



Asamaths Institute Of Learning – Midrand

Knowledge | Wisdom | Humanity

Learner Admission Application Form

School & contact information

Address: 601 Rabat and Conakry Street, Thembisa, Midrand
Phone: +27 12 725 8044
Alt phone: +27 11 925 8074
WhatsApp: +27 61 530 9416

Email: asamathsinstituteoflearning@gmail.com
Office hours: Monday – Friday: 06:45 – 16:00
Principal: Makeche Brighton (2023)
NatEmis: 700400979 | Combined School

Complete this form in block letters. Tick where applicable. Attach certified copies where noted. Return the completed form and documents to the school office or email asamathsinstituteoflearning@gmail.com (subject: Admission Application). You may also apply online at the school website.

A. Application details

School year applying for _____ Date of application (DD / MM / YYYY) _____ Application reference (office use) _____

School years: 2026 | 2027

B. Primary parent / guardian

First name(s) _____ Surname _____ Relationship to learner _____

Email address _____ Cell / telephone _____

SA ID number (13 digits) _____

C. Second parent / guardian (optional)

First name(s) _____ Surname _____ Relationship _____

Email _____ Cell / telephone _____

D. Learner information

Learner first name(s) _____ Learner surname _____ Gender _____

Date of birth (DD / MM / YYYY) _____ Learner SA ID (if applicable) _____ Home language _____

Current grade _____ Grade applying for _____ Current / previous school _____

Grade applying for (tick one):

- Grade R Grade 1 Grade 2 Grade 3 Grade 4 Grade 5
 Grade 6 Grade 7 Grade 8 Grade 9

Previous school address (if applicable) _____

Latest school reports available?

Yes - attached

Not yet - will provide

E. Residential address

Street address

Suburb

City

Postal code

F. Emergency contact

Full name

Relationship

Telephone

G. Medical & support (optional)

Allergies

Medical conditions

Medication required at school

Learning / support needs

H. Supporting documents (attach copies)

Learner birth certificate (certified copy)

Latest school report card

Transfer / exit letter from previous school (if applicable)

Parent / guardian ID copy

Immunisation / clinic card (if requested by office)

I. Additional information

How did you hear about our school?

Notes for the admissions office

J. Declaration & consent

I declare that the information provided is true and complete. I consent to Asamaths Institute processing personal information in this application for enrolment purposes under the Protection of Personal Information Act (POPIA). I understand that placement is subject to interview, assessment, and availability.

Parent / guardian signature

Date (DD / MM / YYYY)

For office use only

Received by

Date received

Interview date

Placement grade confirmed

Outcome (Accepted / Waiting list / Declined)