

# APPLICATION FOR ADMISSION TO BLOEMFONTEIN HIGH SCHOOL

Gladstone Road  
Bayswater  
Bloemfontein

Telephone: 051 433 1613/ 4334900  
Fax: 051 433 2202  
Year: \_\_\_\_\_

**Note: This form must be completed in full. All changes to be initialled or signed by parent/guardian. COMPLETING THIS FORM DOES NOT NECESSARILY MEAN THAT THE LEARNER HAS BEEN ACCEPTED INTO THE SCHOOL.**

Grade applied for: \_\_\_\_\_ Highest grade passed: \_\_\_\_\_ Year when grade was passed: \_\_\_\_\_ Admission no: \_\_\_\_\_  
=====

### ***Learner Information***

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_ Nickname: \_\_\_\_\_

First name: \_\_\_\_\_ Other names: \_\_\_\_\_

Date of birth: YYYY\_\_\_\_\_ MM\_\_\_\_\_ DD\_\_\_\_\_ Gender: Male: \_\_\_\_\_ / Female: \_\_\_\_\_ Race: \_\_\_\_\_

Id or passport no:

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Country of residence: \_\_\_\_\_, if SA indicate province: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

City/Suburb \_\_\_\_\_

Learner Cell: \_\_\_\_\_

Code \_\_\_\_\_

Home Language: \_\_\_\_\_ Preferred Language of instruction: \_\_\_\_\_

Boarder? Yes:  / No:  Religion / Church: \_\_\_\_\_

Deceased Parent? Mother: \_\_\_\_\_ / Father: \_\_\_\_\_ / Both: \_\_\_\_\_ Mode of transport: \_\_\_\_\_

#### **Previous school information:**

Name of previous school: \_\_\_\_\_

#### **Learner medical information:**

Previous school address: \_\_\_\_\_

Medical Aid Number: \_\_\_\_\_

Code: \_\_\_\_\_ Province: \_\_\_\_\_

Name of medical aid: \_\_\_\_\_

Name of main member: \_\_\_\_\_

Name of doctor: \_\_\_\_\_

Telephone no of doctor: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Dexterity of Learner: Right Handed: \_\_\_\_\_ / Left Handed: \_\_\_\_\_ / Ambidextrous: \_\_\_\_\_

Social Grant: Yes: \_\_\_\_\_ / No: \_\_\_\_\_ Social Grant Number: \_\_\_\_\_

**IMPORTANT: POSTAL ADDRESS: .....**

#### **The following documents MUST accompany this application:**

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| 1. Copies of the parents' Id documents                | <input type="checkbox"/> | 2. A copy of the learner's birth certificate | <input type="checkbox"/> |
| 3. A Copy of the progress Report from previous school | <input type="checkbox"/> | 4. A copy to proof residential address       | <input type="checkbox"/> |
| 5. Transfer Letter from previous school (Optional)    | <input type="checkbox"/> | (e.g municipal account)                      |                          |

Siblings Information

Number of other Children at this school: Position (e.g first):

Please supply full names below:

Name and Surname: Grade:
Name and Surname: Grade:
Name and Surname: Grade:

Parent/Guardian Information – FATHER

Title: Initials: Surname:
First Name: Marital Status:
Home Language: Race: Learner resides with this parent?
Id/Passport number:
Residential address:
City/Suburb Code
Occupation Employer:
Contact Details:
Home Telephone No: Work No: Cell Number:

Parent/Guardian Information – MOTHER

Title: Initials: Surname:
First Name: Marital Status:
Home Language: Race: Learner resides with this parent?
Id/Passport No:
Residential Address:
City/Suburb Code
Occupation: Employer:
Contact Details:
Home contact no: Work number: Cell Phone No:

Account Payer

Father: / Mother: / Other (specify):

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct. I furthermore undertake to pay the school fees and all other financial commitments.

Name of parent/guardian (in print hand):
Signature of parent/guardian: Date:

## CHECKLIST

	Parent	Office
1. Copies of the parents Id documents		
2. A copy of the learner's birth certificate		
3. A Copy of the progress Report from previous school		
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