



KHANYISA EDUCATION CENTRE

Primary – Secondary – Boarding

“Learning to Care, Do and Achieve”

APPLICATION FORM

This form must be completed by the parents/guardian of each applicant. A separate form must be completed for pupils

Pupil Information

Surname	<input type="text"/>	Name(s)	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age	<input type="text"/>
Nationality	<input type="text"/>	Present School	<input type="text"/>
Present School Subject		Grade	<input type="text"/>
1	<input type="text"/>	5	<input type="text"/>
2	<input type="text"/>	6	<input type="text"/>
3	<input type="text"/>	7	<input type="text"/>
4	<input type="text"/>	8	<input type="text"/>

For office use	
Grade	<input type="text"/>
Date Rec	<input type="text"/>
Age	<input type="text"/>
Report	<input type="text"/>
Sub App	<input type="text"/>
New sub	<input type="text"/>

Parent Information

Return your completed form to Khanyisa Education Centre

Father		Mother	
Surname	<input type="text"/>	Surname	<input type="text"/>
Name(s)	<input type="text"/>	Name(s)	<input type="text"/>
ID No.:	<input type="text"/>	ID No.:	<input type="text"/>
Postal Address	<input type="text"/>	Physical Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Code <input type="text"/>		Code <input type="text"/>
FATHER Occupation	<input type="text"/>	MOTHER Occupation	<input type="text"/>
Tel.:(w)	<input type="text"/>	Tel.:(h)	<input type="text"/>
Cell	<input type="text"/>	Tel.:(h)	<input type="text"/>
MOTHER Occupation	<input type="text"/>	Tel.:(w)	<input type="text"/>
Tel.:(w)	<input type="text"/>	Cell	<input type="text"/>
Cell	<input type="text"/>		

Photo	<input type="text"/>
<i>Attach Photo Here</i>	

Do you have any other children presently enrolled at Khanyisa? If yes give their names, present grade and account numbers.

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>

Fees check	<input type="text"/>
Acc. No	<input type="text"/>

Have you applied for any other children to enter khanyisa? If yes give their names, present grades.

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>

Will your child live at the same house as you while at Khanyisa? If no, give the name, relationship, age, street address and the telephone of the person they will be staying with

Yes No

Name	<input type="text"/>	Relationship	<input type="text"/>
Age	<input type="text"/>	Street	<input type="text"/>
		Tel	<input type="text"/>

Letter	A	<input type="text"/>
	W	<input type="text"/>
	R	<input type="text"/>

Has your child had any treatment, or history of, the following medical conditions?

Mental Illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Eye problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hearing Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Speech Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Remarks

I confirm that all the above information is correct and that I am legally entitled to make this application on behalf of my child. I understand that completion of this application does not guaranteed a place in the school

Dir Appr

Signed Date