



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											Given(s)													
Date of Birth											Age			HL Language										
Matriculation											Present School													
Present School Subject																								
1											2													
3											4													
4											5													

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

Parent Information

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FATHER											MOTHER										
Surname											Surname										
Name(s)											Name(s)										
ID No.											ID No.										
Postal Address											Physical Address										
Code											Code										
OCCUPATION											OCCUPATION										
Tel (Ext)											Tel (Ext)										
Cell											Cell										
MOTHER											MOTHER										
Occupation											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										
Street																					

Photo	
Khanyisa 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. Apur	

Signed		Date	
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Goldfields Nursing College Application Forms

AW Rasmussen



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