

**MORNING STAR ACADEMY**

530 VOORTREKER

Telephone: 053 - 2150373

Vryburg

Fax:

8601

Year: \_\_\_\_\_



**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:	<input type="text"/>	Highest Grade Passed	<input type="text"/>	Year When Grade was passed:	<input type="text"/>	Accession No:	<input type="text"/>
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Surname:	Initials:	Nick Name:
First Name:	Other Names:	
Date Of Birth: YYYY	MM	DD
Race:	Gender: <input type="checkbox"/> Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
Country of Residence:	Identification or Passport No: <input type="text"/>	
If SA, indicate province of residence:	Citizenship: <input type="text"/>	

Physical Address:	Home Telephone:	<input type="text"/>	<input type="text"/>
City/Suburb	Emergency Telephone:	<input type="text"/>	<input type="text"/>
Code:	Learner Email Address:	<input type="text"/>	
Home Language:	Preferred Language of Instruction		
Boarder	Yes	No	<input type="checkbox"/>
Deceased Parent	Mother	Father	Both
Religion:	Mode of transport:		
	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

