

APPLICATION FOR ADMISSION TO SCHOOL
Bloemfontein High School

Gladstoneweg
 Free State
 9300

Telephone: 051 - 4331613

Year: _____



GPS Coordinates **29.0848° S, 26.2455° E**

PAGE 1: LEARNER INFORMATION

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
Race:	Gender:	Male: Female:
Country of Residence:	Identification or Passport No:	
If SA, indicate province of residence:	Citizenship:	

Physical Address:	Home Telephone: / Cell:			
City/Suburb	Emergency Telephone:			
Code:	Learner Cell:			
Home Language:	Preferred Language of Instruction: AFRIKAANS OR ENGLISH			
Deceased Parent	Mother	Father	Both	Mode of transport:
Religion:				

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:

REQUIRED DOCUMENTS TO BE ADDED TO THIS APPLICATION FORM:

- COPIES** of both PARENTS / LAWFULL GUARDIANS ID DOCUMENTS
- A **COPY** of the LEARNER'S BIRTH CERTIFICATE
- A **COPY** of the LATEST REPORT of previous school. (current year / newest)
- A **COPY** of PROOF OF RESIDENTIAL ADDRESS

NB: ALL APPLICATIONS MUST BE HANDED IN PHYSICALLY AT THE SCHOOL'S OFFICE ONLY!
NO FAXED / EMAILED APPLICATIONS WILL BE ACCEPTED!!!

Siblings			
Number of other Children at this school: <input style="width: 50px;" type="text"/>		Position in the family (e.g first): <input style="width: 100px;" type="text"/>	
Please supply full names below: ONLY BROTHER'S & SISTERS CURRENTLY IN THIS SCHOOL			
Name: <input style="width: 700px;" type="text"/>		Grade: <input style="width: 50px;" type="text"/>	
Name: <input style="width: 700px;" type="text"/>		Grade: <input style="width: 50px;" type="text"/>	
Name: <input style="width: 700px;" type="text"/>		Grade: <input style="width: 50px;" type="text"/>	

Parent / Guardian Information Complete a SEPARATE parent form for each parent living at a different physical address			
Title: <input style="width: 80px;" type="text"/>	Initials: <input style="width: 80px;" type="text"/>	Surname: <input style="width: 300px;" type="text"/>	
First Name: <input style="width: 250px;" type="text"/>	Gender: <input type="checkbox"/> Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Home Language: <input style="width: 250px;" type="text"/>	Race: <input style="width: 250px;" type="text"/>		
Identification Number: <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	Or Passport number	Account Payer: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential Street Address: <input style="width: 800px;" type="text"/>			
		City/Suburb: <input style="width: 250px;" type="text"/>	Code: <input style="width: 50px;" type="text"/>
Occupation: <input style="width: 350px;" type="text"/>	Employer: <input style="width: 400px;" type="text"/>		
IF MARRIED (SPOUSE DETAILS):			
First Name: <input style="width: 350px;" type="text"/>	Learner resides with this parent/s <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER: <input style="width: 50px;" type="text"/>		
Surname of Spouse: <input style="width: 350px;" type="text"/>	Relationship to Learner: <input style="width: 400px;" type="text"/>		
Occupation of Spouse: <input style="width: 350px;" type="text"/>	Marital status of parent: <input style="width: 400px;" type="text"/>		
Spouse ID Number: <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Contact Details			
Home Telephone: <input style="width: 150px;" type="text"/>	Work Telephone: <input style="width: 150px;" type="text"/>		
Fax Number: <input style="width: 150px;" type="text"/>	Cell Number: <input style="width: 150px;" type="text"/>		
Spouse Work Telephone Number: <input style="width: 150px;" type="text"/>	Spouse Cell Number: <input style="width: 150px;" type="text"/>		
E-Mail Address: <input style="width: 350px;" type="text"/>	Spouse E-Mail Address: <input style="width: 350px;" type="text"/>		

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: _____/_____/_____

I, parent/Guardian of above mentioned applicant **[AGREE / DO NOT AGREE]** Please mark your choice to the use of POPI-ACT:
 The Protection of Personal Information Act (or POPI Act) is South Africa's equivalent of the EU GDPR. It sets some conditions for responsible parties (called controllers in other jurisdictions) to lawfully process the personal information of data subjects (both natural and juristic persons).
THE SCHOOL HAVE THE RIGHT TO USE INFORMATION AND PHOTO'S OF INDIVIDUAL.