

Enq. Khoza HNS  
0829352502  
0662382296



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

**ADMISSION FORM: 2024/2025**

**Child's Full Name and Surname:** Phiwokuhle Mgomane

**Date of Birth:** 16-02-2022

**ID Number:** 2202161190087

**Home language:** Siswati

**Gender:** Female

**Mother, Guardian or Caregiver Name:** Phumzile Mkhwanazi

**Parent/guardian/caregiver ID:** 900315 0606080

**Telephone number:** 072 3338336

**Place of work:** N/A

**Home Address:** Sandriver

**Income per month:** N/A

**Father, Guardian or Caregiver Name:** Phindile Mkhwanazi

**Parent/guardian/caregiver ID:** \_\_\_\_\_

**Telephone number:** 079 287 5542

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

Signed: P.C. [Signature]

Date: 16.01.2025

**FOR OFFICE USE ONLY:**

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

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

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

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

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

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

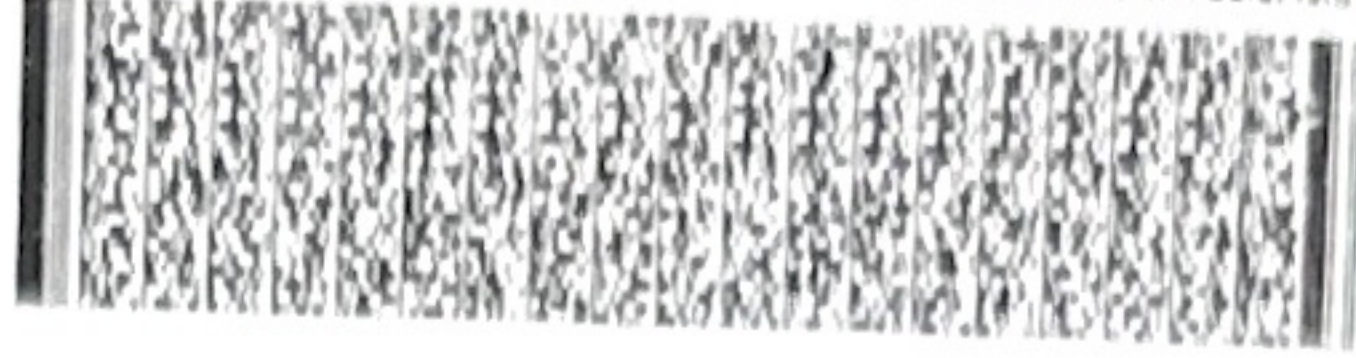
This card has been issued by the  
Department of Home Affairs in terms of the  
Identification Act, Act 68 of 1997

10 OCT 2016

If found please return to the Department of Home Affairs  
For enquiry or verification purposes contact 0800 60 11 99



103041812



REPUBLIC OF SOUTH AFRICA  
NATIONAL IDENTITY CARD

Surname:  
MKHWANAZI  
Names:  
PHUMZILE CONSALIA  
Sex:  
F  
Nationality:  
RSA  
Identity Number:  
9003150606080  
Date of Birth:  
15 MAR 1990  
Country of issue:  
RSA  
Status:  
CITIZEN



Signature

PCAD







home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

H 6908772

83/DHA - 5

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

## BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2202161190087  
 SURNAME: NGOMANE  
 FORENAMES: PHIWOKUHLE SYAMTHANDA  
 ACACIA  
 GENDER: FEMALE DATE OF BIRTH: 2022-02-16  
 PLACE OF BIRTH: MKHUHLU  
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 9003150606080

MAIDEN/SURNAME: MKHWANAZI  
 FORENAMES: PHUMZILE CONSALIA

DATE OF BIRTH: 1990-03-15  
 PLACE OF BIRTH: MKHUHLU  
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER : 9106175717087

SURNAME: NGOMANE  
 FORENAMES: INNOCENT

DATE OF BIRTH: 1991-06-17  
 PLACE OF BIRTH: KABOKWENI  
 COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:  
REGISTERED BY BOTH PARENTS.

  
 DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20220309

ISSUED BY: YGS244

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| DEPARTMENT OF HOME AFFAIRS                   |
| 10 THEO KLEYNHANS STREET<br>WHITE RIVER 1240 |
| 2022-03-09                                   |
| LOCAL OFFICIAL UNIT                          |
| OFFICIAL DATE STAMP                          |