



FRANK MASHILE SECONDARY

P.O BOX 1228, APEL 0739

“Success Through Effort”

EMIS No: 9256 10094



E.frankmashilehigh@gmail.com www.frankmashilesecschool.co.za Cell: 071 2740 640

APPLICATION FORM FOR ADMISSION YEAR: 2021

<p>Note This form must be completed in full. All changes to be initiated or signed by Parent/Guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.</p>													
Grade Applied for		Highest Grade Passed			Year when Grade was Passed				Accession No				
SURNAME				INITIALS				NICK NAME					
FULL NAMES				OTHER NAME									
Date of Birth		YYYY		M	M	D	D	Gender		Male		Female	
RACE		Identification No											
Country of Residence				Citizenship									
If so, Indicate Province of Residence													
Physical Address						Home Telephone							
						Emergency No							
City/Suburb						Learner's Cell No							
Code						Learner Email Address							
HOME Language				Preferred Language of Instruction									
BOARDER	YES		NO										
Deceased Parent		Mother		Father		Both		Mode of Transport					
Religion													
Previous School Information													
Name of Previous School				Tel No									
Previous School Address													
Province				Country				Code					
Learner's Medical Information													
Medical Aid Number			Medical Aid Name										
Medical Aid Main Member			Doctor's Name										
Doctor's Address			Doctor's Telephone No										
Medical Condition													
Special Problems Requiring Counselling													
Dexterity of Learner		Right Handed		Left Handed		Ambidextrous		Reg Social Grant		Y	N		
If a Learner is accepted, the following documents must be submitted to the school								Re. Social Grant		Y	N		
1.Bith Certificate		2.Progress Report from Previous school			3.Transfer Letter from previous school			4.Medical record					



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APPLICATION FOR ADMISSION TO SCHOOL. Continues...															
SIBLINGS															
Number of other Children at this School							Position in the Family (e.g. first)								
Name :							Grade								
Name:							Grade								
Name:							Grade								
PARENT/GUARDIAN INFORMATION				COMPLETE A SEPARATE SHEET IF PARENTS LEAVE AT DIFFERENT PHYSICAL Address											
Title (Mr. MS)		Initials		SURNAME											
FIRST NAME				Gender				Male		Female					
HOME LANGUAGE				RACE											
Identification No or Pass Port															
RESIDENTIAL ADDRESS															
				SUBURB/CITY				CODE							
OCCUPATION				EMPLOYER											
SURNAME OF SPOUSE				FULL NAMES											
OCCUPATION OF SPOUSE				Learner Residing with this Parent				Y							
Spouse ID										Relationship to Learner					
				Marital Status of Parent											
CORRESPONDENCE DETAILS															
Title		SURNAME													
POSTAL ADDRESS															
				CITY/SUBURB				CODE							
OTHER CONTACT DETAILS															
HOME Telephone				Work Telephone											
FAX Number				Cell Number											
Spouse Work Telephone Number				Spouse Cell No											
Email Address				Spouse E-Mail											
I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct															
Name of Parent /Guardian(Print)															
SIGNATURE of Parent /Guardian										DATE					
OFFICE USE ONLY															
1.DATE :		2.ACCEPTED		3.ACCESSION No											
4.REJECTED		5.REASONS FOR REJECTION													
6.DOCUMENTATIONS RECEIVED				6a.Immunisation Record				6b.Birth Certificate							
6c.Progress Report from Previous School				6d.Transfer Letter from Previous School											