

Enq. Khoza HNS
0829352502
0662382296



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

ADMISSION FORM: 2024/2025

Child's Full Name and Surname: Melenie Mikayla Kiara Sanderson

Date of Birth: 2020/08/29

ID Number: 2008 2906 51 083

Home language: Swati

Gender: female

Mother, Guardian or Caregiver Name

Parent/guardian/caregiver ID: 9911060530089

Telephone number: 071 398 6159

Place of work: N/A

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

Income per month: R1060.

Father, Guardian or Caregiver Name

Parent/guardian/caregiver ID: 9104035348086

Telephone number: 072 9126 754

Home Address: P.O Box 1854 Ngcobaneni 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: N/A

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 R190 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: _____

This book is provided at birth by staff at the health facility.
 If 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:

PROVINCIAL GOVERNMENT
 TEMPIOLO
 2020-00-01

14292/20

CHILD'S NAME:	Melenie-nikaylakira
CHILD'S SURNAME:	Ganderaon
DATE OF BIRTH:	2020-08-29
CHILD'S ID NUMBER:	
BIRTH WEIGHT:	3500g
MOTHER'S NAME:	Viera Julia
MOTHER'S CONTACT DETAILS:	
GESTATIONAL AGE:	38 weeks
FATHER'S NAME:	Uam
FATHER'S CONTACT DETAILS:	



home affairs

Department
Home Affairs
REPUBLIC OF SOUTH AFRICA

G 0532576

PARTICULARS FROM THE POPULATION REGISTER I.R.O.

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2008290651082
SURNAME: SANDERSON
FORENAMES: MELENIE MIKAYLA KIARA

GENDER: FEMALE DATE OF BIRTH: 2020-08-29
PLACE OF BIRTH: KABOKWENI
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 9911060530085

MAIDEN/SURNAME: XULU
FORENAMES: LERICIA 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:
NONE

DEPARTMENT OF HOME AFFAIRS

10 THEO KLEYNHANS STREET
WHITE RIVER 1248

2020-09-11

LOCAL OFFICE: WHITE RIVER


DIRECTOR-GENERAL: HOME AFFAIRS

ISSUED BY: YGS244