



26 AUGUST 2022

STANMORE SECONDARY SCHOOL
P.O. Box 60932, Phoenix, 4080
213 Grove End Drive, Stanmore
Phoenix, Durban, 4068
Tel: 031 539 2763

Dear Parent/Guardian

RE-ADMISSION OF EXISTING LEARNERS FOR 2023

Attached herewith please find a form to be completed by existing students from Grades 8 to 11. The re-admission form is due by **30 September 2022**. All students who are returning to Stanmore Secondary School in 2023 must complete this form and submit it to the form teacher. Parents must note that if the form is not completed and submitted then there is no guarantee for a place for your child in 2023. Please note that there are no automatic admissions. As per Resolution 2, which was signed and agreed upon by the SGB, **R1000, 00 must accompany this form**. The total school fees for **2023** will be adopted by all parents at the school budget meeting in October 2022.

Principal: D. Sevelall

Note: This form must be completed in full. 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.

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

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

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

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

Learner Medical Information

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

Settings

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 No

Residential Street Address: City/Suburb: Code:

Occupation: Employer:

Surname of Spouse: First Name:

Occupation of Spouse: Learner resides with this parent/s Yes No

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:		3. Accession Number:
1. Date:	2. Accepted:	
4. Rejected:	5. Reason for Rejection:	
6. Documentation Received:	6a Immunisation Record:	6b. Birth Certificate:
6c. Progress Report from Previous School:	6d. Transfer Letter from Previous School:	