

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: Nisako Shaun Sundhane

Date of Birth: 17 February 2021

ID Number: _____

Home language: Siswati

Gender: male

Mother, Guardian or Caregiver Name Shelly martha Ndlovu

Parent/guardian/caregiver ID: 0007080053087

Telephone number: 079 3960867

Place of work: _____

Home Address: mayika trust Stand No 741

Income per month: _____

Father, Guardian or Caregiver Name maria marie

Parent/guardian/caregiver ID: _____

Telephone number: 076 249 0968

Home Address: mayika trust Stand No 741

Place of work: Buco hardware

Income per month: _____

Number of dependants under 18 years: 1

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 2160 per month and to follow the rules and regulations of the creche/centre.

Signed: S. Ndlovu

Date: 07/01/2025

FOR OFFICE USE ONLY:

Date received: _____

Date & Time of Interview: _____

All forms received by: _____

Date accepted: _____

Attending from: _____

Assigned class: _____

NOTICE OF PERSONAL PARTICULARS

1 changes to the personal particulars
of your ID Book must be communicated
to the relevant parties

20160970164

1 NOTICE OF CHANGE OF ADDRESS
1 the NOTICE OF CHANGE OF
ADDRESS form in this pocket to
report a change of address or a
change in particular of your present
address e.g name of street and/or
house number etc

2 1 .n at or post to the nearest
regional/district office of the
DEPARTMENT OF HOME AFFAIRS

I.D. No. 000708 0083 087



S.A.CITIZEN

SURNAME
NDHLOVU

FORENAMES
SHELLY MARTHA

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
2000-07-08

DATE ISSUED
2016-08-01



ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

SUID-AFRIKAANSE FOLIO
C.S.C.
2025 -04- 15
HAZEYVIEW
SOUTH AFRICAN POLICE SERVICE

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION
(COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED
TO ME FOR AUTHENTICATION.
I FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN
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AAN IN PRINT



home affairs
Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

H 4337547
83/DHA - 5

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

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2111191080087
SURNAME: NTIMBA
FORENAMES: TSHEGOFATSO TUMI
SPHESIHLE
GENDER: FEMALE DATE OF BIRTH: 2021-11-19
PLACE OF BIRTH: MKHUHLU
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: ID NUM/TRAVEL DOC: 9906200637089

MAIDEN/SURNAME: NTIMBA
FORENAMES: KHELINA TROSCA

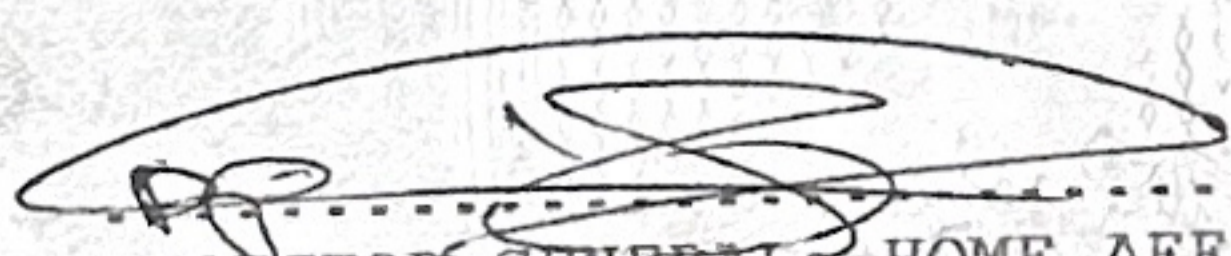
DATE OF BIRTH: 1999-06-20
PLACE OF BIRTH: MKHUHLU
COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: ID NUM/TRAVEL DOC:

SURNAME: _____
FORENAMES: _____

DATE OF BIRTH: _____
PLACE OF BIRTH: _____
COUNTRY OF BIRTH: _____

ENDORSEMENTS:
NONE


DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG 2392
HAZEYVIEW 1242
2021-12-14
OFFICIAL DATE STAMP

DATE PRINTED: 20211214 ISSUED BY: YEV257



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												
6 weeks	30/12/21	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14/1/22
10 weeks	01/1/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18/2/22
14 weeks	21/2/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	22/3/22
4 months	21/05/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	19/05/22
5 months												
6 months	20/5/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	19/8/22
7 months												
8 months												
9 months	09/8/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	21/11/2022
10 months												
11 months												
12 months	21/11/2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	20/5/2023
14 months												
16 months												
18 months	28/5/23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	20/11/23
20 months												
22 months												
2 years	23/11/2023	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	21/5/2024
2 and a half years	21/5/24	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	19/11/24
3 years	19/11/24	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	19/5/25
3 and a half years												
4 years												
4 and a half years												
5 years												
6 years												
12 years												

tick once done

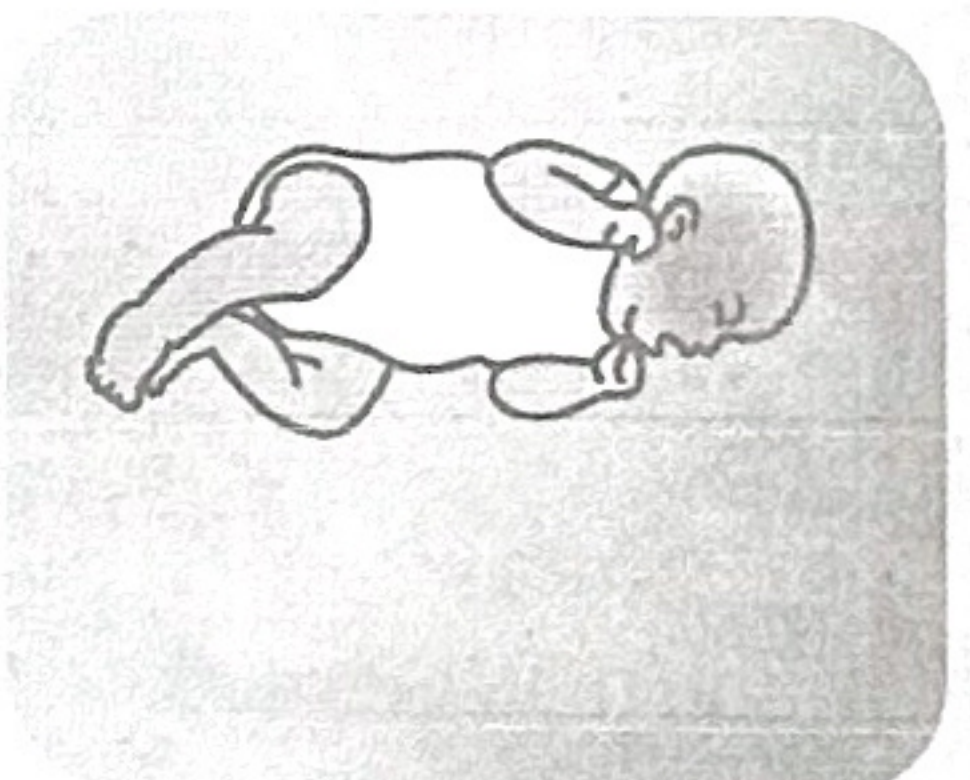
Not in schedule

Danger signs!

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



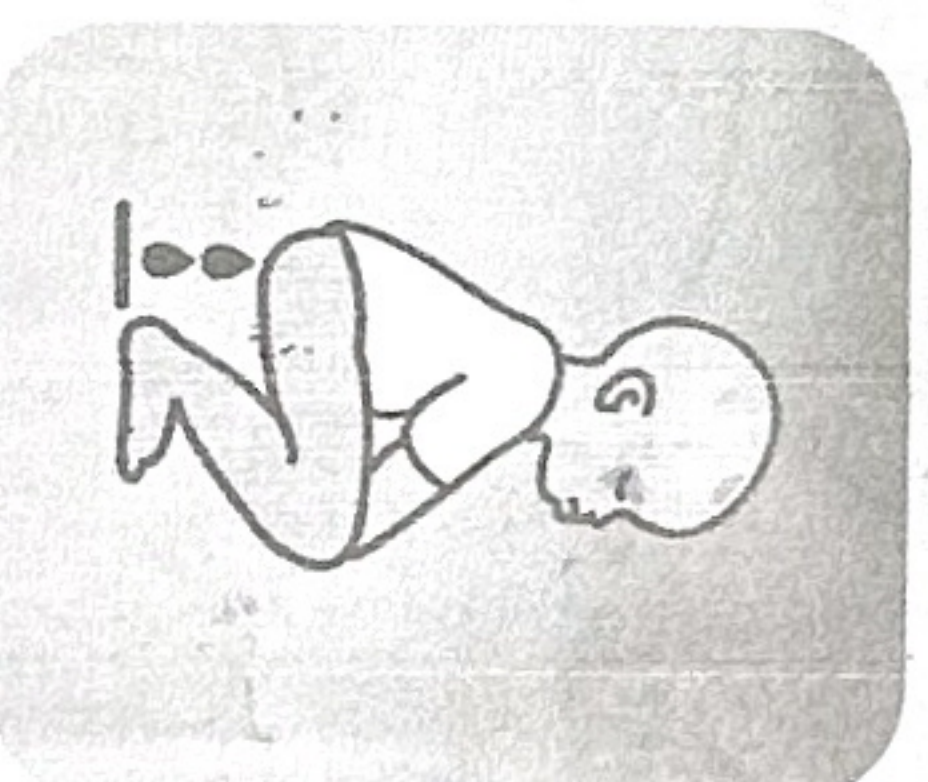
Child is coughing and breathing fast (more than 50 breaths per minute)



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



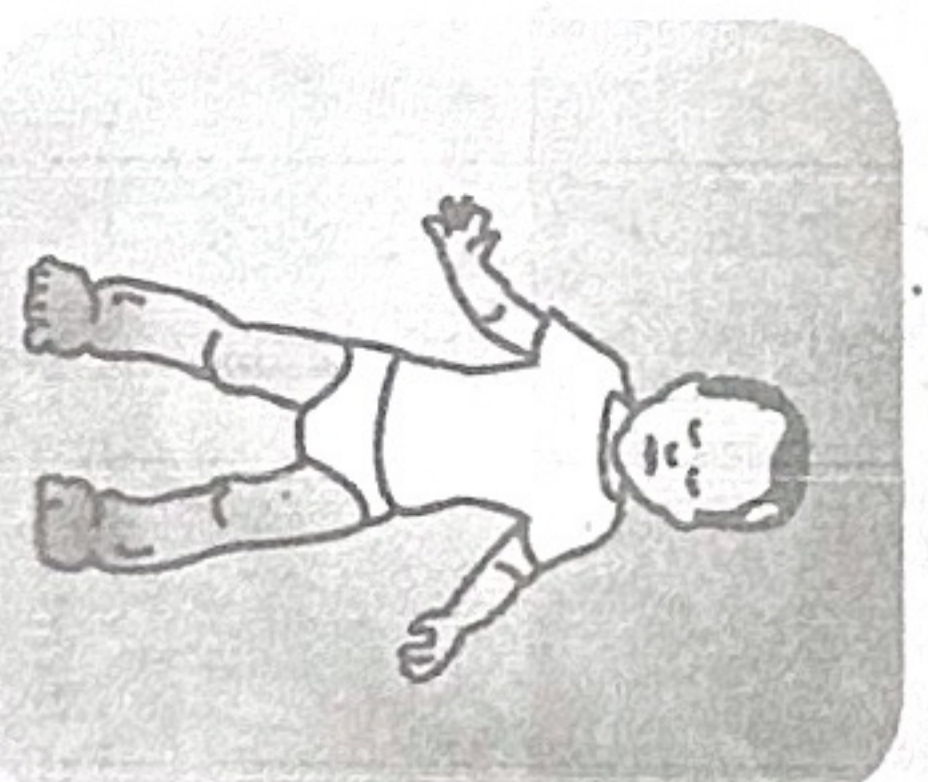
Child is vomiting everything



Child has diarrhoea (7) sunken eyes, and a sunken fontanelle



Child is shaking (convulsions) (7)



Child has signs of malnutrition (7) (swollen ankles and feet)



Child is not moving or does not wake up



Child is unable to breastfeed