



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

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83/DHA - 5

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

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2007085990086
SURNAME: MBIZA
FORENAMES: LWANDLE XAVIER CURL

GENDER: MALE DATE OF BIRTH: 2020-07-08
PLACE OF BIRTH: MAPULANENG
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 8805020503086

MAIDEN/SURNAME: SILINDA
FORENAMES: SARAH

DATE OF BIRTH: 1988-05-02
PLACE OF BIRTH: MAPULANENG
COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER : 8506265945087

SURNAME: MBIZA
FORENAMES: RALPH

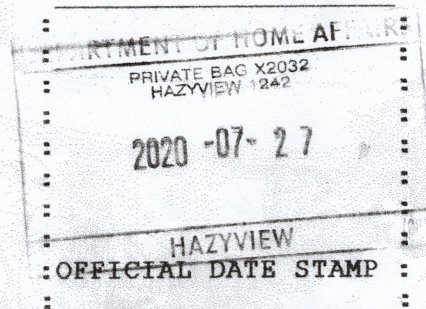
DATE OF BIRTH: 1985-06-26
PLACE OF BIRTH: BONGANI
COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
NONE

DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20200727

ISSUED BY: YEV242



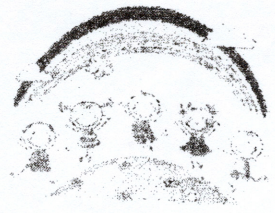
PARENT CONSENT FORM: RE-ADMISSION 2024

Parent Name: Silinda Sarah
 ID no. 8805020503086 confirms that
 learner's names Mbiza Lwandile Xavier Curl
 ID no. 2007085990086 is returning to
 Bethel Creche & Pre-school for 2024 academic year.
 Signature: Silinda Date: 22/11/2023

Date of application	30 January 2023
Surname	Mbiza
Full names of learner	Lwandile Xaver curl
Preferred name	Lwandile
Date of Birth	2020/07/08
ID number of a learner	2007085990086
Race	Black
Gender	male
Citizenship	South African
Religion	Christian
Home Language	Siswati
Current school	Bethel
Class to be entered	Grade RR
Position in family	first born
Are there other children attending THIS school?	No

2. MEDICAL INFORMATION

Name of medical aid	
Membership number	
General practitioner	A A
Contact number/s	
Any child's medical condition to be known?	



3. PARENT/GUARDIAN INFORMATION

3.1 Father/Guardian

3.2 Mother/Guardian

Name		Name	Sarah
Surname		Surname	Silinda
Occupation		Occupation	-
Cellphone No.		Cellphone No.	076 185 2500
Emergency No.		Emergency No.	079 650 2112
Home No.		Home No.	
Email:		Email:	

Person responsible for school account: Parent 1 or Parent 2

The child resides/stays with: Parent 1 Or Parent 2

- I hereby undertake to pay all fees in advance, before the 3rd of every month.
(R50.00 late payment will apply to payment received after the 3rd of every month)
- I have read and understood the conditions of admission to the school and hereby certify that the above information is correct.
- Should I wish to take my child out of the school, one (1) calendar month's written notice is required and you will be held liable for that month's school fees.

Signature of parent/guardian: *Silinda*

Date: 30/01/2013

2. MEDICAL INFORMATION

Name of medical aid	
Membership number	
General practitioner	
Contact numbers	
Any child's medical condition to be followed?	

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- distrikantoor 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. 880502 0503 08 6



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME
SILINDA

VOORNAME/FORENAMES
SARAH

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
E

1988-05-02

DATUM UITGEREIK
DATE ISSUED

2007-04-19

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



1.743/20

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Side-by-Side

on the road to health

128-076-2145 (copies)

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.

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 for 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.

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.

Disinfection methods for water collected from ponds, wells and unprotected springs.

OR BLEACH

- ▶ Mix well
- ▶ Wait 30 minutes before use
- ▶ Store in a clean, closable container

Filler water through clean cotton cloth



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:

10-07-2000
Mwanaring Hospital
ADMISSION

CHILD'S NAME:	Lulandie												
CHILD'S SURNAME:													
DATE OF BIRTH:													
CHILD'S ID NUMBER:	2000-07-00												
BIRTH WEIGHT:	2700 kg												
MOTHER'S NAME:	Sarah Sindi												
MOTHER'S CONTACT DETAILS:	0761852500												
GESTATIONAL AGE:	Term												
FATHER'S NAME:													
FATHER'S CONTACT DETAILS:													