



# SOUTH COAST ACADEMY

APPLICATION FOR ADMISSION – 2024 GR \_\_\_\_\_

BOARDER

E HESS

APPROVED/NO

PLEASE COMPLETE IN BLACK PEN 2023 – GR \_\_\_\_\_ 2022 – GR \_\_\_\_\_ 2021 – GR \_\_\_\_\_

ACCEPTANCE LETTER  DECLINED  WAITING  PP  ADMIN NO. \_\_\_\_\_ SASAMS  WHATSAPP  **FOR OFFICE USE ONLY**

BIRTH CERTIFICATE  REPORT  Prov TRANSFER  CONDUCT REPORT  ID COPY  POR  POI  CLINIC CARD  FINAL TRANSFER

Highest Grade passed	Year when Grade passed:	App rec date:	Holding fee
Application date:	Registration date:	App rec no:	Rec no

## FAMILY INFORMATION

Family Status:	Parents: Both Single Divorced Foster Recomposed	Brother/Sister Name & Grade:	Only if in South Coast Academy	
		How many children in fam:	Total number of children in family	
Are any of the parents deceased:	Father Mother Both	On mother's side:	On Fathers side:	
		Total children	Total children	
		Receiving Grant:	Child support / Disability / Foster care / Dependency	
		Grant number:		
		Gr 1 only: Pre-primary education:	Formal	Non Formal

## LEARNER INFORMATION (FULL NAMES AND SURNAME, AS IT APPEARS ON BIRTH CERTIFICATE - NO NICK NAMES)

First Name:	Initials:
Surname:	Citizenship: SOUTH AFRICAN OR NON SOUTH AFRICAN
Date of Birth: YYYY MM DD	ID number:
Religion: CHRISTIAN / HINDU / MUSLIM	Population group: BLACK WHITE INDIAN COLOURED OTHER
Citizenship:	GENDER: MALE FEMALE
Province of Residence:	Home language:
Left or Right handed: L R	Learner cell:
Learning disabilities: ADD ADHD DYSLEXIA	Mode of transport: FOOT PUBLIC PRIVATE
Pre-primary educations: FORMAL NON FORMAL	Name of driver: TRANSPORT DRIVER NAME
CONTACT IN CASE OF EMERGENCY:	Telephone number of driver:

Name & contact number of person learner resides with during school time, including address:

## PREVIOUS SCHOOL

Name of previous school:	
Previous schools address & Province:	
Tel no of previous school:	
Email address of previous school:	
1 <sup>st</sup> time registration of learner in KZN:	YES OR NO
Did the learner attend school last year:	YES OR NO
Reason for leaving:	

## LEARNER MEDICAL – COMPLETE PG 4 IF THERE ARE ANY MEDICAL CONDITIONS TO NOTE

MEDICAL AID NAME:	Med aid number:
Medical Aid main member name:	Doctor name and number:
Medical Conditions:	Please supply doctors letter for serious conditions

Notes: FOR OFFICE USE ONLY

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