

Enq. Khoza HNS
0829352502
0662382296



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

ADMISSION FORM: 2024/2025

Child's Full Name and Surname: khoza Gbongokuhle

Date of Birth: 2022-07-14

ID Number: 220714 6094 080

Home language: Siswati

Gender: male

Mother, Guardian or Caregiver Name Shabangu Fisokuhle

Parent/guardian/caregiver ID: 910807 0831 088

Telephone number: 07631 88 589

Place of work: _____

Home Address: _____

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: _____

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

Signed: _____ **Date:** 03-03-2025

FOR OFFICE USE ONLY:

Date received: _____ **Date & Time of Interview:** _____

All forms received by: _____ **Date accepted:** _____

Attending from: _____ **Assigned class:** _____

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION.
 I FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE _____
 RANG RANK CST
 MAGS NOMMER FORCE NUMBER 10316743
 NAAM IN DRUKSKRIEF NAME IN PRINT IB ZWANE

SOUTH AFRICAN POLICE SERVICE
HAZYVIEW
 06-02-2025
 C.S.C.
 POLISEKRETARIS

I.D. No. 910807 0831 08 8

S. A. BURGER/S. A. CITIZEN

VAN/SURNAMENAMEN **SHABANGU**

VOORNAMEN/FORENAMES **FISOKUHLE MILLICENT**

GEBORTE/DISTRIK OF LAND/DISTRICT OR COUNTRY OF BIRTH **SOUTH AFRICA**

GEBORTE/DATE OF BIRTH **1991-08-07**

DATUM UITGEREIK/DATE ISSUED **2008-10-16**

UITREKER/ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAAL/DIRECTOR-GENERAL OF HOME AFFAIRS

GEREGISTREERDE WOON-EN POSADRES **Helzhi**

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

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, ers, 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-distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE

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.

0763188589

DRIVING LICENCE
PAPILA RO CHAYELA
CARTA DE CONDUCAO



SOUTH AFRICA

KD KHOZA

ID No: 02/9006165970086 MALE

Birth/Siku ro vobela: 16/06/1990 ZA Restr./Nalvo: 0

Lic. No./No.-layisense: 40570004LH9 No: 1

Valid until/Isaki: 15/10/2020 - 10/11/2025

Issued/Vinnesiwa: ZA



Code/Khodi: C1

Veh. restr./Nalvo eka mota: 0

First issue/Kuhlesiswa ro sungula: 26/02/2009

Prof. driving permt: G,P
Npfunalelo wa vobela byo chayela
Expiry date: 13/10/2022
Siku ro hotelelo



REPUBLIC OF SOUTH AFRICA NATIONAL IDENTITY CARD

Surname
KHOZA
Names
KID DAVID
Sex
M
Nationality
RSA
Identity Number
9006165970086
Date of Birth
16 JUN 1990
Country of Birth
RSA
Status
CITIZEN



Signature:



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

H 3642223

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

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2207146094080
 SURNAME: KHOZA
 FORENAMES: SBONGOKUHLE DEVINE

GENDER: MALE DATE OF BIRTH: 2022-07-14
 PLACE OF BIRTH: SABIE HOSPITAL
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 9108070831088

MAIDEN/SURNAME: SHABANGU
 FORENAMES: FISOKUHLE MILLICENT

DATE OF BIRTH: 1991-08-07
 PLACE OF BIRTH: MATIKWANI
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER : 9006165970086

SURNAME: KHOZA
 FORENAMES: KID DAVID

DATE OF BIRTH: 1990-06-16
 PLACE OF BIRTH: MATIKWANI
 COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
 NONE

DEPARTMENT OF HOME AFFAIRS
2022-08-02
SMALL OFFICE
SABIE
OFFICIAL DATE STAMP

PP

 DIRECTOR-GENERAL: HOME AFFAIRS
Kedibone Ugope
 DATE PRINTED: 20220802

ISSUED BY: YFO215

SRA