

Enq. Khoza HNS
0829352502
0662382296



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

ADMISSION FORM: 2024/2025

Child's Full Name and Surname: Izanade Major Liyam Sanderson

Date of Birth: 2022/05/24

ID Number: 2209246099084

Home language: SiSwati

Gender: Male

Mother, Guardian or Caregiver Name

Parent/guardian/caregiver ID: 9911060930089

Telephone number: 071 398 6155

Place of work: N/A

Home Address: P.O Box 10188 Bongan Sand River Trust

Income per month: R1060

Father, Guardian or Caregiver Name

Parent/guardian/caregiver ID: 9104035348086

Telephone number: 072 5126 754

Home Address: P.O Box 1854 Mqobaneni Trust

Place of work: N/A

Income per month: N/A

Number of dependants under 18 years: 1

Emergency number/s: 082 539 3233

Name and phone number of child's regular doctor or clinic: Manzini Clinic

Medical issues: N/A

Allergies: Beef and Spices

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: [Signature]

Date: 14/01/2025

FOR OFFICE USE ONLY:

Date received: _____

Date & Time of Interview: _____

All forms received by: _____

Date accepted: _____

Attending from: _____

Assigned class: _____

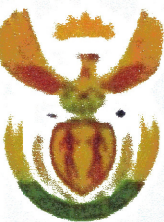
... birth takes place at home this book must be given the first time a health worker sees the baby.

This book is **FREE** to ALL BABIES in both public and private health care. It must be replaced for free if lost or damaged.

This book belongs to:

Bazebande Major Liyam

CHILD'S NAME:	Tzuzandede Major Liyam												
CHILD'S SURNAME:	G Anderson												
DATE OF BIRTH:	2022 05 24												
CHILD'S ID NUMBER:													
BIRTH WEIGHT:	3057g						GESTATIONAL AGE:	± 37					
MOTHER'S NAME:	Wele2 Zulu						FATHER'S NAME:	Liam Anderson					
MOTHER'S CONTACT DETAILS:	060 9190071						FATHER'S CONTACT DETAILS:	0725126794					



UNEMPLOYMENT RATES POPULATION

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 220546300001
SURNAME: SANDERSON
FORENAMES: LEANADE MAJOR LIYAM

GENDER: MALE DATE OF BIRTH: 2022-12-06
PLACE OF BIRTH: KABOKWENI
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 9911060530085

MAIDEN/SURNAME: XULU
FORENAMES: LEROLIA VELEZ

DATE OF BIRTH: 1999-11-06
PLACE OF BIRTH: KABOKWENI
COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER : 9104035348086

SURNAME: SANDERSON
FORENAMES: GRAM GREGORY

DATE OF BIRTH: 1991-04-03
PLACE OF BIRTH: KABOKWENI
COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
REGISTERED BY BOTH PARENTS.

DEPARTMENT OF HOME AFFAIRS
 10 THE O KLEYNHANS STREET
 WHITE RIVER 1240
 2022 -12- 06
 LOCAL OFFICE, WHITE RIVER AM

DIRECTOR-GENERAL: HOME AFFAIRS