

**SLUIT**  
**29 AUGUSTUS**



Hoërskool  
**BLOEMFONTEIN**  
High School

**CLOSE**  
**29 AUGUST**

**AANSOEK VIR SKOOL**  
**APPLICATION FOR ADMISSION**  
***BAIE BELANGRIK***  
***VERY IMPORTANT***

**AFSKRIFTE** van die volgende dokumentasie word benodig  
met elke aansoek:

**COPIES** of the following documents must be given  
with each application:

**KONTOLE LYS / CHECK LIST**

<b><u>DOKUMENT BENODIG</u></b> <b>(ALLES MOET AFSKRIFTE WEES)</b> <b><u>DOCUMENTS NEEDED</u></b> <b>(EVERYTHING MUST BE COPIES)</b>	<b>AANGEHEG</b> <b>ATTACHED</b> ✓ / ✗	<b>KANTOOR ONTVANG</b> <b>(SLEGS VIR KANTOOR</b> <b>GEBRUIK)</b> <b>OFFICE RECEIVED</b> <b>(OFFICE USE ONLY)</b>	
<b>Geboorte Sertifikaat Van Leerder</b> <b>Birth Certificate Of Learner</b>			
<b>Voderingsverslag Huidige jaar</b> <b>(Kwartaal 1 EN Kwartaal 2 sodra beskikbaar)</b> <b>Rapport Current year</b> <b>(Term 1 AND Term 2 as soon as available)</b>		<u>TERM 1</u>	<u>TERM 2</u>
<b>Disiplinêre verslag van vorige skool</b> <b>Disciplinary record of previous school</b>			
<b>ID dokumente van ouers / Wettige Voog</b> <b>ID Documents of parents / Legal Guardian</b>			
<b>Bewys van Adres</b> waar leerder gaan woon <b>Proof of residence</b> where learner will be staying			

***\*NB: U word aanbeveel om ALTYD by meer as een skool  
aansoek te doen want SPASIE IS BEPERK in skole.  
MAAK SEKER ALLE DOKUMENTE IS INGEHANDIG!***

***\*NB: Parents are advised to ALWAYS apply at more than  
one school since SPACE IS LIMITED.  
MAKE SURE ALL DOCUMENTS ARE ATTACHED!***

**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:

Surname: <input type="text"/>		Initials: <input type="text"/>	Nick Name: <input type="text"/>
First Name: <input type="text"/>		Other Names: <input type="text"/>	
Date Of Birth: YYYY	MM	DD	
Race: <input type="text"/>		Gender: <input type="text"/>	Male: <input type="text"/> Female: <input type="text"/>
Country of Residence: <input type="text"/>		Identification or Passport No: <input type="text"/>	
If SA, indicate province of residence: <input type="text"/>		Citizenship: <input type="text"/>	

Physical Address: <input type="text"/>		Home Telephone / Cell: <input type="text"/>	
City/Suburb: <input type="text"/>		Emergency Telephone: <input type="text"/>	
Code: <input type="text"/>		Learner Cell: <input type="text"/>	
Home Language: <input type="text"/>	Preferred Language of Instruction : <b>AFRIKAANS</b> OR <b>ENGLISH</b>		
Deceased Parent <input type="text"/>	Mother <input type="text"/>	Father <input type="text"/>	Both <input type="text"/>
Religion: <input type="text"/>		Mode of transport: <input type="text"/>	

**Previous School Information**

Name of Previous School: <input type="text"/>			
Previous School Address: <input type="text"/>			
<input type="text"/>			
Code: <input type="text"/>	Province: <input type="text"/>	Country: <input type="text"/>	<input type="text"/>

**Learner Medical Information**

Medical Aid Number: <input type="text"/>	Medical Aid Name: <input type="text"/>		
Medical Aid Main Member: <input type="text"/>	Doctor Name: <input type="text"/>		
Doctor's Address: <input type="text"/>	Doctor Telephone Number: <input type="text"/>		
Medical Condition: <input type="text"/>			
Special Problems Requiring Counseling: <input type="text"/>			
Dexterity of Learner: <input type="text"/>	Right Handed <input type="text"/>	Left Handed <input type="text"/>	Ambidextrous <input type="text"/>
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!!!**

