TWEE	ESPRUI	T PRIMARY SCHOOL				
APPLICATION FOR ADMISSION						
N.B. COMPULSARY DOCUMENTS Each application must include the following documents 1 Copy of Birth Certificate/Passport 2 Copy of Clinic card (Immunization and birth information) 3 Copy of both parents ID's / Guardian 4 Copy of Progress report from previous school 5 School fee statement from previous school Jan - Dec	Office use only	Principal: Mr. J.W. O' Connor Postal Address: P O Box 27, Tweespruit, 9770 Telephone: 051 - 963 0036 E-Mail: tweespruitprimary@gmail.com R7 700 School Fees per year (R700 per month for 11 months) OFFICE USE ONLY				
Transfer letter from Previous School (if accepted) Proof of residince R200-00 sportfund once off, H2 800 schoollees at registration = H3 000 Schoolfees is for 4 months. There will be a compulsory Stationery and Books Fees - to be confirmed at a later stage)- School fees may increase after the Budget meeting for 2026 - to be confirmed) Years in fase (repeating	-	Accepted Grade & Class Accession No: Date: Kwitansie R50 : Kwitansie:				
Grade Applied for 2026: she repeated		Current Grade in 2025				
Surname: Second Name:	LEARNE	Initials: First Name: Other Names:				
Date of Birth: YYYY MM Race: Country of Residence: If SA, indicate province of residence:	DD	Gender: Male Female Identification or Passport No: Citizenship:				
Home Address		Home Telephone Whatsapp No. Parent				
City/Suburb Learner E-mail Address		Learner Cell				
Home Language		Mode of Transport				
Deceased Parent Mother Father Both For Grade 1 only: Indicate pre-primary education:	Religion None	Non Formal Formal Boarder Yes No				
Name of Previous School						
Physical Address of Previous School	honded	City/Suburb Code Provice: Country:				
Left-handed Right-handed Left and Right handed L						
MEDICAL INFORMATION- Compulsory infomation for the Doctor						
Medical Aid No. Medical Aid Main Member		Medical Aid Name				
Doctor's Adress: MEDICAL CONDITIONS YOU WISH TO BRING UNDER THE ATTENTION OF THE SCHOOL						
INICIDICAL CONDITIONS TOO WISH TO BRING UNDER THE ATTENTION OF THE SCHOOL						

Social Grant (Yes/No)

Nr.

Position in family (eg First=1)

Number of children in family

Number of other children at this school(Brothe	rs and Sisters only):
Please supply full names, surname and Grade below	
Name and Surname:	Grade:
Name and Surname:	Grade:
Name and Surname:	Grade:
PAREN	IT INFORMATION
Father Surname	Mother Surname
Title Initials	Title Initials
First Names	First Names
ID - Number	ID - Number
Occupation	Occupation
Employer	Employer
Address Home	Address Home
Postal Address	Postal Address
(Home)	(Home)
E-Mail	E-Mail
Tel Home	Tel Home
Tel Work	Tel Work
Cell	Cell
Marital Status	Marital Status
Relationship to learner:	Relationship to learner:
s the learner staying with you Yes No	Is the learner staying with you Yes No
If no, give address	
where child is	If no, give address where child is staying
staying	

	PE	RSON RESPONSI	BLE FOR PAYING SCHOOLFEES
Person Responsible for	r paying school fees	Father Mother	Other- Specify -please provide us with that details
Surname			First Name
Title	Initials	ID - Number	
Home Address			Postal Address (Home)
Occupation			Employer
Tel Home Tel Work			Childs Name and Surname:
Cell			Payment Date:(date that you receive your salary)
		METHOD O	F PAYING SCHOOLFEES
Full yearly payment Please provide date:	Quarterly payme	ents (4) Monthly p	ayments (10) Other How
I/We declare that the ir paid like indicated abov	nformation entered is /e, Tweespruit Primary	true and correct. I/We take School will be entitled to t	e note and abide to the school rules. I/We are aware that if the school fees are not been ake legal action without any further notification.
Signature of Pare	ent/Guardian	Signature of	Account Payer Date

ONLY APPLICABLE IF LEARNER IS NOT STAYING WITH HIS/HER PARENTS

GUARDIAN INFORMATION (EXAMPLE: AUNT, GRANDPARENTS, ETC)				
Relationship to learner:				
Surname	Surname			
Title Initials	Title Initials			
First Names	First Names			
ID - Number	ID - Number			
Occupation	Occupation			
Employer	Employer			
Address Home	Address Home			
Postal Address (Home)	Postal Address (Home)			
E-Mail	E-Mail			
Tel Home Tel Work Cell	Tel Home Tel Work Cell			
Marital Status	Marital Status			
Is the learner staying with you Yes No	Is the learner staying with you Yes No			