

Enq. Khoza HNS  
0829352502  
0662382296



Stand No. 1122 Sand River Trust  
P O Box 1698, Hazzyview, 1242  
Mpumalanga

**ADMISSION FORM: 2024/2025**

**Child's Full Name and Surname:** Asamane Sinouyo Mashego

**Date of Birth:** 29-05-25

**ID Number:** 2705251080084

**Home language:** Siswati

**Gender:** Female

**Mother, Guardian or Caregiver Name**

**Parent/guardian/caregiver ID:** 9306061009082

**Telephone number:** 0792667336

**Place of work:** \_\_\_\_\_

**Home Address:** Stand no 46

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

**Father, Guardian or Caregiver Name**

**Parent/guardian/caregiver ID:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Place of work:** \_\_\_\_\_

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

**Number of dependants under 18 years:** 1

**Emergency number/s:** 0825894827

**Name and phone number of child's regular doctor or clinic:** \_\_\_\_\_

**Medical issues:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**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 180 per month and to follow the rules and regulations of the creche/centre.

Signed: [Signature]

Date: 14-01-25

**FOR OFFICE USE ONLY:**

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

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

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

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

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

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

**NOTICE OF PERSONAL PARTICULARS**

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

**NOTICE OF CHANGE OF ADDRESS**

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.
2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

1

**I.D. No. 930606 1009 082**



S.A.CITIZEN

SURNAME

**MASHEGO**



FORENAMES

**LUCIA**

COUNTRY OF BIRTH

**SOUTH AFRICA**

DATE OF BIRTH

**1993-06-06**



DATE ISSUED

**2012-07-20**



ISSUED BY AUTHORITY OF  
THE DIRECTOR-GENERAL  
HOME AFFAIRS

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:

DEPARTMENT OF  
PI  
Stand  
MPHMA LAGA HON GOVERNMENT I  
97-05-202

CHILD'S NAME:	A	S	E	M	A	H	I	E	S	I	N	O	V	U	Y	O
CHILD'S SURNAME:	M	A	S	H	E	G	O									
DATE OF BIRTH:	D O B 2 - 0 5 - 2 0 2 2															
CHILD'S ID NUMBER:																
BIRTH WEIGHT:	2670g															
MOTHER'S NAME:	Lucia Mesiego															
MOTHER'S CONTACT DETAILS:	2670g															
	FATHER'S NAME:															
	FATHER'S CONTACT DETAILS:															
	GESTATIONAL AGE:															
	FATHER'S NAME:															
	FATHER'S CONTACT DETAILS:															

1321-168-0285  
11413495  
2909  
Side-by-Side  
on the road to health

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.

For your child to grow and develop best he/she needs:

- 1 Good nutrition
- 2 Lots of love, playing and talking
- 3 Protection from disease and injury
- 4 Health care when they are sick or injured
- 5 Extra care and support if and when they need it

Read this book from cover to cover to learn how you can help your child grow and develop. Please keep this book in a safe place and take it with you every time that your child visits a clinic, hospital, doctor or other health facility.

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.

Contents

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



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 mother's should be introduced to the booklet during antenatal care.



home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

H43437

83/C

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

# BIRTH CERTIFICATE

CHILD SURNAME: MASHEGO  
 FORENAMES: ASEMAHLE SINOVOYO  
 IDENTITY NUMBER: 2205251080084

GENDER: FEMALE  
 PLACE OF BIRTH: PHOLA NSIKAZI  
 COUNTRY OF BIRTH: SOUTH AFRICA  
 DATE OF BIRTH: 2022-05-25

MOTHER: ID NUM/TRAVEL DOC: 9306061009082  
 MAIDEN/SURNAME: MASHEGO  
 FORENAMES: LUCIA

DATE OF BIRTH: 1993-06-06  
 PLACE OF BIRTH: HAZYVIEW  
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: ID NUM/TRAVEL DOC:  
 SURNAME: \_\_\_\_\_  
 FORENAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
 PLACE OF BIRTH: \_\_\_\_\_  
 COUNTRY OF BIRTH: \_\_\_\_\_

ENDORSEMENTS:  
 NONE

*[Signature]*  
 DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20220613

ISSUED BY: YEV262

DEPARTMENT OF HOME AFFAIRS  
 PRIVATE BAG X2032  
 HAZYVIEW 1242  
 2022-06-13  
 HAZYVIEW  
 OFFICIAL DATE STAMP

