



# 斐京華僑公學

## Pretoria Chinese School

P.O. Box 2096  
Wingate Park, 0153  
Pretoria  
Republic of South Africa  
☎ (012) 345-2319 📠 (012) 345-2446  
Fax to e-mail: 086 631 3275  
e-mail: head@pretoriachineseschool.com

NPOREG: 023429

### APPLICATION FOR ADMISSION

DETAILS OF LEARNER APPLYING FOR ADMISSION:	BOY / GIRL	GRADE
Surname:		
First Names:		
Chinese Names:		
Date of Birth:	Day: _____ Month: _____	
	Year: _____	
Place of Birth:		
ID Number:		
Religion:		
Names and Grades of brothers/sisters enrolled at this School:		
Where did you hear about our school?		

ACADEMIC PARTICULARS:
Previous School Attended:
Telephone Number of Previous School: _____ Last Grade Attained: _____
Have you ever been asked to leave a school? Yes/No. If yes, reason and Name of School.

LEARNERS DETAILS:
Home address: _____ Code : _____
Postal address: _____ Code : _____
Home tel. no: _____ Cell. No: _____
Home language: _____

DETAILS OF PARENTS WITH WHOM CHILD RESIDES		
	FATHER/STEPFATHER/GUARDIAN	MOTHER/STPMOTHER/GUARDIAN
Surname:		
Names in full:		
ID Number/Passport:		
Employer:		
Occupation:		
Home address:		
Postal address:		

Work address:		
E-mail address:		
Tel. No. Home:		
Tel. No. Cell:		
Fax No.		
Tel. No. Work:		

<b>Who is responsible for the payment of school fees? (Please sign below)</b>	
<b>Name:</b>	<b>Signature:</b>

<b>Family Status: (Please mark with an X)</b>	
Both parents	Widow/er
Divorced/Separated - child with father	Guardians
Divorced/Separated - child with mother	
If divorced, who has custody of the child?	
<b>Can parents speak English?</b> Fluently _____ A little _____ Not at all _____	

<b>EMERGENCY TELEPHONE NUMBERS. (If the school is unable to contact parents, please contact:)</b>
Mr/Mrs/Miss _____ Relationship to child: _____
Telephone Numbers: Work: _____ Home: _____ Cell: _____

<b>MEDICAL AID DETAILS</b>
Medical aid name: _____ Medical Aid number: _____
<b>FAMILY DOCTOR:</b>
Name: _____ Telephone number: _____

Are there any illnesses from which your child has suffered or is still suffering?
Has your child undergone any operations?
Is your child on any medication?
Are you aware of any problems with: Hearing: _____ Eyesight: _____ Speech: _____

Has your child ever been assessed by any of the following?  
 Speech Therapist: \_\_\_\_\_ Occupational Therapist: \_\_\_\_\_  
 Audiologist: \_\_\_\_\_ Neurologist: \_\_\_\_\_

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Does your child suffer from any allergies? \_\_\_\_\_

Are you aware of any SOCIAL problems which might result from any traumatic experiences?  
 (e.g. serious accident, witnessing any violence/death, child abuse or molestation)

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Any other information which you may regard as relevant:

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**MEDICAL CONSENT**

We / I \_\_\_\_\_ being the parents/legal guardian of \_\_\_\_\_

hereby authorise the Pretoria Chinese School to directly contact our/my Doctor (the details of which have been furnished in the Application Form) in the event of an emergency and/or when the parent/s or Guardian cannot be contacted.

Father's Signature: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_