

Siblings			
Number of other Children at this school:	<input type="text"/>	Position in the family (e.g first):	<input type="text"/>
Please supply full names below:			
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>

Parent / Guardian Information				Complete a SEPARATE parent form for each parent living at a different physical address			
Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>		
First Name:	<input type="text"/>		Gender:	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Home Language:	<input type="text"/>		Race:	<input type="text"/>			
Identification Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Or Passport number	Account Payer:	Yes	No
Residential Street Address:							
<input type="text"/>				City/Suburb	<input type="text"/>		Code:
Occupation:	<input type="text"/>			Employer:	<input type="text"/>		
Surname of Spouse:	<input type="text"/>			First Name:	<input type="text"/>		
Occupation of Spouse:	<input type="text"/>			Learner resides with this parent/s	Yes	No	<input type="checkbox"/>
Spouse ID Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Relationship to Learner:	<input type="text"/>		
				Marital status of parent:	<input type="text"/>		

Correspondence Details			
Title:	<input type="text"/>	Surname:	<input type="text"/>
Postal Address:			
<input type="text"/>		City/Suburb	<input type="text"/>
			Code:

Other Contact Details			
Home Telephone	<input type="text"/>	Work Telephone	<input type="text"/>
Fax Number :	<input type="text"/>	Cell Number :	<input type="text"/>
Spouse Work Telephone Number:	<input type="text"/>	Spouse Cell Number :	<input type="text"/>
E-Mail Address:	<input type="text"/>	Spouse E-Mail Address:	<input type="text"/>

We, as parents, understand that the primary responsibility of PPB Primere is to provide placement for pupils residing closest to PPB Primere than to any other State Primary School and therefore should you live closer to another State Primary School, we commit to and undertake to meet the following conditions:

1. We, as parents will make application for admission to other primary schools as we are aware application at PPB Primere may not be successful.
2. We, as parents understand that should we require financial assistance for payment of school fees, the responsibility for such assistance falls on the State Primary School closest to where we live and not PPB Primere School. Furthermore, should we reside closer to another State School, we will not apply for such assistance at PPB Primere School at any stage in the future should my application be successful.

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 _____



26 Maarschalk Street

Paulpietersburg

3180

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:
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Surname:	Initials:	Nick Name:
First Name:	Other Names:	
Date Of Birth: YYYY	MM	DD
Race:	Gender:	Male: Female:
Country of Residence:	Identification or Passport No:	
If SA, indicate province of residence:	Citizenship:	

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

Home Language:	Preferred Language of Instruction						
Boarder	Yes	No					
Deceased Parent	Mother	Father	Both	Mode of transport:			
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
- 5. Copy of Id of both parents

