



ROCKVIEW COLLEGE

Address | 401 Khan Road, Northdale
Pietermaritzburg
3201

Email | info@rockviewcollege.co.za

Call | +27 76 291 8199 / +27 73 738 3930

Note: This form must be completed in full. This form must be accompanied by a non-refundable application fee of **R350** deposited into **FNB ACC NO: 631661552743 ACC NAME: ROCKVIEW COLLEGE** reference: **Learner's Surname and Name**

| | | | |
|--------------------|-----------------------|-----------------------------|---------------|
| Grade Applied For: | Highest Grade Passed: | Year When Grade was passed: | Accession No: |
|--------------------|-----------------------|-----------------------------|---------------|

| | | |
|---|--------------|---------|
| Surname: | Other Names: | |
| First Name: | | |
| Date Of Birth: YYYY MM DD | | |
| Race: | | |
| Country of Residence: If SA, indicate province of residence: | | |
| Gender: | Male: | Female: |
| Identification or Passport No: | | |
| Citizenship: | | |

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|-------------------------------------|--|
| Physical Address: | Home Telephone: |
| City/Suburb | Emergency Telephone: |
| Code: | Learner Cell: |
| Learner Email Address: | |
| Home Language: | Preferred Language of Instruction: |
| Boarder: Yes No | |
| Deceased Parent: Mother Father Both | Mode of transport: |
| Religion: | For Grade 1 only: Indicate pre-primary education: None Non Formal Formal |

Previous School Information

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|--------------------------|
| Name of Previous School: |
| Previous School Address: |
| Code: Province: Country: |

Learner Medical Information

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|---|--------------------------|
| Medical Aid Number: | Medical Aid Name: |
| Medical Aid Main Member: | Doctor Name: |
| Doctor's Address: | Doctor Telephone Number: |
| Medical Condition: | |
| Special Problems Requiring Counseling: | |
| Dexterity of Learner: Right Handed Left Handed Ambidextrous | Reg. Social Grant YES NO |
| | Rec. Social Grant YES NO |

All changes to be initialed or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school. **If the learner is accepted, the following documents must be submitted to the school:**

- 1. Copy of Immunisation Records.
- 2. Copy of Parent / Guardian ID
- 3. Progress Report from Previous School
- 4. Transfer Letter from Previous School

| | | |
|--|--|-------------------------------------|
| Siblings | | |
| Number of other Children at this school: | | Position in the family (e.g first): |
| Please supply full names below: | | |
| Name: | | Grade: |
| Name: | | Grade: |
| Name: | | Grade: |

| | | | |
|--------------------------------------|------------------------------------|--|--|
| Parent / Guardian Information | | Complete a SEPARATE parent form for each parent living at a different physical address | |
| Title: | Initials: | Surname: | |
| First Name: | Gender: | Male: | Female: |
| Home Language: | Race: | | |
| Identification Number: | | | |
| Or Passport number | | Account Payer: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Residential Street Address: | | | |
| | | City/Suburb | Code: |
| Occupation: | Employer: | | |
| Surname of Spouse: | First Name: | | |
| Occupation of Spouse: | Learner resides with this parent/s | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Spouse ID Number: | | | |
| | | Relationship to Learner: | |
| | | Marital status of parent: | |

| | |
|-------------------------------|-------------|
| Correspondence Details | |
| Title: | Surname: |
| Postal Address: | |
| | City/Suburb |
| | Code: |

| | |
|-------------------------------|------------------------|
| Other Contact Details | |
| Home Telephone | Work Telephone |
| Fax Number : | Cell Number : |
| Spouse Work Telephone Number: | Spouse Cell Number : |
| E-Mail Address: | Spouse E-Mail Address: |

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

Name of Parent / Guardian (Please Print) : _____

Signature of Parent / Guardian _____

Date: _____/_____/_____

| | | | |
|---|--------------------------|---|--|
| Office use only: | | | |
| 1. Date: | 2. Accepted: | 3. Accession Number: | |
| 4. Rejected: | 5. Reason for Rejection: | | |
| 6. Documentation Received: | 6a Immunisation Record: | 6b. Copy of Parent / Guardian: | |
| 6c. Progress Report from Previous School: | | 6d. Transfer Letter from Previous School: | |