

Enq. Khoza HNS
0829352502
0662382296



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

Application Form

2024

Child's Full Name and Surname: Refentse Melokuhle Kgoedi
Date of Birth: 2021/07/16
ID Number: 2107160294089
Home language: Siswati
Gender: Female

Parent, Guardian or Caregiver Name: Remember Kgoedi
Parent/guardian/caregiver ID: 8504075825086
Telephone number: 079 067 7045
Place of work: Mekspruit
Home Address: Stand no. 124 Hazy Park, Hazyview 1242
Income per month: ●

Parent, Guardian or Caregiver Name: Goodness Mjaluungu
Parent/guardian/caregiver ID: 9204020238084
Telephone number: 072 7185807
Home Address: Stand no. 124 Hazy Park, Hazyview 1242
Place of work: Hazyview
Income per month:

Number of dependants under 18 years: 2
Emergency number: 082 863 7574
Name and phone number of child's regular doctor or clinic: NONE
Medical issues: none

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 pay card or salary slip or copy of child support grant for parents, guardian or caregiver

I agree to pay the school fees of 180 per month and to follow the rules and regulations of the centre.

Signed:

Date: 14/01/2024

FOR OFFICE USE ONLY:

Date received:

Date & Time of Interview:

All forms received:

Date accepted:

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

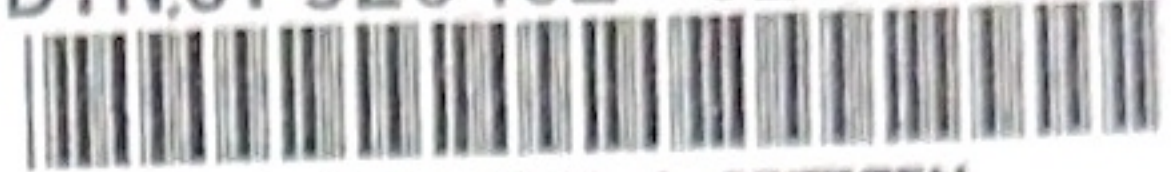
2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-distrikkantoor 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.

1
I.D.No. 920402 0238 08 4



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

NYALUNGU

VOORNAME/FORENAMES

GOODNESS

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1992-04-02


DATUM UITGEREIK
DATE ISSUED

2008-04-30






UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
KGOEDI
Names:
REMEMBER KGOPOTSO
Sex:
M
Nationality:
RSA
Identity Number:
8504075825086
Date of Birth:
07 APR 1986
Country of Birth:
RSA
Status:
CITIZEN


Signature:




Conditions: Date of Issue:
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 60 11 60 31 MAY 2018

20346

107816367


Clinic Visits

Age	Date	Feeding advice p4	Growth monitoring p9	Development p23	Head circumference p25	Immunisation p27	Vitamin A p28	Deworming p28	Oral Health p29	TB screen p40	Consider HIV p40	Next date
3-6 days	20/07/2024	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	27/08/2024
6 weeks	27/8/21	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	27/9/21
10 weeks	27/9/21	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	25/10/21
14 weeks	25/10/21	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	17/11/2022
4 months												
5 months												
6 months	17/11/2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	19/12/2022
7 months												
8 months												
9 months	19/12/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18/1/2023
10 months												
11 months												
12 months	19/7/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	17/1/23
14 months												
16 months												
18 months	17/1/23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18/7/23
20 months												
22 months												
2 years	18/7/23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	16/1/24
2 and a half years												
3 years												
3 and a half years												
4 years												
4 and a half years												
5 years												
6 years												
12 years												

Danger signs!

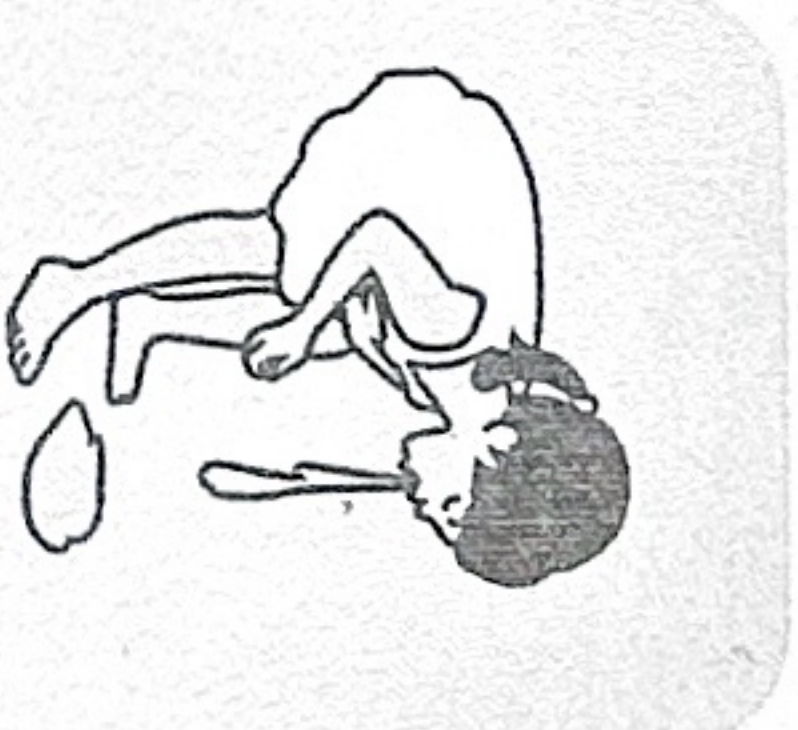
Take your child to the nearest clinic if you see any of the following.



Child is coughing and breathing fast (more than 50 breaths per minute)



Child under 2 months old has a fever and is not feeding



Child is vomiting everything



Child has diarrhoea (✓) sunken eyes, and a sunken fontanelle



Child is shaking (convulsions) (✓)



Child has signs of malnutrition (✓) (swollen ankles and feet)



Child is not moving or does not wake up



Child is unable to breastfeed



This book belongs to:

MPUMALANGA DEPARTMENT OF HEALTH
 SABIE HOSPITAL
 REVENUE
 2021-07-17
 PRIVATE BAG X515, SABIE 1260
 LITIKO LETEMPHILO

CHILD'S NAME:	REFENTSE	MELOKUHLI
CHILD'S SURNAME:	LEOEDI	
DATE OF BIRTH:	2021	07-17
CHILD'S ID NUMBER:	21071	60294089
BIRTH WEIGHT:	3440g	TERM
MOTHER'S NAME:	GOODNESS	RAYEMBE
	NYALUSWA	LEOEDI
MOTHER'S CONTACT	0127185887	0790677045

2133/21
 187-108-3570
 Side-by-Side
 on the road to health

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 by 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.

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.

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



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

H 2693025

83/DHA - 5

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

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2107160294089
 SURNAME: KGOEDI
 FORENAMES: REFENTSE MELOKUHLE

GENDER: FEMALE DATE OF BIRTH: 2021-07-16
 PLACE OF BIRTH: SABIE
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 9204020238084

MAIDEN/SURNAME: KGOEDI
 FORENAMES: GOODNESS

DATE OF BIRTH: 1992-04-02
 PLACE OF BIRTH: MKHUHLU
 COUNTRY OF BIRTH: SOUTH AFRICA

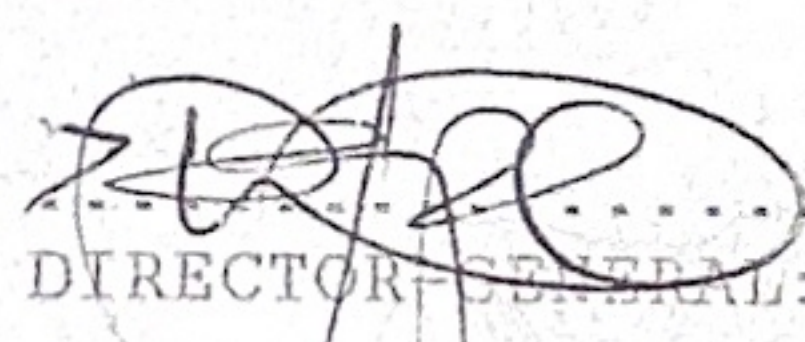
FATHER: IDENTITY NUMBER : 8504075825086

SURNAME: KGOEDI
 FORENAMES: REMEMBER KGOPOTSO

DATE OF BIRTH: 1985-04-07
 PLACE OF BIRTH: BUSHBUCKRIDGE
 COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
 NONE

DEPARTMENT OF HOME AFFAIRS
 PRIVATE BAG X1080
 LYDENBURG 1120
 :
 2021-07-19
 :
 SMALL OFFICE
 :
 SABIE (03)
 : OFFICIAL DATE STAMP


 DIRECTOR GENERAL: HOME AFFAIRS

DATE PRINTED: 20210719

ISSUED BY: YMN205

