

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: Mkhambule Minehile Pamela
Date of Birth: 2022-03-30
ID Number: 2203300749080
Home language: Siswati
Gender: Female
Mother, Guardian or Caregiver Name Sambo Maguyani Josephinah
Parent/guardian/caregiver ID: 7103150854086
Telephone number: 0720650189
Place of work: —
Home Address: Sandriver
Income per month: —
Father, Guardian or Caregiver Name Mbuyane Magreth
Parent/guardian/caregiver ID: —
Telephone number: 0760874101
Home Address: Sandriver
Place of work: —
Income per month: —
Number of dependants under 18 years: 4
Emergency number/s: 0720650189
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 180 per month and to follow the rules and regulations of the creche/centre.

Signed: M. J. Sambo

Date: 03-12-2024

FOR OFFICE USE ONLY:

Date received: _____

Date & Time of Interview: _____

All forms received by: _____

Date accepted: _____

Attending from: _____

Assigned class: _____

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 AND EXAMINATION, NO CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

[Signature]
 RANK / RANGK
 MAGSNOMMER / FORCE NUMBER: 248262
 NAAM IN DRUKSKRIF / NAME IN PRINT: M. M. M. M.

SUID-AFRIKAANSE POLISIDIENS
 C.S.C.
 2024 -11- 25
 HAZEYVIEW
 SOUTH AFRICAN POLICE SERVICE

NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep 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 street number etc.

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

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I.D. No. 710315 0854 086



S.A. CITIZEN

SURNAME
SAMBO

FORENAMES
MAGUJANI JOSEPHINAH

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
1971-03-15



DATE ISSUED
2015-07-10

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL HOME AFFAIRS