

Enq. Khoza HNS  
0829352502  
0662382296



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

**ADMISSION FORM: 2024/2025**

**Child's Full Name and Surname:** Gemini Bayanda Mazibane  
**Date of Birth:** 22/11/2008  
**ID Number:** 221115 0800 085  
**Home language:** Siswati  
**Gender:** female

**Mother, Guardian or Caregiver Name**

**Parent/guardian/caregiver ID:** 960713 0596 086  
**Telephone number:** 064 993 6369 / 076 96 15 666  
**Place of work:** Hazyview  
**Home Address:** Sand river  
**Income per month:** 3500

**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:** \_\_\_\_\_  
**Emergency number/s:** \_\_\_\_\_  
**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: \_\_\_\_\_

### 3. Protection from preventable childhood diseases and injuries

Children should NOT only be taken to the clinic when they are ill. You should also take your child for their full course of immunisations/vaccines and routine treatments according to the timetables on pages 27 and 28.

- Immunisations are free. They protect your baby from common childhood illnesses and disease. Make sure your baby gets all his or her immunisations.
- Go to the clinic for your follow-up visits for you and your baby within six days of birth and at six weeks.
- Make sure that you know when your baby needs to return to the clinic for immunisations or other care. If you miss the date for your clinic visit, make sure that you return as soon as possible.
- If you are HIV positive, get your baby tested for HIV at birth and at 10 weeks.
- All children between 6 months and five years should receive Vitamin A and deworming medicines every six months. This helps to keep them healthy.
- Remember to wash your hands after using the toilet, changing nappies, before preparing meals and before feeding children. Wash your hands properly - wash both sides of your hands, between your fingers and your wrists with soap and clean water.
- Many serious injuries can be prevented if parents and other caregivers supervise young children carefully and keep their environment safe.
- A child should not be left unattended or unsupervised. Make sure that there is always a responsible adult taking care of your child and that you know where your child is at all times.
- Protect yourself too. Decide on a contraceptive method of choice and also use male or female condoms to prevent both unplanned pregnancy and sexually transmitted infections (dual protection).
- Good oral health will keep your child's teeth healthy and strong and prevent unnecessary pain and discomfort.

#### For Health Workers...

- Remember that every visit to the health facility is a chance to provide preventive health services and health promotion.
- Check the child's nutritional status and whether any immunisation or treatment is due.
- Show the caregiver proper hand washing.
- Always give the caregiver a date for their baby's next visit to the clinic.
- Remember to urgently notify your EPI co-ordinator of any cases of Acute Flaccid Paralysis (AFP) or suspected measles, as well as adverse events after immunisation (excluding mild fever and minor local reactions).

### Immunisations

EPI (Expanded Programme of Immunisation) Schedule

Child's Name	Age	Vaccine	Route & Site	Batch no.	Child's Date of Birth	Date given	Signature	
Bayanda Gemini Maribane	Birth	BCG	Intradermal Right arm	020822	15.11.2022	24/11/22	[Signature]	
		OPV0	Oral	18020023		17.11.22	[Signature]	
		OPV1	Oral					
	6 weeks	Rotavirus 1	Oral			28-12-22	10/12/22	[Signature]
		PCV1	IM Right thigh	051121	28-12-22		[Signature]	
		Hexavalent (DTaP-IPV-Hib-HBV)1	IM Left thigh	V35461	28-12-22		[Signature]	
	10 weeks	Hexavalent (DTaP-IPV-Hib-HBV)2	IM Left thigh	V3403	26/01/23	23-03-23	[Signature]	
		Rotavirus 2	Oral	W355AE	23-03-23		[Signature]	
		PCV2	IM Right thigh	001122	23-03-23		[Signature]	
	14 weeks	Hexavalent (DTaP-IPV-Hib-HBV)3	IM Left thigh	V3643	23-03-23	11-05-23	[Signature]	
		Measles 1	S/C Right thigh	250512	11-05-23		[Signature]	
		PCV 3	IM Right Thigh	008423	15-05-23		[Signature]	
	12 months	Measles 2	S/C Right arm	250512	15-05-23	15/5/24	[Signature]	
		Hexavalent (DTaP-IPV-Hib-HBV)4	IM Left arm	V348611	15/5/24		[Signature]	
		Td	IM Left arm					
	6 years	Td	IM Left arm			Additional Vaccinations		
		Td	IM Left arm					
		Td	IM Left arm					
9 years and older	HPV	IM Non dominant arm						
	HPV2	IM Non dominant arm						


SUID-AFRIKAANSE POLISIEDIENS  
 SUPPLY CHAIN  
 2025 -01- 14  
 HAZEYVIEW  
 SOUTH AFRICAN POLICE SERVICE

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

Surname: **NYALUNGU**  
 Names: **NONKULULEKO MELODY**  
 Sex: **F**  
 Nationality: **RSA**  
 Identity Number: **9607130596086**  
 Date of Birth: **13 JUL 1996**  
 Country of Birth: **RSA**  
 Status: **CITIZEN**

Signature: *[Signature]*



THIS DOCUMENT IS A TRUE REPRESENTATION OF THE ORIGINAL DOCUMENT WHICH WAS HANDLED TO ME FOR VERIFICATION. I FURTHER CERTIFY THAT, IN MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

HANDTEKENING / SIGNATURE: *[Signature]*

AGS NOMMER: *20250114*

AGS NUMBER: *20250114*

NAAM IN DOKKESKRIE: *pcr Brown*

**SUID-AFRIKAANSE POLISIDIENS**  
**SUPPLY CHAIN**  
**2025 -01- 14**  
**HAZEYVIEW**  
**SOUTH AFRICAN POLICE SERVICE**

Conditions: This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

Date of issue: **07 MAR 2016**

If found please return to the Department of Home Affairs  
 For enquiry or verification purposes contact 0800 90 11 90

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