

Lonehill International Academy  
 CIE No. ZA253 • GDE No. 700 400 611  
 Tel: 011 465 6868 • Cell: 071 642 1381  
 office@lonehillacademy.school  
 Fax: 0866159964  
 www.lonehillacademy.co.za

LONEHILL INTERNATIONAL  
 ACADEMY



## APPLICATION FOR ADMISSION

### PRIMARY SCHOOL - GRADE 1 to 7

#### LEARNER DETAILS

|   |   |                                  |                                  |                      |  |
|---|---|----------------------------------|----------------------------------|----------------------|--|
| Surname:*   |   |                                  | First Name:*                     |                      |  |
| Gender:*  | <input type="checkbox"/> Male <input type="checkbox"/> Female |                                  | Date of birth:*                  | yyyy / mm / dd       |  |
| Current School:*  |   |                                  | Current Grade:*                  |                      |  |
| Grade Enrolling for:*                                       | <input type="checkbox"/> Grade 1                              | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 7 | To start in year:*   |  |
|   | <input type="checkbox"/> Grade 2                              | <input type="checkbox"/> Grade 5 |                                  |                      |  |
|   | <input type="checkbox"/> Grade 3                              | <input type="checkbox"/> Grade 6 |                                  | Transport Required:* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide physical address for route planning: |   |                                  |                                  |                      |  |
|   |   |                                  |                                  |                      |  |

#### RESIDENTIAL ADDRESS

|                    |                     |
|--------------------|---------------------|
| Physical Address:* |                     |
| City:*             | ZIP / Postal Code:* |
| Country:*          | Telephone no.:*     |

#### PARENTS DETAILS

|  |                 |
|--|-----------------|
| Parent 1:*   | Parent 2:*      |
| Surname:*  | Surname:*       |
| First Name:*   | First Name:*    |
| Contact no.:*  | Contact no.:*   |
| Email Address:*  | Email Address:* |
| How did you hear about us? <input type="checkbox"/> Facebook <input type="checkbox"/> Google <input type="checkbox"/> Billboard <input type="checkbox"/> Website <input type="checkbox"/> Sibling <input type="checkbox"/> Word of Mouth |                 |