

APPLICATION FOR ADMISSION TO PRINCE OF PEACE ACADEMY



9208 NU 2
Madyaka Building
2ND Floor
Opposite Highway Shoprite

Contacts: +27 436500086
068-494 4173
081-706 6430

princeofpeaceacademy20@gmail.com

Learner's Information	Current Grade:
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Surname:	Initials:
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First Name:	Other Names:
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Date of Birth:	YY		MM		DD		Gender :	M		F	
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Identity No:

Country of residence :	
Learner's Physical Address:	Parent Telephone{ Mother} :
	Parent Telephone{ Father} :
	Emergency Telephone:

Previous School Information:

Name of Previous School :

Previous School Address :

Learner Medical Information

Medical Aid number:	Medical Aid Name :
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Medical Condition:

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Parent/Guardian- Information:

Title:	Surname:	First Name:
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ID /Passport Number:		
Cell Number:	Date Of Birth:	

Residential Street Address	
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Email Address:

Where did you hear about POPA?	
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I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name(s) of Parent/Guardian:

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Date:...../...../.....

Subjects Registered	Current Percentage	Current level

For office use only:

Administrator.....

Centre Manager.....

Date...../...../.....

Date...../...../.....