



POTCHEFSTROOM CENTRAL SCHOOL

Little Oaks

Private Bag x497 • Potchefstroom • 2520 • Tel: (018) 297 3846 • Fax: (018) 297 8538 • admin@potchcentral.co.za

GRADE R APPLICATION FORM

2021

LEARNER'S NAME AND SURNAME: KHUMO, CHARISMA MAKHANJA

Learner's date of birth: 150601 0494 081 ~~Male~~ / Female: _____

Please read the following carefully before completing the application.

Please sign at each place indicated as a confirmation that you have taken note of that clause.

1. Potchefstroom Central School is an **ENGLISH MEDIUM PRIMARY SCHOOL** offering tuition in English (Home Language). Learners who wish to enrol at the school must be competent in English. Sign: [Signature]
2. Completion of this application **DOES NOT GUARANTEE** admission to the School. Sign: [Signature]
3. It is therefore very important that you **APPLY AT OTHER SCHOOLS AS WELL** in order to avoid a last minute panic. Sign: [Signature]
4. All applications submitted between 10 July 2020 and 11 September 2020 will be given equal and fair consideration. **PLEASE NOTE:** The application process **DOES NOT** work on a "first come first serve" basis. Sign: [Signature]
5. **EVERY** question on this form must be completed in full. **IF THE FORM IS COMPLETE, YOUR APPLICATION WILL NOT BE CONSIDERED.** Sign: _____
6. If **ALL SUPPORTING DOCUMENTS** are not accompanied by your application form, your application ~~will~~ be automatically **REJECTED**. Sign: [Signature]
7. Documents that **MUST** accompany this application (*Attached with the application form*):

SOUTH AFRICAN CITIZENS:	ATTACHED YES/NO
Certified copy of the child's Birth Certificate.	Yes
Proof of immunisation	Yes
Copies of Both Parents' or Legal Guardians' I.D. Documents.	Yes
Proof of residential address (Municipal account).	Yes

IMMIGRANTS:	ATTACHED YES/NO
Certified copy of the child's study permit.	
Proof of immunisation	
Copies of Both Parents' or Legal Guardians' passports.	
Proof of residential address (Municipal account).	

8. Parents will be notified via email regarding their application. It is your responsibility to ensure that your **email address is correct and legible**



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9. **Upon acceptance** to Potchefstroom Central School, the following forms will be needed to be completed:
- ✓ School Admission Forms
 - ✓ Code of Conduct for School
 - ✓ Code of Ethics for Parents
11. Learners (and Parents) are expected to accept the Mission, Objectives and Policy of the school and to conform to the rules and dress codes of the school.
12. All emailed applications must be sent to applications@potchcentral.co.za
14. For any enquiries do not hesitate to contact our office at **(018) 297 3846**.

Brothers or sisters (not cousins) currently in POTCHEFSTROOM CENTRAL SCHOOL:


1. _____ Grade: _____
2. _____ Grade: _____

CONFIRMATION:

I/we Queen AND Simon Moloi, the undersigned confirm that the information given in this form is true and correct. I/we understand that my/our application might be rejected because of false or incomplete documentation and therefore take full responsibility for faulty or incomplete information given to Potchefstroom Central School.

Mother/First guardian:

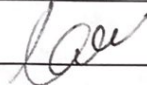
ID: 641210 0773 086

Signature: 

Date: _____

Father/Second guardian:

ID: 651004 5630 086

Signature: 

Date: _____



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Learner Information:

Grade Application:	R	Highest Grade Achieved:		Year of Highest Grade Achieved:	
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For Grade 1 Applicants only Specify Pre-primary Education: Formal Non-Formal None

Surname: MAKHANJA

Initials: K.C.

Name: KHUMO, CHARISMA

Preferred Name: KHUMO

Birth Date: YYY 2015 MM: 06 DD: 01

Gender: Male Female

Country: SOUTH AFRICA

Ethnic Group: AFRICAN

Citizenship: SOUTH AFRICAN

Religion: CHRISTIAN

Identity Number: 1151061011049401811

Passport Number: | | | | | | | | | |

Physical Address:

Postal Address: Same as Physical Address?

3319014 TONAKYOLO STR
3KACUENY TSHIP
POTCHEFSTROOM

Province: NORTH WEST

Province:

Country: SOUTH AFRICA

Country:

Postal Code: 253111

Postal Code: | | | | |

Distance From Home To School: 0 - 5 km 5 - 10 km 10 - 20 km 20 km +

Home Phone: N/A

Home Language: TSWANA

Alternative Phone: 082 087 9006

Preferred Language: ENGLISH

Mobile Telephone: 072 9595 426

Parents Deceased: Both Father Mother

Email Address: queenmolotsiq10@gmail.com

Boarder: Yes No



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Name of previous School:		JACK & JILL DAY CARE	
Physical Address:	Postal Address:	Same as Physical Address? <input checked="" type="checkbox"/>	
51 ROCHER STR BAILLIE PARK POTCHEFSTROOM			
Province:	NORTH WEST	Province:	
Country:	SOUTH AFRICA	Country:	
Postal Code: 215201		Postal Code:	
Medical Aid Name:	CEMS	Doctor:	J. A. HENNING
Aid Main Member:	MOLOISI QMI	Doctor Telephone:	018 297 5315
Medical Aid Number:	001493854	Social Grant:	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
Medical Condition:	GOOD		
Special problems requiring Counselling:	NONE		
Number of children in family:	01	Position of child in family:	01
Number of other Children in the School:	<input type="checkbox"/>		
Primary Guardian Details:			
Surname:	MOLOISI	Initials:	QMI
Name:	Queen	Title:	MRS
Birth Date:	YY: 19 MM: 04 DD: 10	Gender:	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Country:	SOUTH AFRICA	Ethnic Group:	AFRICAN
Citizenship:	SOUTH AFRICAN	Religion:	CHRISTIAN
Identity Number:	6141121101077310815	Home Language:	ISWANA
Passport Number:		Preferred Language:	ENGLISH



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Physical Address:		Postal Address:	Same as Physical Address? <input checked="" type="checkbox"/>
33/9014 TONAKYOLO STR KAGENEY TSHIP POTCHEFSTROOM			
Province:	NORTH WEST	Province:	
Country:	SOUTH AFRICA	Country:	
Postal Code: 215311		Postal Code:	

Stays in the area (Within 10km)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Works in the area (Within 10km)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Occupation:	CORRECTIONAL OFFICER	Work Address:	CORNER SCHOEMANSDRIF & VEFHOEK, POTCHEFSTROOM
Employer:	CORRECTIONAL SERVICES	Email Address:	queenmolotsi910@gmail.com
Home Phone:	N/A	Work Telephone:	018-2911011
Mobile Telephone:	0820879006	Relationship to Learner:	GRANDMOTHER

Secondary Guardian Details:

Surname:	MOLOTSI	Initials:	M.S.
Name:	SIMON	Title:	MR
Birth Date:	YYY 19 MM 10 DD 04	Gender:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Country:	SOUTH AFRICA	Ethnic Group:	AFRICAN
Citizenship:	SOUTH AFRICAN	Religion:	CHRISTIAN
Identity Number:	651100145163100816	Home Language:	ISWANA
Passport Number:		Preferred Language:	ENGLISH


Physical Address:		Postal Address:	Same as Physical Address? <input checked="" type="checkbox"/>
33/9014 TONAKYOLO STR KAGENEY TSHIP POTCHEFSTROOM			
Province:	NORTH-WEST	Province:	
Country:	SOUTH AFRICA	Country:	
Postal Code: 215311		Postal Code:	



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Stays in the area (Within 10km) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Works in the area (Within 10km) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Occupation:	FARMER	Work Address:	33/9014 TONAKYOLE STR
Employer:	SELF-EMPLOYED	Email Address:	simon.molotsi@yahoo.com
Home Phone:	N/A	Work Telephone:	072 9595 426
Mobile Telephone:	072 9595426	Relationship to Learner:	GRANDFATHER
Alternative Contact Details:			
Name and Surname:	Simon Molotsi	Contact Number:	072 9595 426
Relationship:	GRANDFATHER		
Physical Address:		Postal Address:	Same as Physical Address? <input checked="" type="checkbox"/>
33/9014 TONAKYOLE STR WAZENCI TSHIP POTCHEFSTROOM			
Province:	NORTH WEST	Province:	
Country:	SOUTH AFRICA	Country:	
	Postal Code: 2520		Postal Code:
Home Phone:	N/A	Mobile Telephone:	072 9595 426
Alternative Phone:	072 9595 426	Email Address:	simon.molotsi@yahoo.com
Account Holder Details:			
Account Holder:	Primary Guardian: <input checked="" type="checkbox"/>	Secondary Guardian: <input type="checkbox"/>	Other/Company: _____
Payment Agreement:	Monthly: <input checked="" type="checkbox"/>	By Term: <input type="checkbox"/>	Annually: <input type="checkbox"/> AdHoc: <input type="checkbox"/>
Signature of applicant (Father): _____	Signature of applicant (Mother): 		



CONFIRMATION OF RESIDENCE

Date: 17/07/2020

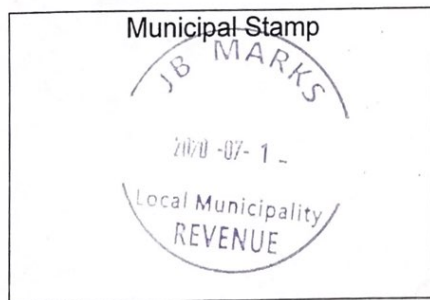
This is to confirm and certify that QUEEN, MARIHA, INNOCENTIA MOLOIS
with the Id numbers: 6412100773085 is a resident at 33/9014
PONAKYOLO STR, UKACENY in Ward number 12 of the JB
Marks Local Municipality.

This confirmation is valid for three (3) from the date of release and shall be renewed at
the lapse of ninety (90) days including weekends.

Kind regard's


Applicant


PP
SPENCER
Ward Councillor



DETAILS OF CHILD AND FAMILY (To be completed at birth)

Child's first name and surname: CHUMO C. Nalhangya

Child's ID number: 1506010494081

Mother's ID number: 9403030521089

Date of birth: 01/06/2015 Name of facility where child was born: Chifwani Medical Clinic

Child's residential address: Redda Str 3, Elanchikuru.

Mother's name: Ginchikuru Mother's birth date: 03/03/1994

Father's name: _____ Who does the child live with? _____

How many children has the mother had (including this child?) _____

Number born (including stillbirths) 1 Reason(s) for death(s): _____

Number alive now 1 Date information given: 01/06/2015

Child in need of special care (mark with X)
(Complete at delivery or at first contact with health services)

Is the baby a twin, triplet, etc? Yes No

Does the mother need additional support to care for the child? (Specify) Yes No

Any disability present (including birth defects?) (Specify) Yes No

Other: (Specify) _____

Stamp of facility and name and signature of official who issued booklet

EMFULENI MEDI-CLINIC
PRIVAATSAK X020
VANDERBIJLPARK
1900

IMMUNISATIONS

Name and surname: _____ ID number: _____

Age group	Batch no.	Vaccine	Site	Date given dd/mm/yy	Signature
Birth	<u>K585T</u>	OPV0	Oral	<u>3.6.15</u>	<u>[Signature]</u>
	<u>K585T</u>	OPV1	Oral	<u>3.6.15</u>	<u>[Signature]</u>
6 weeks	<u>POSTMB</u>	RV1	Oral	<u>08/11/15</u>	<u>[Signature]</u>
	<u>K173S</u>	DTaP-IPV-Hib1	Left thigh	<u>02/11/15</u>	<u>[Signature]</u>
	<u>WUW010</u>	Hep B1	Right thigh	<u>02/11/15</u>	<u>[Signature]</u>
	<u>DE1304</u>	PCV 1	Right thigh	<u>02/11/15</u>	<u>[Signature]</u>
10 weeks	<u>A2111111</u>	DTaP-IPV-Hib2	Left thigh	<u>27/5/2015</u>	<u>[Signature]</u>
	<u>A2111111</u>	Hep B2	Right thigh	<u>27/5/2015</u>	<u>[Signature]</u>
14 weeks	<u>A2111111</u>	DTaP-IPV-Hib3	Left thigh	<u>29/9/2015</u>	<u>[Signature]</u>
	<u>A2111111</u>	Hep B3	Right thigh	<u>29/9/2015</u>	<u>[Signature]</u>
	<u>A2111111</u>	PCV2	Right thigh	<u>27.5.2015</u>	<u>[Signature]</u>
18 months	<u>M7484</u>	DTaP-IPV-Hib4	Left arm	<u>30.12.16</u>	<u>[Signature]</u>
	<u>M7484</u>	Measles2	Right arm	<u>1.02.17</u>	<u>[Signature]</u>
6 years		Td	Left arm		
12 years		Td	Left arm		

ROUVAX
Lot No: K5209-2
Exp. 04-2016

HEAD CIRCUMFERENCE AT 14 WEEKS AND AT 12 MONTHS

14 Weeks: _____ (Range: 38 - 43 cm) 12 Months: _____ (Range: 43.5 - 48.5)

REFER if head circumference is outside range



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

E 7962649

83/DHA - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

UNABRIDGED

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 1506010494081
 SURNAME: MAKHANYA
 FORENAMES: KHUMO CHARISMA

GENDER: FEMALE DATE OF BIRTH: 2015-06-01
 PLACE OF BIRTH: VANDERBIJLPARK
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER: 9403030521089

MAIDEN/SURNAME: MAKHANYA
 FORENAMES: SINENHLANHLA JESSICA

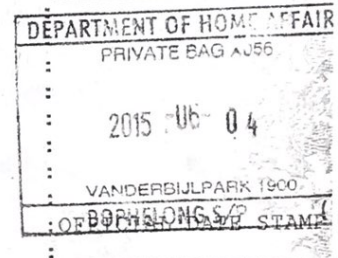
DATE OF BIRTH: 1994-03-03
 PLACE OF BIRTH: MIDDLEBURG
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER: -----

SURNAME: -----
FORENAMES: -----

DATE OF BIRTH: -----
PLACE OF BIRTH: -----
COUNTRY OF BIRTH: -----

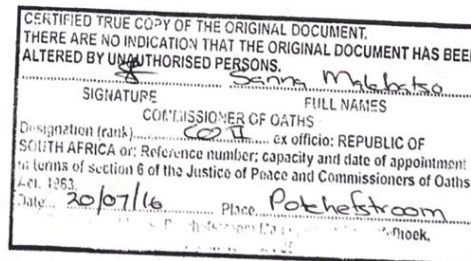
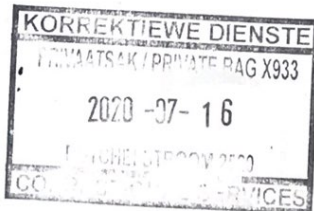
ENDORSEMENTS:
NONE



DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20150604

ISSUED BY: YIE203



1

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek- distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No. 641210 0773 08 5



S. A. BURGER/S. A. CITIZEN

VAN/ SURNAME
MOLOTSI

VOORNAME/ FORENAMES
QUEEN MARTHA INNOCENTIA

GEBOORTEDISTRIK OF -LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH
1964-12-10



DATUM UITGEREIK
DATE ISSUED
2000-10-06

UITGEREIK OP GESAG VAN DIE
DIREKTEUR- GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR GENERAL:
HOME AFFAIRS

ENSTE

BAG X933

2000-07-16

ES

CERTIFIED TRUE COPY OF THE ORIGINAL DOCUMENT.
THERE ARE NO INDICATION THAT THE ORIGINAL DOCUMENT HAS BEEN ALTERED BY UNAUTHORISED PERSONS.

SIGNATURE *Sanna Malebato* FULL NAMES *Sanna Malebato*

COMMISSIONER OF OATHS

Designation (rank) *COT* ex officio: REPUBLIC OF SOUTH AFRICA or: Reference number, capacity and date of appointment in terms of section 6 of the Justice of Peace and Commissioners of Oaths Act, 1963.

Date *20/07/16* Place *Potchefstroom*

Business address: Potchefstroom Management Area, *Wynhoek*, Potchefstroom 2531

1821
1821

GEREGISTREERDE WOON- EN POSTADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSTADRES in hierdie sakke.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by straatnaam en/of -nommer, ets. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakke agter in die identiteitsdokumente is, gebruik word om die verandering aan te meld en tussel of ingepoen word by of gepos word aan die nasate sinsek-diskantoor van die DEPARTMENT VAN BINNELANDSE SAKE.

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1

I. D. No. 651004 5630 08 6

S. A. BURGER/S. A. CITIZEN

VANSURNAMIE
MOLOTSI

VOORNAAM/FORENAMES
MOKGATLE SIMON


GEBOORTEDIESTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH
1965-10-04

DATUM UITGEREIK
DATE ISSUED
2003-10-14

UITREIKER OF OORSA VAN DIE
DIREKTUR-GENERAAL/
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS



KORREKTIEWE DIENSTE
PRIVAATSAK / PRIVATE BAG 1833
2020-07-16
POTCHEFSTROOM 2320
CORRECTIONAL SERVICES

VERIFIED TRUE COPY OF THE ORIGINAL DOCUMENT.
THERE ARE NO INDICATION THAT THE ORIGINAL DOCUMENT HAS BEEN
ALTERED BY UNAUTHORIZED PERSONS.

SIGNATURE *Simon Mokgatle* FULL NAMES
COMMISSIONER OF OATHS

Designation (rank) *CO1* ex officio: REPUBLIC OF
SOUTH AFRICA or: Reference number: capacity and date of appointment
in terms of section 6 of the Justice of Peace and Commissioners of Oaths
Act, 1963.

Date *20/07/16* Place *Potchefstroom*
Business address: Potchefstroom Management Area, Vryhoek,
P.O. Box 1411, 2321