

Enq. Khoza HNS  
0829352502  
0662382296



Stand No. 1122 Sand River Trust  
P O Box 1698, Hazyview, 1242  
Moumalanga

**ADMISSION FORM: 2024/2025**

**Child's Full Name and Surname:** Bukamuso Anthony Manuqa

**Date of Birth:** 2021-12-28

**ID Number:** 2112285606084

**Home language:** Xitsonga

**Gender:** Male

**Mother, Guardian or Caregiver Name**

**Parent/guardian/caregiver ID:** 910905 1451 086

**Telephone number:** 072 706 5859

**Place of work:** N/A

**Home Address:** Stand NO: 4318 Sand River

**Income per month:** N/A

**Father, Guardian or Caregiver Name**

**Parent/guardian/caregiver ID:** 870324 6194 089

**Telephone number:** 079 4283 212

**Home Address:** Stand NO: 4318 Sand River

**Place of work:** Phalaborwa

**Income per month:** \_\_\_\_\_

**Number of dependants under 18 years:** TWO

**Emergency number/s:** 076 2812 914

**Name and phone number of child's regular doctor or clinic:** N/A

**Medical issues:** N/A

**Allergies:** N/A

**This form must be returned with the**

- Copy of Child's clinic card/health card,
- Copy of child's birth certificate,
- Parent/guardian/caregiver copy of ID
- A proof of income or copy of child support grant for parents or bank statement where SASA is paid to.

I agree to pay the school fees of \_\_\_\_\_ per month and to follow the rules and regulations of the creche/centre.

Signed: [Signature]

Date: 06-09-2024

**FOR OFFICE USE ONLY:**

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

Date & Time of Interview: \_\_\_\_\_

All forms received by: \_\_\_\_\_

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

Attending from: \_\_\_\_\_

Assigned class: \_\_\_\_\_

This book is provided at birth by staff at the health facility. If birth takes place at home this book must be given the first time a health worker sees the baby.

This book is **FREE** to ALL BABIES in both public and private health care. It must be replaced for free if lost or damaged.

**This book belongs to:**

MPUMALANGA PROVINCIAL GOVERNMENT  
DEPT OF HEALTH & SOCIAL SERVICES  
MATIKWANA HOSPITAL  
RECEPTION (OPD)  
**29 DEC 2021**  
PRIVATE BAG X3007, MKHUHLU 1246  
EHLANZENI DISTRICT

CHILD'S NAME:	Bule	A	m	a	s	D														
CHILD'S SURNAME:	Ny	a	l	u	n	g	u													
DATE OF BIRTH:																				
CHILD'S ID NUMBER:																				
BIRTH WEIGHT:	2	1	8	8	l	o	g													
MOTHER'S NAME:	Ny	a	l	u	n	g	u													
MOTHER'S CONTACT DETAILS:	Angel																			
FATHER'S NAME:																				
FATHER'S CONTACT DETAILS:																				
DATE OF BIRTH:																				
CHILD'S ID NUMBER:																				
BIRTH WEIGHT:																				
MOTHER'S NAME:																				
MOTHER'S CONTACT DETAILS:																				
FATHER'S NAME:																				
FATHER'S CONTACT DETAILS:																				

4799121  
 (102305) Side-by-Side  
 on the road to health  
 175-482-8380

F386-mother

This book is for you and your child's health worker. It gives you advice on how to raise a happy, healthy child. It is also a record of your child's growth and development, and is used by health workers to make sure that every child gets the care that they need at the right time.

**Contents**

Nutrition	4
Love	22
Protection	26
Health care	30
Extra care	40




Although information from this book may be requested by your child's preschool or school, it should always be kept in your care.

Ask the health worker about your child's health, growth and development at every visit. Speak to your health worker about any concerns.

These are words that you may find difficult to understand. The meaning of these words are explained at the back of the book.

**For health workers ...**

- Make sure that every child has a Road to Health book.
- **If they do not have one make sure they are given one.**
- Always ask for the Road to Health booklet and encourage parents and caregivers to bring it with them every time they visit the clinic, doctor, hospital or any health facility.
- Complete all relevant sections of the booklet at each visit.
- Talk to caregivers about what you are doing and encourage them to ask questions and share any concerns.
- All mothers should be introduced to the booklet during antenatal care.

 **REPUBLIC OF SOUTH AFRICA**  
**NATIONAL IDENTITY CARD**

Surname:  
**NYALUNGU**

Names:  
**ANGEL LINHLE**

Sex:  
**F**


Nationality:  
**RSA**

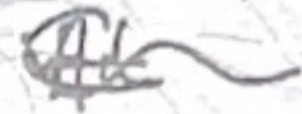
Identity Number:  
**9109051451086**


Date of Birth:  
**05 SEP 1991**

Country of Birth:  
**RSA**

Status:  
**CITIZEN**



Signature:  





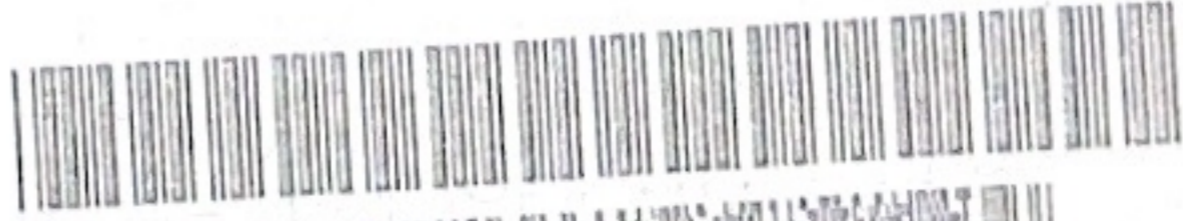
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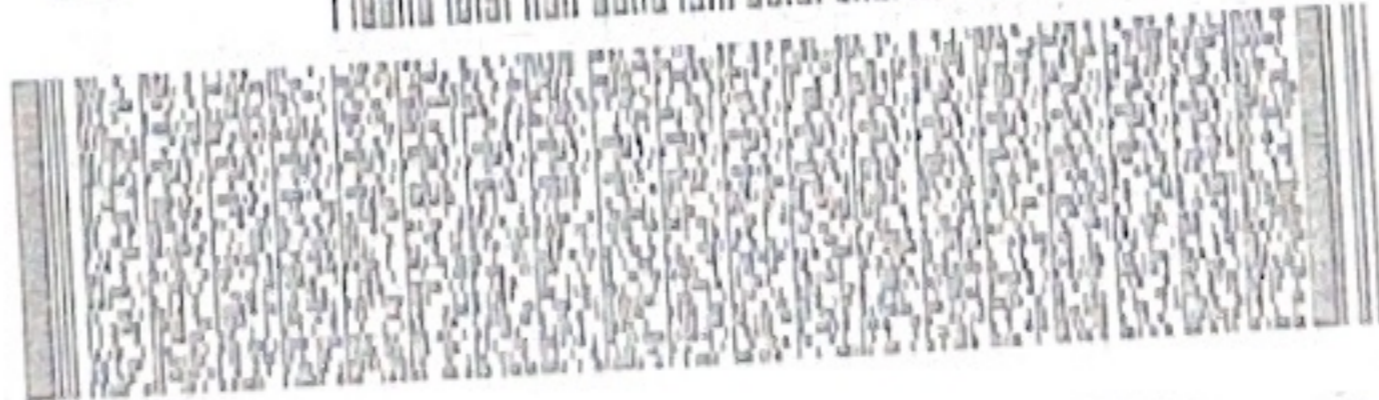
Date of Issue:  
**10 AUG 2018**

**37279**

**108423147**









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10 AUG 2018

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