

Enq. Khoza HNS  
0829352502  
0662382296



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

**ADMISSION FORM: 2024/2025**

**Child's Full Name and Surname:** LINALE IMMACULATE NGOMANE

**Date of Birth:** 2022-01-21

**ID Number:** 22012 10541084

**Home language:** SISWATI

**Gender:** FEMALE

**Mother, Guardian or Caregiver Name** NOIHANDO NGOMANE

**Parent/guardian/caregiver ID:** 890906 6617 085

**Telephone number:** 072 174 2587

**Place of work:** NKOMAZI BCHOEMANSDAL

**Home Address:** 50107 SANDRIVER TRUST HAZVIEW 1242

**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:** 07

**Name and phone number of child's regular doctor or clinic:** NONE

**Medical issues:** NONE

**Allergies:** RUSH

**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:** N. NGOMANE

**Date:** 17/01/2025

**FOR OFFICE USE ONLY:**

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


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

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



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


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

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

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

Surname:  
**NGOMANE**  
Names:  
**NOTHANDO JULIET**  
Sex:  
**F**  
Nationality:  
**RSA**  
Identity Number:  
**8909060817085**  
Date of Birth:  
**06 SEP 1989**  
Country of Birth:  
**RSA**  
Status:  
**CITIZEN**

  
Signature: 



Conditions: Date of Issue: 28 JUL 2016  
This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997.  
If found, please return to the Department of Home Affairs. For enquiry or verification purposes contact 0800 80 11 90.

**RSA**

 102597637


### 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 Care Providers**

**EPIDemiology and COMMUNITY SERVICE CENTRE**

**2025 - 01 - 10**

**MASOYI SAPS**

Remember that every visit to the health promotion centre provides an opportunity to provide preventive health services and health promotion.

Check the child's nutritional status and whether treatment is due.

Show the caregiver proper hand washing.

Always give the caregiver a date for her baby's next visit to the clinic.

Remember to urgently notify your EPIC supervisor 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.	Date given	Signature
Ettie Limphe Matsume	Birth	BCG OPV0 OPV1	Intradermal Right arm Oral	058m20 43E85	28/4/22 25/6/22	[Signature]
		OPV1 Rotavirus 1	Oral	05 L0356m	02/03/22 04/13/22	[Signature]
	6 weeks	PCV1	IM Right thigh	0604M20	04/03/22	[Signature]
		Hexavalent (DTap-IPV-Hib-HBV1)	IM Left thigh	U31H42N	04/13/22	[Signature]
	10 weeks	Hexavalent (DTap-IPV-Hib-HBV2)	IM Left thigh	U31H42N	01-04-22	[Signature]
		Rotavirus 2	Oral	U2037AA	26-05-22	[Signature]
	14 weeks	PCV2	IM Right thigh	0604N20	26-05-22	[Signature]
		Hexavalent (DTap-IPV-Hib-HBV3)	IM Left thigh	U30440	26-05-22	[Signature]
	6 months	Measles 1	S/C Left thigh	2501920	21/07/22	[Signature]
	9 months	PCV 3	IM Right Thigh	051K021	21/10/22	[Signature]
	12 months	Measles 2	S/C Right arm	2500022	23/07/22	[Signature]
	18 months	Hexavalent (DTap-IPV-Hib-HBV4)	IM Left arm	V31H23	21-07-22	[Signature]
	6 years	Td	IM Left arm	[Signature]		
	12 years	Td	IM Left arm			
Additional Vaccinations	Girls	HPV1	IM Non-dominant arm	7151M23	29/11/22	[Signature]
	9 years and older	HPV2	IM Non-dominant arm	70029	1/12/22	[Signature]
		Measles boosters	Thigh	0501121	05.01.21	[Signature]



# home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

## H 4339300

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

### BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2201210541084  
 SURNAME: NGOMANE  
 FORENAMES: LINHLE IMMACULATE

GENDER: FEMALE DATE OF BIRTH: 2022-01-21  
 PLACE OF BIRTH: THEMBA  
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: ID NUM/TRAVEL DOC: 8909060617085  
 MAIDEN/SURNAME: NGOMANE  
 FORENAMES: NOTHANDO JULIET

DATE OF BIRTH: 1989-09-06  
 PLACE OF BIRTH: THEMBA  
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: ID NUM/TRAVEL DOC:  
 SURNAME:  
 FORENAMES:  
 DATE OF BIRTH:  
 PLACE OF BIRTH:  
 COUNTRY OF BIRTH:

ENDORSEMENTS:  
 NONE

*pp*  
 DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS  
 PRIVATE BAG X2032  
 HAZYVIEW 1242  
 2022 -01- 28  
 : OFFICE HAZYVIEW T/E STAM (03)

DATE PRINTED: 20220128

ISSUED BY: YEV242



EK SERTIFISEER DAT HIERDOKUMENT 'N WAARHEEDSVOORSKRIF IS VAN DIE OORSPRONKELIKE  
 DOKUMENT WAT AAN MY VIR WAARNEEMING VOORLEES. EK SERTIFISEER VERDER DAT VOLGENS  
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 WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT FROM MY  
 OBSERVATIONS, AN AMENDMENT OR CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

*[Signature]*  
 HANDTEKENING SIGNATURE

MAGSNOMMER / FORCE NUMBER: 71511903 RANG / RANK: SPT  
 NAAM IN DRUKSKRIF / NAME IN PRINT: Khoza T.P

SUID AFRIKAANSE POLISIEDIENS  
 COMMUNITY SERVICE  
 CENTRE  
 2025 -01- 10  
 MASOYI SAPS