

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:** Bothale Thandolwethu Uthingo Letshane

**Date of Birth:** 30/05/2022

**ID Number:** 2205306117 089

**Home language:** Siswati

**Gender:** Male

**Mother, Guardian or Caregiver Name** Letshane Zinhle

**Parent/guardian/caregiver ID:** 960802 1352 084

**Telephone number:** 079 244 2974

**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:** 2

**Emergency number/s:** 072 370 7274

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

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

**Allergies:** NONE

**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 R180 per month and to follow the rules and regulations of the creche/centre.

Signed: Letshane

Date: 03/03/2025

**FOR OFFICE USE ONLY:**

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

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

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

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

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

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



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I.D. No. 960802 1352 084



S.A. CITIZEN

SURNAME  
**LETSHANE**

FORENAMES  
**ZINHLE JULLE**

COUNTRY OF BIRTH  
**SOUTH AFRICA**

DATE OF BIRTH  
**1996-08-02**



DATE ISSUED  
**2017-07-10**

ISSUED BY AUTHORITY OF  
THE DIRECTOR-GENERAL  
HOME AFFAIRS

**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**



home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

H 62753

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

# BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2205306117089  
 SURNAME: LETSHANE  
 FORENAMES: BOTLHALE THANDOLWETHU  
 UTHINGO  
 GENDER: MALE DATE OF BIRTH: 2022-05-30  
 PLACE OF BIRTH: MKHUHLU  
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: ID NUM/TRAVEL DOC: 9608021352084

MAIDEN/SURNAME: LETSHANE  
 FORENAMES: ZINHLE JULLE

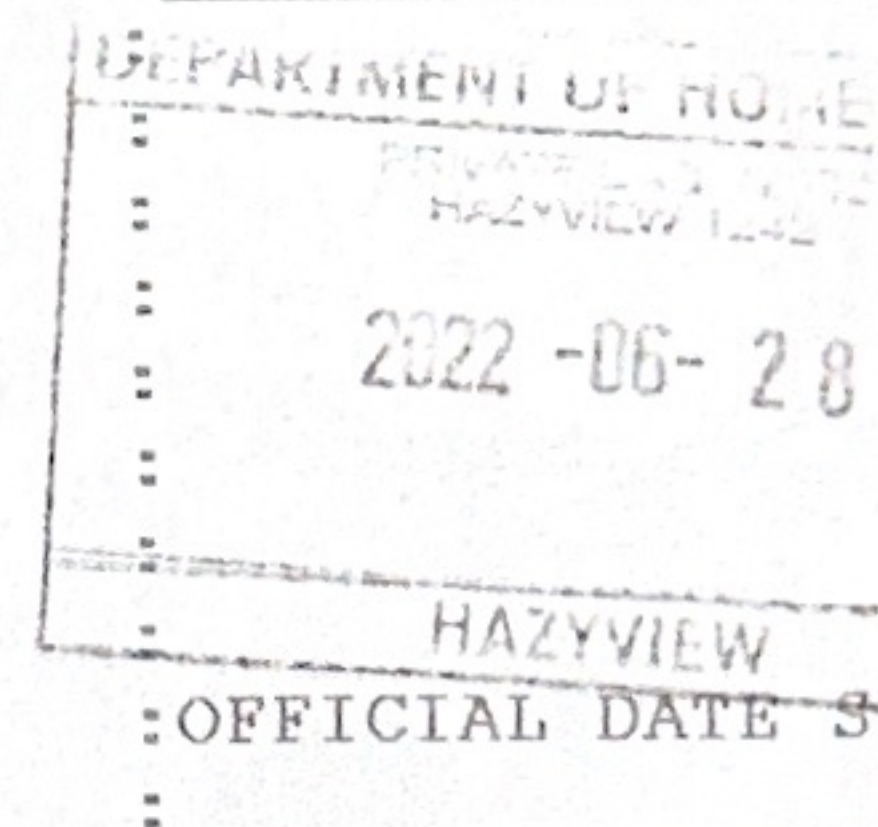
DATE OF BIRTH: 1996-08-02  
 PLACE OF BIRTH: JOHANNESBURG  
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: ID NUM/TRAVEL DOC:

SURNAME: -----  
 FORENAMES: -----

DATE OF BIRTH: -----  
 PLACE OF BIRTH: -----  
 COUNTRY OF BIRTH: -----

ENDORSEMENTS:  
NONE



*pp h*  
 DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20220628

ISSUED BY: YEV257

