

CXT- f29T;X:E)C 9 1
NATIONAL EXECUTIVE COMMITTEE FOR REPATRIATION
1. PERSONAL INFORMATION
ACTUAL FAMILY SURNAME:
FIRST NAMES:
ANY OTHER SURNAME:
FIRST NAMES:
(EXILE NAME)
SEX: PRESENT AGE:
COUNTRY OF BIRTH: DATE OF BIRTH
CITY OR VILLAGE:
HOME LANGUAGE: OTHER LANGUAGES
LAST ADDRESS IN R.S.A.:
YEAR IN WHICH YOU LEFT SOUTH AFRICA:
PRESENT ADDRESS:
INTENDED ADDRESS IN SOUTH AFRICA: (City)
(Village/Township):
NAME OF PERSON: RELATIONSHIP:
TELEPHONE NO. IN SOUTH AFRICA (if known): (H)
(W)
MEDICAL/PHYSICAL PROBLEMS OR HISTORY OF ILLNESS:
SPECIAL NEEDS:
VACCINATION RECORD:

2. FAMILY BACKGROUND

FATHER

SURNAME:

FIRST NAME:

W

PRESENT ADDRESS:

TELEPHONE NUMBER (if known):

NATIONALITY: OCCUPATION:

I

MOTHER

SURNAME:

FIRST NAME:

PRESENT ADDRESS:

TELEPHONE NO. (if known):

NATIONALITY: OCCUPATION:

Note: If either of your parents is deceased, simple note 'DECEASED', but still fill in the NATIONALITY.

If both parents are deceased, or whereabouts unknown, provide details of your

NEXT OF KIN:

SURNAME:

FIRST NAME:

PRESENT ADDRESS:

TELEPHONE No; (if known):

NATIONALITY: OCCUPATION:

.__n____

3

RELATIONSHIP TO YOU (e.g. Uncle, Aunt, Grandmother, Guardian, Friend, etc.):

_CO-

3. EDUCATIONAL BACKGROUND:

NAME OF SCHOOL YOU ATTENDED IN S.A.:

X-

HIGHEST STD. AT THIS SCHOOL:

X

DATE YOU LEFT THIS SCHOOL:

EX

SCHOOL AT WHICH YOU ARE PRESENTLY ENROLLED and ADDRESS OF THIS SCHOOL:

CLASS / STD:

NUMBER OF YEARS YOU HAVE BEEN AT THIS SCHOOL:

SCHOOL SUBJECTS:

EXTRA-CURRICULAR ACTIVITIES / SPECIAL INTERESTS:

E&Xx

EDUCATIONAL PROBLEMS / SPECIAL NEEDS:

xxx

_ &

4. REPATRIATION

NAME OF TOWN/CITY YOU INTEND TO RETURN TO IN SOUTH AFRICA:

W

NAME OF PROVINCE YOU INTEND TO RETURN TO: (e.g. Transvaal, Natal, etc.)

W

DO YOU INTEND TO LIVE WITH FAMILY/FRIENDS ON YOUR RETURN?

-h

IF YES, STATE NAME, ADDRESS AND RELATIONSHIP TO YOU:

FULL NAME:

ADDRESS:

W-

M

M

N

RELATIONSHIP: (e.g. parents/grandparents/uncle/friend/guardian)

_____.
IF YOU HAVE ALREADY DECIDED WHICH SCHOOL/INSTITUTION YOU WOULD LIKE TO
ATTEND IN SOUTH AFRICA, STATE THE NAME AND ADDRESS OF THIS SCHOOL:

M

M

M

_____'_____-n_____._____

WHICH STANDARD / CLASS WOULD YOU LIKE TO ENTER IN A SOUTH AFRICAN SCHOOL?

_____.
ANY SPECIAL REQUIREMENTS FOR A SCHOOL?

RECOMMENDATIONS:

(FOR OFFICE USE ONLY)

M

M