

**LEARNER DETAILS**

Date: \_\_\_\_\_

<b>FOR OFFICE USE:</b>					
<b>LSEN NO</b>					
<b>ADMISSION NO</b>					
<b>LEARNER DETAILS</b>					
<b>SURNAME</b>				<b>NICK NAME</b>	
<b>FIRST NAMES</b>					
<b>DATE OF BIRTH</b>		<b>Y</b>	<b>M</b>	<b>D</b>	<b>AGE</b>
					<b>GENDER</b>
<b>ID. NUMBER</b>				<b>RACE</b>	
<b>HOME LANGUAGE</b>				<b>BOARDER</b>	<b>YES</b>   <b>NO</b>
<b>LANGUAGE OF INSTRUCTION</b>				<b>POSITION IN FAMILY</b>	
<b>RELIGION</b>				<b>TRANSPORT</b>	
<b>ALLOWANCE</b>		<b>YES</b>	<b>NO</b>	<b>MEDICAL AID</b>	
<b>ALLOWANCE DESCRIPTION</b>				<b>MEDICAL AID NUMBER</b>	
<b>MEDICATION</b>		<b>YES</b>	<b>NO</b>	<b>ALLERGIES</b>	<b>YES</b>   <b>NO</b>
<b>Specify</b>				<b>Special problems</b>	
<b>PARENT/GUARDIAN INFORMATION</b>					
<b>DAD: Deceased?</b>		<b>YES</b>	<b>NO</b>	<b>MOM: Deceased?</b>	
				<b>YES</b>   <b>NO</b>	
<b>DAD: Surname</b>				<b>MOM: Surname</b>	
<b>Initials</b>				<b>Initials</b>	
<b>ID Number</b>				<b>ID Number</b>	
<b>Marital Status</b>				<b>Marital Status</b>	
<b>Occupation</b>				<b>Occupation</b>	
<b>RESIDENTIAL ADDRESS</b>				<b>RESIDENTIAL ADDRESS</b>	
<b>POSTAL ADDRESS</b>				<b>POSTAL ADDRESS</b>	
<b>TEL NO. HOME</b>				<b>TEL NO. HOME</b>	
<b>WORK</b>				<b>WORK</b>	
<b>CELL NO</b>				<b>CELL NO</b>	
<b>FAX</b>				<b>FAX</b>	
<b>E-MAIL</b>				<b>E-MAIL</b>	
<b>NEXT OF KIN</b>					
<b>NAME</b>				<b>RELATIONSHIP</b>	
<b>TELEPHONE NO</b>				<b>ADDRESS</b>	