

NAL'IKAMVA PRIMARY SCHOOL

P.O. Box 5141
BLUEDOWNS
7105



Qumra Street
Extension 6
MFULENI
Tel 021 909-5648

Email: admin@nalikamva.wcape.school.za

Fax 021 909-5697

ISICELO SENDAWO YOKUFUNDA

Surname / Ifani: _____

First names / Igama lokuqala elipeleleyo: _____

Gender / Isini: F M

Date of birth / Umhla wokuzalwa: ____/____/____

Identity number / Inombolo yesazisi:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home language / Ulwimi lwasekhaya: _____

Medium of instruction / Ulwimi ekufundiswa ngalo:

Grade / Ibanga: _____

Address of learner / Idilesi yasekhaya yomfundi: _____

Code: _____

Name of father / Igama likatata: _____

Marital status / Ingaba utshatile na? M S D

Work address / Idilesi yomsebenzi: _____

Work telephone number / Inombolo yomnxeba: () _____

Cell number / Inombolo yeselula: _____

Name of mother / Igama likamama: _____

Marital status / Ingaba utshatile na? M S D

Work address / Idilesi yomsebenzi: _____

Work telephone number / Inombolo yomnxeba: () _____

Cell number / Inombolo: _____

Deceased parents / Abazali abaswelekayo: Mother Father Both

Guardian details / Inkcukacha zomgcinini – mntwana: _____

First year at Western Cape school / Uyaqala ukufunda eNtshona koloni: Yes No

Which province did he/ she attend school last year: _____
Ubefunda kweliphi iphondo kunyaka ophelileyo:

Previous school name / Igama lesikolo ebekuso kunyaka ophelileyo: _____

Admission number / Inombolo athathwe ngayo:

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Can your child partake in all school activities including sport? Yes No
If no specify:

Ingaba umntwana wakho angathabatha inxaxheba kuzo zonke izinto ezenziwayo esikolweni kuquka nezemidlalo?
Ukuba hayi sicacisele:

Signature / Sayina: _____

Date / Umhla: ____ / ____ / ____

FOR OFFICE USE ONLY

N.B FORMS TO BE SUBMITTED DAILY

1. Are the forms fully completed : Yes No
2. Submitted proof of date of birth: Yes No
3. Submitted progress report: Yes No
4. Submitted transfer certificate : Yes No

SIGNATURE OF REGISTRATION TEACHER: _____ DATE: ____ / ____ / ____

PRINT FULL NAMES _____

SIGNATURE OF THE PRINCIPAL: _____ DATE: ____ / ____ / ____

