

63 Marist Street Homestead Park Johannesburg 0616974773 e-mail: <u>admin@aym-academy.com</u> EMIS No: 700401210

Franklin Roosevelt Park Johannesburg 0817320172 e-mail: <u>adminfrp@aym-academy.com</u>

136 Beyers Naude Drive

APPLICATION FOR ADMISSION

PASSPORT PHOTO		
NAME:		
SURNAME:		
GRADE APPLIED :		
YEAR:		
CAMPUS:		FRANKLIN ROOSEVELT PARK
	ONLINE	

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APPLICATION FOR ADMISSION

Grade Passed Grade Passed for Initials: Nick Name: Other Names: Gender: Male port Initials: Citizenship: ce: Initials: Citizenship: ince of Residence: Citizenship: Initials: Learner Emergency Telephone Number: Initials: Learner Deceased Mother Father Deceased Mother Father Both ormation Country Home Schooled province Country Home Schooled province Medical Aid Name Initials Doctor Telephone Number Doctor Telephone Initials
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Home Telephone:
Emergency Telephone Number: Learner Cell No: Deceased Parent: Mother Father Both Home Schooled ormation chool dress Province Country LEARNERS MEDICAL INFORMATION ar: Medical Aid Name Medical Aid Name Doctor Telephone
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SIBLINGS					
Number Of Children at this school Position in the Family (e.g., first)					
Please supply full names below					
Name	Grade				
Name	Grade				
Name	Grade				

PARENT /	GUARDIAN INFO	RMATION	FATH	IER <u>Te</u>	<u>el:No</u> : Wo	ork:
TITLE		Initials				Surname
First Name		I		Tele	phone	
Identification No:						Cell Phone No:
Residential/ Postal Address					Email a Fax No	ddress:
Occupation:			E	mployer		
PARENT / GUA	RDIAN INFORMATION	l Mother		<u>Te</u>	el No: Wo	ork:
TITLE		Initials				Surname
First Name		1		Tele	phone	
Identification No:						Cell Phone No:
Residential/ Postal Address						ddress:
Occupation:			E	mployer	Fax No	

ALTERNATE CONTACT PERSON IN CASE OF AN EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED				
Name:		Contact No:		

Who will settle the	Father	Mother	Guardian	
account				

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION AS SUPPLIED IS ACCURATE AND CORRECT.

Name of Parent/ Guardian (Please print) _____

Signature of Parent/ Guardian _____

Date _____/____/_____/_____/

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School Times – Homestead Park						
	Grade 1 - 7	08h30 – 13h30				
Mondays and Wednesdays	Grade 8 - 9	08h30 – 13h45				
	Grade 10 - 12	08h30 – 13h45 (subject dependant)				
	Grade 1 - 7	08h30 – 13h15				
Tuesdays and Thursdays	Grade 8 - 9	08h30 – 13h30				
	Grade 10 - 12	08h30 – 13h30 (subject dependant)				
Friday	Grade 10 - 12	08h30 – 11h30				
School Times – Franklin Roosevelt Park						
Monday – Thursday	Grade 1 - 12	12 08h00 – 14h00				
Friday	Grade 1 – 12	08h00 – 11h30				

OFFICE USE ONLY		
1. Date Received	2. Accepted	3.Rejected
4. Passport Size Photograph	5. Progress Report from previous School	6. Transfer Letter from Previous School
7. Birth Certificate Certified	8. I.D. of both Parents Certified	9. Proof of Residential Address not older than 3 months
10. Immunization Card	11.3 months bank statements	12. Financial Clearance
13. Character Reference	14. Study Permit for Non- South African Applicants	