

Bloemfontein High School

Gladstoneweg

Telephone: 051 - 4331613

Free State

9300

Year: _____



Note: This form must be completed in full. All changes to be initialed or signed by parent / guardian. Completing the 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:	Accession No:
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Surname:	Initials:	Nick Name:
First Name:	Other Names:	
Date Of Birth: YYYY MM DD	Gender:	Male: Female:
Race:	Identification or Passport No:	
Country of Residence:	Citizenship:	
If SA, indicate province of residence:		

Physical Address:	Home Telephone:	Emergency Telephone:
City/Suburb	Learner Cell:	
Code:	Learner Email Address:	
Home Language:	Preferred Language of Instruction	
Boarder: Yes No	Deceased Parent: Mother Father Both	
Religion:	Mode of transport:	
	For Grade 1 only: Indicate pre-primary education: None Non-Formal Formal	

Previous School Information

Name of Previous School:
Previous School Address:
Code: Province: Country:

Learner Medical Information

Medical Aid Number:	Medical Aid Name:
Medical Aid Main Member:	Doctor Name:
Doctor's Address:	Doctor Telephone Number:
Medical Condition:	
Special Problems Requiring Counseling:	
Dexterity of Learner: Right Handed Left Handed Ambidextrous	Reg. Social Grant YES NO: Rec. Social Grant YES NO:

DOCUMENT REQUIREMENTS TO BE ADDED TO THIS APPLICATION FORM:

1. Copies of both PARENTS' ID DOCUMENTS
2. A copy of the LEARNER'S BIRTH CERTIFICATE
3. A copy of the LATEST REPORT from previous school. (current year / newest)
4. A copy of PROOF OF RESIDENTIAL ADDRESS.

NB: Applications to be handed in physically at school ONLY!

Siblings			
Number of other Children at this school:		Position in the family (e.g first):	
Please supply full names below:			
Name:			Grade:
Name:			Grade:
Name:			Grade:

Parent / Guardian Information			
Complete a SEPARATE parent form for each parent living at a different physical address			
Title:	Initials:	Surname:	
First Name:	Gender:	Male:	Female:
Home Language:	Race:		
Identification Number:	Or Passport number		Account Payer: Yes No
Residential Street Address:			
		City/Suburb	Code:
Occupation:	Employer:		
Surname of Spouse:	First Name:		
Occupation of Spouse:	Learner resides with this parent/s		Yes No
Spouse ID Number:	Relationship to Learner:		
Marital status of parent:			

Correspondence Details			
Title:	Surname:		
Postal Address:			
		City/Suburb	Code:

Other Contact Details			
Home Telephone			Work Telephone
Fax Number :			Cell Number :
Spouse Work Telephone Number:			Spouse Cell Number :
E-Mail Address:	Spouse E-Mail Address:		

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print) : _____

Signature of Parent / Guardian _____

Date: _____/_____/_____

Office use only:			
1. Date:	2. Accepted:	3. Accession Number:	
4. Rejected:	5. Reason for Rejection:		
6. Documentation Received:	6a Immunisation Record:	6b. Birth Certificate:	
6c. Progress Report from Previous School:		6d. Transfer Letter from Previous School:	