



THE GATEWAY SCHOOL

APPLICATION FORM



PLEASE : 1 Complete the following form **PRINT** neatly.
2 Inform the school immediately if there is any change in this information.

SURNAME :- _____	NAME USED BY LEARNER :- _____
FIRST NAME :- _____	SECOND NAME :- _____
DATE OF BIRTH :- ____/____/____	I.D. NO :- _____ SEX :- MALE / FEMALE
HOME TEL NO:- _____	HOME LANGUAGE :- _____
RACE:- (Parent to complete)	AGE 01 JANUARY 2____:-

INFORMATION - PREVIOUS SCHOOL:-

Please send a copy of the child's latest school Report

SCHOOL 1	YEAR LEFT:-
SCHOOL 2	YEAR LEFT:-

HOME ADDRESS :- _____	POSTAL ADDRESS :- _____
_____	_____
_____	_____
POSTAL CODE :- _____	POSTAL CODE :- _____

INFORMATION - FATHER Are you the learner's BIOLOGICAL / FOSTER / ADOPTIVE / STEP father?
Mark the correct one with a cross.

SURNAME :- _____	FIRST NAME :- _____
OCCUPATION (Type of work) :- _____	ID NO :- _____
EMPLOYER (Name of company) :- _____	
WORK TEL NO :- _____	CELLPHONE NO :- _____
WORK ADDRESS :- _____	
INTERESTS / SKILLS / HOBBIES :-	

INFORMATION - MOTHER Are you the learner's BIOLOGICAL / FOSTER / ADOPTIVE / STEP mother?
Mark the correct one with a cross.

SURNAME :- _____	FIRST NAME :- _____	MAIDEN NAME :- _____
OCCUPATION (Type of work) :- _____	ID NO :- _____	
EMPLOYER (Name of company) :- _____		
WORK TEL NO :- _____	CELLPHONE NO :- _____	
WORK ADDRESS :- _____		
INTERESTS / SKILLS / HOBBIES :-		

MEDICAL INFORMATION :

1. **FAMILY DOCTOR :-** NAME :- _____
TEL NO :- _____

2. **MEDICAL DIAGNOSIS:-** _____
REPORTS:- _____

3. **MEDICATION TAKEN BY CHILD :-**

NAME OF MEDICATION	DOSAGE	TIME TAKEN

4. **ALLERGIES :-** Please indicate if your child is allergic to any :-
a. MEDICINES :- _____
b. FOOD / OTHER ITEMS :- _____

5. **CONTACT INFORMATION :-** In the case of emergency, where parents cannot be contacted, give the names and telephone numbers of any family members or friends, who may be contacted.
1 **NAME :-** _____
TEL NO : HOME :- _____ **TEL NO : WORK :-** _____
2 **NAME :-** _____
TEL NO : HOME :- _____ **TEL NO : WORK :-** _____

6 **INFORMATION FAMILY**
No of children in the family _____ Positon of child in the family _____
Name of other children Date of Birth Sex Standard of Education School

Name of other children	Date of Birth	Sex	Standard of Education	School

7 **SIGNED :-** _____ (Parent / Guardian) **DATE :-** _____