Shree Bharat Sharda Mandir Application for Admission



PROPOSED ENTRANCE DATE			
Year :	Grade:		
(Grade R is the year of his/her entrance into Foundation Phase)			
1. LEARNER'S DETAILS Surname:			
First Name (s):			
Identity Number/Birth Certificate No:			
Date of Birth (day/month/year):			
Gender: Male: Female:			
Religion:			
Home language:			
Residential Address:			
Postal Address:			
Name of current / previous school (if applicable)			
O FAMILY DETAIL C			
2. FAMILY DETAILS			
i) Siblings: Attending the School			
Name:Current Grade:			
ii) Natural Father / Legal Guardians details:			
Title: Full Names:			
Nationality: ID/Passport Number:			
Residential Address:			
Postal Address:			
Tel Number – Home:Work :Cell:			
Email Address:			
Name of Employer:Occupation:			
Employer's Contact Details:			
	Continue overleaf		

Natural Mother / Legal Guardia	ans details:		
Title: Full Names:		Surname:	
Nationality:	ID/Passport N	lumber:	
Residential Address:			
Postal Address:			
Tel Number – Home:	Work :	Cell:	
Email Address:			
Name of Employer:	Occupation: .		
Employer's Contact Details:			
3. PERSON RESPONSIBLE FOR FEES:			
Title: Full Names:		Surname:	
Nationality:	ID/Passport Nur	mber:	
Email Address:			
Name of Employer:	Occupation: .		
Employer's Physical Address: .			
Banking Details (for credit refer	rence purposes)		
Name of account holder:			
Bank:			

PLEASE NOTE:

1) Acceptance of this Application and payment of the registration fee does not guarantee a place to the applicant.

Branch: Branch no.: Account no.:

- 2) When a place is offered to the applicant, such offer is conditional upon signature and agreement by the Parent or Guardian to the Terms and Conditions of admission, which are current at the time of acceptance.
- 3) An assessment will be conducted before the applicant is accepted (we will inform you as to the date and time).
- 4) Kindly attach your child's latest school report together with this application form.

THANK YOU FOR APPLYING TO SHREE BHARAT SHARDA MANDIR

P.O. Box 1454, Lenasia 1820 24 Salvia Street, Ext 3, Lenasia, 1827

School Tel: (011) 852-2211 / (011) 852-2344 Fax: (011) 852-2218 e-mail: secretary@sbsm.co.za