

DATES & PROCEDURES FOR ADMISSIONS 2021

- Admissions for **siblings** for **Grade R in 2021** will open on **07 July 2020** until **17 July 2020**.

Admissions for **non-siblings** will open on **20 July 2020** until **30 July 2020**.

**Drop Off forms between: 8:00 am and 11:45 am
(Monday – Thursday) & 08:00 am and 10:00 am
(Friday)**

APPLICATION FOR ADMISSION TO SCHOOL

HARTLEY ROAD PRIMARY SCHOOL

133 Hartley Road
Durban
4091

Telephone: 031 - 2073498
Fax: 031 - 2096428
Year: 2021

Note: This form must be completed in full. All changes to be initialled 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		Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Race:				Identification or Passport No:				
Country of Residence:				Citizenship:				
If SA, indicate province of residence:								

Physical Address:				Home Telephone:			
				Emergency Telephone:			
City/Suburb				Learner Cell:			
Code:		Learner Email Address:					
Home Language:		Preferred Language of Instruction					
Boarder	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Deceased Parent	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both <input type="checkbox"/>	Mode of transport:			
Religion:	For Grade 1 only: Indicate pre-primary education:		None <input type="checkbox"/>	Non Formal <input type="checkbox"/>	Formal <input type="checkbox"/>		

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 Counselling:			
Dexterity of Learner:	Right Handed <input type="checkbox"/>	Left Handed <input type="checkbox"/>	Ambidextrous <input type="checkbox"/>
Reg. Social Grant	YES <input type="checkbox"/>	NO: <input type="checkbox"/>	
Rec. Social Grant	YES <input type="checkbox"/>	NO: <input type="checkbox"/>	

- If the learner is accepted, the following documents must be submitted to the school:
- | | | |
|---------------------------------------|--------------------------------|--|
| 1. Copy of child's birth certificate. | 2. Copy of Both Parents' ID's. | 3. Utility Bill. |
| 4. Copy of immunisation records. | 5. Latest Progress Report. | 6. Transfer Letter from Previous School. |

APPLICATION FOR ADMISSION TO SCHOOL

Current Siblings at HRPS		
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"/>	Or Passport number	<input type="text"/>
Residential Street Address:		<input type="text"/>	
City/Suburb		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 <input type="checkbox"/> No <input type="checkbox"/>
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"/>	
City/Suburb	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"/>

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:

SCHOOLS ATTENDED (Grade RR included)

	Name of School	EMIS No.	Admission		Departure	
			Date	Grade	Date	Grade
1.						
2.						
3.						
4.						
5.						

*** EARLY INTERVENTION SERVICES RENDERED**

(All services related to barriers to learning e.g. poverty, health, disability, social assistance)

0 – 5 years	Area of need	Services and interventions received

Road to Health Card Shown?	Yes	No	Number:
* Any indication of <u>problems</u> with regard to -			* Remark(s) if "Yes"
child's growth progress	Yes	No	
prenatal/postnatal information	Yes	No	
immunisation record (birth to 5 years)	Yes	No	
Visual/hearing/weight/height/speech/physical/locomotor screening results	Yes	No	
Hospital admissions	Yes	No	
Any developmental problems in the "in need of special care" section?	Yes	No	
Any chronic condition?	Yes	No	

DOCUMENTS TO BE ATTACHED HERETO

1. Copy of child's birth certificate
2. Copy of parents' ID's
3. Utility bill / signed lease agreement or affidavit from landlord - showing proof of address
4. Copy of immunisation records
5. Latest progress report from current school (**Grade 1 – 7 Only**)
6. Transfer letter from previous school (**Grade 1 – 7, Only if Admission is Successful**)