

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: <input type="text"/>	Male: <input type="text"/>	Female: <input type="text"/>
Home Language: <input type="text"/>	Race: <input type="text"/>		
Identification Number: <input type="text"/>	Or Passport number <input type="text"/>	Account Payer: Yes <input type="text"/>	No <input type="text"/>
Residential Street Address: <input type="text"/>			
<input type="text"/>		City/Suburb <input type="text"/>	Code: <input type="text"/>
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 <input type="text"/>	No <input type="text"/>
Spouse ID Number: <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"/>	
<input type="text"/>	City/Suburb <input type="text"/>
Code: <input type="text"/>	

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"/>

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 _____

Date: _____/_____/_____

Office use only:			
1. Date:	2. Accepted:	3. Accession Number:	
4. Rejected:	5. Reason for Rejection:		
6. Documentation Received:	6a Immunisation Record:	6b. Birth Certificate:	
6c. Progress Report from Previous School:		6d. Transfer Letter from Previous School:	



Seatides Combined School

P.O. Box 124
Desainagar
4405

Tel/Fax: 032-9433082

email: seatidescomb@mweb.co.za

CHARACTER REFERENCE FOR LEARNERS SEEKING ADMISSION

SURNAME		
FIRST NAME		
DATE OF BIRTH		
IDENTITY NUMBER		GRADE :

ATTRIBUTES	RATING SYMBOL
1. ATTITUDE TO SCHOOL WORK	
2. CHARACTER AND PERSONALITY	
3. ATTENDANCE AND PUNCTUALITY	
4. COMMAND OF LANGUAGE	
5. DEPENDABILITY	
6. INITIATIVE	
7. PRESENTABILITY	
8. RELATIONSHIP WITH OTHERS	
9. VIGOUR AND FORCEFULNESS	
10. CONTRIBUTION TO SCHOOL	
11. PARTICIPATION IN EXTRA CURRICULUM ACTIVITIES	
12. PARENT CONTRIBUTION TO SCHOOL FEES	

RATING SYMBOLS:

A - OUTSTANDING B - VERY GOOD C - GOOD D - SATISFACTORY E - FAIR F - UNSATISFACTORY

<input checked="" type="checkbox"/> TYPE OF SCHOOL	<input type="checkbox"/> PUBLIC	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> OTHER
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OTHER REMARKS :

FORM EDUCATOR

PRINCIPAL

SCHOOL STAMP

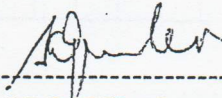
ANY ERASURES OR ALTERATIONS RENDER THIS DOCUMENT NULL AND VOID

Kindly send all reference directly to the school email or Fax

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE
ADMISSION FORM

1. Child's Identity Document	2. Both Parent's Identity Documents
3. Copy of Progress Report (Last final report & Term ending report)	4. Document: Character reference (Grade 4 to 11)
5. Copy of Immunisation Record (Gr R to 3)	6. Transfer Card
7. Utility Bill	8. If divorced please submit custodianship.
9. Guardianship: Please submit proof of legal guardianship.	10. Non South African ; Proof of permanent residence & Study permit
8. PLEASE NOTE THAT R1200 IS TO BE PAID UPON REGISTRATION. R1000 will be directed to the school fees. R200 is a once off non-refundable school levy. Should you decide to cancel/take transfer for your child, then 10% handling fee will be charged on the refundable amount.	

Doc to be submitted on application



PRINCIPAL

Banking Details :

Nedbank - Current Account

Seatides Combined School

Acc no: 1020 777 885

Branch Code: 198765 - Gateway

Reference : Learner Name - Grade - 2020