

LEARNER DETAILS

Date: January 2021

For office use: Admission no:		For office use: LSEN no:					
INFORMATION OF LEARNER							
Surname:				Nick name:			
First Names:				Gender:			
Date of birth:	Year	Month	Day	Age at 31 January:			
ID no:				Race:			
				Position in family:			
Home language:				Boarder:	Yes	No	
Language of instruction:				Transport:			
Religion:				Medical aid:			
Allowance:				Medical aid no:			
Allowance description:				Allergies:			
Medication:	Yes	No		Special problems:			
Specify:							
INFORMATION OF PARENT/GUARDIAN							
Dad: Deceased	Yes	No		Mom: Deceased	Yes	No	
Dad: Surname:				Mom: Surname:			
Initials:				Initials:			
ID no:				ID no:			
Marital status:				Marital status:			
Occupation:				Occupation:			
Residential address:				Residential address:			
Postal address:				Postal address:			
Tel no: Home:				Tel no: Home:			
Work:				Work:			
Cell:				Cell:			
Fax:				Fax:			
E-mail:				E-mail:			
NEXT OF KIN							
Name:				Relationship:			
Telephone no:				Address:			