



NICO MALAN HIGH SCHOOL

APPLICATION FOR ADMISSION

Telephone: 842 2081130
 Fax: 856 6075611
 E-mail: info@nicomalan.co.za
 Website: www.nicomalan.co.za

OFFICE USE:	Approved: YES NO	Date: _____	Signature (Principal): _____
Comments: _____			
Is Child Marrying YES NO	Is Learner YES NO	Admitted to study: _____	Starting Date: _____
Assessor number: _____	Level: _____	DA: _____	DAED: _____

This form must be completed on behalf of a child, whenever admission to a school under control of the Department is sought. Completing this form does not mean your child has been admitted. All information asked for is required by the Department and must be completed by all applicants. All information will be treated as confidential.

Please initial all pages and sign where necessary. Only complete applications will be taken into consideration.
 The decision of the admission committee to final and NO learners will be posted afterwards.
 Take note that this is a FREE-PAYING school.

Please attach the following documents to the completed Application for Admission form:

- | | | |
|--|--|--|
| <input type="checkbox"/> Copy of learner's birth certificate. | <input type="checkbox"/> Copy of both parents' ID's. | <input type="checkbox"/> Latest learner report card. |
| <input type="checkbox"/> Proof of residence (Municipal Assessment) | <input type="checkbox"/> Learner's transfer form.* | <input type="checkbox"/> Letter of employment*
(* if applicable.) |

LEARNER INFORMATION:

Date of admission required: _____	Grade: _____	Language of instruction required: AFR ENG
Surname: _____	Full name: _____	
Nicknames: _____	Gender: M F	Race: _____
Date of Birth: Day _____ Month _____ Year _____	ID no: _____	Home Language: _____
Country of residence: _____	If SA, indicate province: _____	Place of birth: _____
Home address: _____	City: _____	Cell: _____
Is Learner? Yes No	Dexterity of learner: Right-handed Left-handed Ambidextrous	

DAI should (please never be completed.)

Mode of transport to school: Pedestrian Own transport Bus (PMD Transport Service) Other (Specify): _____
Religion: _____ Church: _____ Pre-primary education? None Non Formal Formal
Emergency Tel: _____ Person: _____ Deceased Person? None Mother Father Both

DETAILS OF CURRENT / PREVIOUS SCHOOL:

Name of school: _____	Tel: _____
Address of school: _____	City: _____
Province: _____	Country: _____
Date of learner leaving the above mentioned school: _____	Year: _____
Grade passed: _____	

RELIGION:

Number of children in family: _____ Position in the family (e.g. 1st): _____ Number of children attending Nico Malan: _____

Please supply names of other children in your family currently attending Nico Malan High School:

Full name and surname	Grade	Full name and surname	Grade
1) _____	_____	2) _____	_____
3) _____	_____	4) _____	_____

Nico Malan Nursing College Application Form

Clemens Wendtner



Nico Malan Nursing College Application Form:

Immerse yourself in heartwarming tales of love and emotion with is touching creation, **Nico Malan Nursing College Application Form** . This emotionally charged ebook, available for download in a PDF format (*), is a celebration of love in all its forms. Download now and let the warmth of these stories envelop your heart.

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behind them as they lament on the state of their marriage, Trevor and Susannah ruffle beds, tempers, and ... Bedroom Farce
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