



THE FOUNDATION SCHOOL

Physical Address: 32-60 1ST AVENUE
MELVILLE
Melville Johannesburg Gauteng South Africa

Postal Address: PO BOX 91600
Auckland park Johannesburg Gauteng South Africa 2006

School Phone: 0114823520

School Fax: 0114824303

School Mobile:

Admission Application

Learner Information:			
Grade Application:		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:			
Name:			
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"/>
Country:			
Citizenship:			
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"/> <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"/> <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:			
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Province:			
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"/>	
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:			
Alternative Phone:			
Mobile Telephone:			
Email Address:			
Name of previous School:			
Physical Address:			
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Province:			
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"/>	
Medical Aid Name:			
Aid Main Member:			
Medical Aid Number:			
Medical Condition:			
Special problems requiring Counselling:			
Number of children in family:	<input type="text"/>	Position of child in family:	<input type="text"/>
Number of other Children in the School:	<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: <input type="checkbox"/> Same as Physical Address?:		
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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:								
Stays in the area (Within 10km)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Works in the area (Within 10km)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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:								
Home Phone:						Mobile Telephone:					
Alternative Phone:						Email Address:					
Account Holder Details:											
Account Holder:	Primary Guardian: <input type="checkbox"/>		Secondary Guardian: <input type="checkbox"/>		Other/Company: <input type="checkbox"/>						
Debit Order:	Yes: <input type="checkbox"/>		No: <input type="checkbox"/>								
Payment Agreement:	Monthly: <input type="checkbox"/>		By Term: <input type="checkbox"/>		Annually: <input type="checkbox"/>		AdHoc: <input type="checkbox"/>				
EFT:	Yes: <input type="checkbox"/>		No: <input type="checkbox"/>								
Account Holder:						Account Number:					
Bank Name:						Branch Code:					
Amount:						Action Day:					



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Country:		Country:	
	Postal Code:		Postal Code:
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	Y	N	2. Copy of Birth Certificate	Y	N
3. Progress Report from previous school	Y	N	4. Transfer Letter from previous school	Y	N
5. Copy of ID - Father	Y	N	6. Copy of ID - Mother	Y	N
7. Proof of address	Y	N	8. Proof of address	Y	N

For office use:

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