted:	
Signature Clerk:		Admission Number:	
Date:		Outstanding Documents:	