



# Pfunanane Academy Application Form

SPO

Add an ID photo  
of child here  
please

Pupil's Surname: \_\_\_\_\_ Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: dd\_\_\_\_\_/mm\_\_\_\_\_/yyyy\_\_\_\_\_

Boy/Girl \_\_\_\_\_ Currently speaks English: Yes / No \_\_\_\_\_ Home Language: \_\_\_\_\_

Applying for which grade?: \_\_\_\_\_ Date submitted application: \_\_\_\_\_

Previous/Current School Name: \_\_\_\_\_ Any Grades Repeated? \_\_\_\_\_

Brother or Sister at Pfunanane? If yes, names and grades: \_\_\_\_\_

## **PARENTS' PARTICULARS** (For guardians, please see reverse side)

Student stays with: Mother / Father/ Both / Other (state) \_\_\_\_\_

Please circle if the parents are: Married/Divorced/Single/Widowed

Full Name – Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name – Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

ID Number for Father: \_\_\_\_\_ ID Number for Mother: \_\_\_\_\_

Employer Name – Father: \_\_\_\_\_ Father Occupation: \_\_\_\_\_

Employer Name – Mother: \_\_\_\_\_ Mother Occupation: \_\_\_\_\_

Parents – Postal Address:

\_\_\_\_\_ Code \_\_\_\_\_

Residential Address:

\_\_\_\_\_

### For office use only

Accepted/Rejected: (notes) \_\_\_\_\_ Followed up results with phone call on this date: \_\_\_\_\_

Full registration fee paid on this date: \_\_\_\_\_ Other notes: \_\_\_\_\_

MEDICAL AID DETAILS (as soon as possible, please attach/send photocopy of member's card)

Member's name as appearing on card: \_\_\_\_\_

Member's ID Number: \_\_\_\_\_

Member's Postal Address: \_\_\_\_\_

Medical aid: \_\_\_\_\_ Number: \_\_\_\_\_

Member's Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Does the Child live with a guardian other than his/her parents during the term? Yes/ No

If yes, details of these guardians please –

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Relationship to child? \_\_\_\_\_

Other children in the household:

Name	Grade	Birth Date	Current School

FOR DEPARTMENTAL STATISTICS PLEASE:

Are the pupil's parents alive? Yes / No                      If not, who has passed away? Mother / Father / Both

Is the pupil registered for a social grant? \_\_\_\_\_ Grant number: \_\_\_\_\_

I understand further that if my account remains unpaid for 60 days after the month for which fees are payable, the school shall, as a matter of policy, suspend my child from school until all accounts are paid.

\_\_\_\_\_  
Signature: Parent/Guardian  
responsible for payment of fees

\_\_\_\_\_  
Date