



# KOKSTAD JUNIOR SCHOOL / SKOOL

48 WYLDE ROAD, P O BOX 169, KOKSTAD, 4700  
TEL: 039 727 2150 EMAIL: [reception@kjs.org.za](mailto:reception@kjs.org.za)



## APPLICATION FOR ADMISSION

Year applying for: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

**Note:** This form must be completed in full. All changes to be initialled or signed by parent/guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Gr Applying for: \_\_\_\_\_ Highest Grade Passed \_\_\_\_\_ Year when Gr was passed \_\_\_\_\_

### PERSONAL INFORMATION

Surname: \_\_\_\_\_ Initials \_\_\_\_\_ Nick Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female (Circle correct gender)

Race: \_\_\_\_\_ Id / Passport number: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

If SA, indicate province of residence: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

\_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

\_\_\_\_\_ Learner Cell: \_\_\_\_\_

Learner Email Address: \_\_\_\_\_

Home Language: \_\_\_\_\_ Preferred Language of Instruction: \_\_\_\_\_

Boarder: YES / NO (If so, separate application forms are available at the Kokstad Junior Hostel)

Deceased Parent: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

Mode of transport: \_\_\_\_\_ Religion: \_\_\_\_\_

For Grade 1 only: Indicate Pre-primary education: None \_\_\_\_\_ Non Formal \_\_\_\_\_ Formal \_\_\_\_\_

### PREVIOUS SCHOOL INFORMATION\_ (Submit latest statement from school)

Name of Previous School: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_

## LEARNER MEDICAL INFORMATION

Medical Aid Number: \_\_\_\_\_ Medical Aid Name: \_\_\_\_\_  
(Supply copy of medical aid card & ID of main member)

Main Member: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor's Telephone: \_\_\_\_\_

Medical Condition: \_\_\_\_\_  
\_\_\_\_\_

Special Problems Requiring Counseling: \_\_\_\_\_  
\_\_\_\_\_

Dexterity of Learner: Right Handed \_\_\_\_\_ Left Handed \_\_\_\_\_ Ambidextrous \_\_\_\_\_

Registered Social Grant : Yes / No

Receiving Social Grant : Yes / No

Reference Number: \_\_\_\_\_

## SIBLINGS (BROTHERS / SISTERS)

Number of other children at this school: \_\_\_\_\_ Position in the family (e.g. first) \_\_\_\_\_

Number of siblings: \_\_\_\_\_

**Please supply full names below:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

(Both ID copies are required & Proof of residence)

	FATHER	MOTHER
Title, Initial, Surname		
First Name		
Home Language		
ID / Passport Number		
Residential Address		
Postal Address		
Occupation		
Employer		
Cell Nr		
Work Nr		
Home Nr		
Email address		
Marital status		
If divorces, which parent does the child reside with		
Who needs to be contacted in case of emergency		

## PAYMENT OF SCHOOL FEES

Full Name of person responsible for payment of school fees:

\_\_\_\_\_

ID / Passport Number: \_\_\_\_\_

*\*\*\*Certified copy to be provided\*\*\**

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

## PREFERRED METHOD OF PAYMENT OF SCHOOL FEES

Please indicate preferred method of payment of school fees.

Monthly \_\_\_\_\_

Quarterly \_\_\_\_\_

Annually \_\_\_\_\_

\_\_\_\_\_

Handtekening van ouer/voog  
(Persoon verantwoordelik vir die betaling van Skoolgeld.)

\_\_\_\_\_

Datum





# KOKSTAD JUNIOR SCHOOL / SKOOL

FAX 039 727 1751

OFFICIAL SCHOOL STAMP

## CONDUCT CERTIFICATE – (To be completed by current school)

SURNAME: \_\_\_\_\_ FULL NAMES: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

### 1. ACADEMIC

	10	9	8	7	6	5	4	3	2	1
Overall Academic Ability										
Application to Work										

LEARNING PROBLEMS:

### 2. EXTRA CURRICULAR ACTIVITIES

2.1 CULTURAL: (Please give brief details of extra curricular involvement)

ART	DRAMA	MUSIC	OTHER

2.2 SPORT: (Please tick relevant box)

	PARTICIPATION	ZONAL	PROVINCIAL
Cricket			
Rugby			
Hockey			
Tennis			
Athletics			
Netball			
Swimming			
Soccer			
Choir			
Other			

3. BEHAVIOUR AND DISCIPLINE (Please complete the following by placing a tick in the relevant box)

	YES	NO	IF YES, PLEASE COMMENT
Has he/she ever been referred for behavioural counselling?			
Does he/she have a warning letter on his/her file?			
Have his/her parents met with the Headmaster regarding misbehaviour?			
Has he/she attended Disciplinary Hearing at your school?			
Has he/she been absent for more than 20 days?			
Has he/she been involved in drugs, theft, fighting or bullying?			

### 4. LEADERSHIP / SOCIAL ADJUSTMENT

	GOOD	AVERAGE	POOR
Social Adjustment			
Leadership Potential			

### 5. FINANCE

Have the parents met their fee obligations?	YES	NO
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\*\*Please supply latest statement

If no, please give brief details:

6. GENERAL: (Please provide additional comments that will be useful to the Admissions Committee when making their selection:)

PRINCIPAL'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_