



MELPARK
Primary School

GROWING TOGETHER
FOR A BRIGHTER FUTURE

Private Bag X2
Melville
2109
Web:
www.melparkprimary.co.za

63 2nd Avenue
Melville
2092
Tel: 011 726-4323

E-mail mparkps@lantic.net

ADMISSION FORM

Date issued _____

Date received _____

PLEASE COMPLETE: NAME, SURNAME & AGE OF CHILD ACCORDING TO BIRTH CERTIFICATE

GRADE CHILD WILL BE ATTENDING _____

LEARNER INFORMATION

Surname on Birth Certificate _____
Full Names _____
Name known by: _____
Gender _____
Date of Birth _____
ID Number _____
Grade child will attend _____
Previous school attended _____
Nationality _____
Home Language _____

Afrikaans	English	IsiNdebele	Sepedi	SiSwati	Xitsonga	Tshivenda	IsiXhosa	IsiZulu	Sesotho	Setswana	Other:

Ethnic Group _____

Immigrant Yes _____ No _____

(Department requires this information for Annual Survey)

FAMILY INFORMATION

Father

Surname _____
Name _____
ID No. _____
Occupation _____
Company _____
Tel No. Work _____
Marital Status _____
Tel No Home _____
Cell No. _____
E mail _____

Mother

Surname _____
Name _____
ID No. _____
Occupation _____
Company _____
Tel No. Work _____
Marital Status _____
Tel No Home _____
Cell No. _____
E mail _____

RESIDENTIAL ADDRESS FATHER

Building Name _____
Street No. _____
Suburb _____
City _____
Code _____

RESIDENTIAL ADDRESS MOTHER

WORK ADDRESS FATHER

WORK ADDRESS MOTHER

Building Name _____
 Street No. _____
 Suburb _____
 City _____
 Code _____

MEDICAL AID INFORMATION

Medical Aid Name _____
 Main Member Name _____
 Medical Aid Number _____
 Doctors Tel No. _____ Doctors Name _____

EMERGENCY CONTACT NO.

NAME	RELATIONSHIP TO CHILD	TELEPHONE NO.
1) _____	_____	_____
2) _____	_____	_____

Brothers / sisters (NOT COUSINS) currently attending Melpark Primary School

(Children must have a parent in common)

Surname	First Name	Grade	Date of Birth
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Name, address and ID No. of person responsible for Payment of School Fees

Please attach a copy of ID document

CHECK LIST OF DOCUMENTS NEEDED FOR ADMISSION (Copies Please)

- 1) Certified copy of birth certificate _____
- 2) Parents ID _____
- 3) Latest report _____
- 4) Report from nursery school _____
- 5) Clinic card _____
- 6) Water & light Acc _____
- 7) Copy of Pay slips _____

OFFICE USE ONLY

Waiting list | A | B | Waiting list Number: _____

Status of Admission: *Approved* *Not Approved*

Reasons(s) if not approved:

Signature: _____ Date: _____