



KHANYISA EDUCATION CENTRE

Primary – Secondary – Boarding
"Learning to Care, Do and Achieve"

APPLICATION FORM

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

Pupil Information

Surname											Home No.										
Date of Birth											Age			HL Language							
Matriculation											Present School										
Present School Subject										Grade											
1																					
2																					
3																					
4																					

For office use	
Grade	
Date Recd	
Age	
Report	
Std App	
Now out	

Parent Information

Return your completed form to Khanyisa Education Centre

Father										Mother									
Surname										Surname									
Home No.										Home No.									
Postal Address										Physical Address									
Code										Code									
FATHER'S Occupation										MOTHER'S Occupation									
Tel (Ext)										Tel (Ext)									
Cell										Cell									
MOTHER'S Occupation										MOTHER'S Occupation									
Tel (Ext)										Tel (Ext)									
Cell										Cell									
Do you have any other children presently enrolled in Khanyisa? If yes give their names, present grade and account numbers.										Yes <input type="checkbox"/> No <input type="checkbox"/>									
1																			
2																			
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																			
2																			
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 <input type="checkbox"/> No <input type="checkbox"/>									
Name										Relationship									
Age										Tel									

People	
Akhanyisa Education Centre	

Face check	
Acc. No	
Letter	
SB	
PI	

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"/>

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 guarantee a place in the school

Remarks	
DR. Appr	

Signed _____ Date _____

Return your completed form to Khanyisa Education Centre

Goldfields Nursing College Application Forms

Lei Shi



Goldfields Nursing College Application Forms:

Unveiling the Magic of Words: A Report on "**Goldfields Nursing College Application Forms**"

In a global defined by information and interconnectivity, the enchanting power of words has acquired unparalleled significance. Their power to kindle emotions, provoke contemplation, and ignite transformative change is really awe-inspiring. Enter the realm of "**Goldfields Nursing College Application Forms**," a mesmerizing literary masterpiece penned with a distinguished author, guiding readers on a profound journey to unravel the secrets and potential hidden within every word. In this critique, we shall delve into the book's central themes, examine its distinctive writing style, and assess its profound impact on the souls of its readers.

<https://staging.conocer.cide.edu/data/virtual-library/index.jsp/Macroeconomics%20Th%20Edition%20Michael%20Parkin.pdf>

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