



PARKVIEW JUNIOR SCHOOL

Ennis Road, Parkview 2193 Tel: (011) 646 5542 Fax: (011) 486 1599

Adobe Acrobat is needed to complete this form.

Mobile users can download adobe on **iPhone (app store)** or **Andriod (Play store)**

Parent Information Form - Grade R 2021

I / we hereby complete this parent information form on behalf of my / our child / ward to be admitted to Parkview Junior School.

Surname of learner

First name of learner:

Applying for: Grade Year

Email

Information and Requirements

Please complete **ALL** sections and submit the following documentation.

1. Copy of the Immunisation record.
2. Copy of the Birth Certificate.
3. Copy of Parents/Guardians ID (For both parents).
4. Proof of home address and work address of parents/Guardians.
5. Copy of learners progress report from current school

Parent/Guardian Details

If parents are deceased please attach proof of legal guardianship

1. Parent / Guardian

(If guardian, state relationship with learner)

Relationship to learner

Title (Mr/Mrs/Ms/Dr/etc)

Surname

First names

Identity number

Marital status

Residential address
 Postal Code

Postal address
 Postal Code

Home number Cell number

E-mail address

Who should receive SMS

Who should receive E-mail

Occupation

Employer/Company

Address of business
 Postal Code

Work number

2. Parent / Guardian

(If guardian, state relationship with learner)

Relationship to learner

Title (Mr/Mrs/Ms/Dr/etc)

Surname

First names

Identity number

Marital status

Residential address
 Postal Code

Postal address
 Postal Code

Home number Cell number

E-mail address

Who should receive SMS

Who should receive E-mail

Occupation

Employer/Company

Address of business
 Postal Code

Work number

With whom does the learner reside?

Both parents Mother only Father only Guardian Grandparent/s

Other (please specify):

Please indicate custodial parent (if applicable)

Parent/Guardian 1 Parent/Guardian 2

Medical Information

Medical Aid name

Medical Aid number

Principal member

Principal member's ID

Known medical problems

Doctor's name Doctor's number

Emergency Contact

(Someone other than Parent / Guardian)

First names

Home number Cell number

Work number

Reg. Social grant Rec. Yes No

Social grant Yes No

LearnerDetails

Surname

First names, in full
(As per birth certificate)

Grade Year Term

Physical address where learner is living

Postal Code

Distance from School <5km 5-10km 10-15km 15-20km 20-25km >25km

Date of birth

Identity number

Place of birth

Nationality

Date of arrival in SA Race

Race (for GDE statistics)

Gender Male Female

Home language

Other languages

Dexterity of Learner Left handed Right handed

Religion

Special problems / counselling

Name of current school

Number of current school

Does the applicant have a sibling in this school currently? Yes (If so, list below) No

1. First name	<input type="text"/>	Grade	<input type="text"/>
2. First name	<input type="text"/>	Grade	<input type="text"/>
3. First name	<input type="text"/>	Grade	<input type="text"/>



Declaration

I / We hereby declare that to the best of my/our knowledge, the above information as supplied above is accurate and correct.

1. Parent / Guardian name Date: / /

1. Parent / Guardian name Signature
 How to sign: Locate fill & sign  on right tool panel, choose [Fill and sign](#), locate sign  on top tool bar & follow steps.

2. Parent / Guardian name Date: / /

1. Parent / Guardian name Signature
 How to sign: Locate fill & sign  on right tool panel, choose [Fill and sign](#), locate sign  on top tool bar & follow steps.

For office use only

Received on / /

Accepted Accession Number

Rejected Reason

Documents Received:

Birth Certificate Immunisation Record Progress Report Parents / Guardians ID/s: Proof of Residence

