

APPLICATION FOR ADMISSION TO SCHOOL



Bloemfontein High School

Gladstoneweg

Telephone: 051 - 4331613

Free State

Fax: 051 - 4332202

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: |
|--------------------|----------------------|-----------------------------|---------------|

| | | | |
|-----------------------|---|------------|--------------------------------|
| Surname: | Initials: | Nick Name: | Other Names: |
| First Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Date Of Birth: YYYY | MM | DD | Identification or Passport No: |
| Race: | Citizenship: | | |
| Country of Residence: | 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 <input type="checkbox"/> Yes <input type="checkbox"/> No | Mode of transport: | |
| Deceased Parent <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> | Religion: | |
| For Grade 1 only: Indicate pre-primary education <input type="checkbox"/> None <input type="checkbox"/> Non Formal <input type="checkbox"/> Formal <input type="checkbox"/> | | |

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: <input type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed <input type="checkbox"/> Ambidextrous | Reg. Social Grant <input type="checkbox"/> YES <input type="checkbox"/> NO: <input type="checkbox"/> |
| | Rec. Social Grant <input type="checkbox"/> YES <input type="checkbox"/> NO: <input type="checkbox"/> |

The following documents must accompany this application

- | | |
|--|---|
| 1. Copies of both parents ID documents | 2. A Copy of the learners birth certificate |
| 3. A Copy of the progressed Report from previous school. | 4. A Copy to proof residential address |

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: |

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9300

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Jaar: _____



Nota: Hierdie vorm moet volledig ingevul word. By alle veranderings moet daar geparafeer of geteken word deur ouer/voog. Deur die vorm in te vul, beteken nie noodwendig dat die leerder tot die skool toegelaat is nie.

| | |
|-------------------------------------|------------------------|
| Graad waarvoor aansoek gedoen word: | Hoogste graad geslaag: |
| Jaar waarin graad geslaag is: | Toelatingsnommer: |

| | | |
|---|-----------------------|--|
| Van: | Voorletters: | Noemnaam: |
| Geboortenaam: | Ander name: | |
| Geboortedatum: YYYY MM DD | Geslag: | Manlik: <input type="checkbox"/> Vroulik: <input type="checkbox"/> |
| Ras: | ID of paspoortnommer: | |
| Land van verblyf: | Burgerskap: | |
| Indien SA, dui aan provinsie van verblyf: | | |

| | |
|--|---|
| Woonadres: | Huistelefoonnr.: |
| Stad/woonbuurt: | Noodgeval Telefoon: |
| Kode: | Selfoonnr. van leerder: |
| E-pos adres van leerder: | |
| Huistaal: | Taal waarin onderig verkies word: |
| Koshuisleerder? Ja <input type="checkbox"/> Nee <input type="checkbox"/> | |
| Ouers oorlede? Moeder <input type="checkbox"/> Vader <input type="checkbox"/> Albei <input type="checkbox"/> | Metode van vervoer na skool: |
| Geloof: | Graad 1 alleenlik: dui aan voorskoolse opleiding: Geen <input type="checkbox"/> Informeel <input type="checkbox"/> Formeel <input type="checkbox"/> |

Besonderhede van vorige skool:

| | | |
|-------------------------|------------|-------|
| Naam van vorige skool: | | |
| Adres van vorige skool: | | |
| Kode: | Provinsie: | Land: |

Mediese inligting van Leerder

| | |
|---|-------------------------|
| Mediesefonds nommer: | Naam van mediesefonds: |
| Naam van hooflid: | Naam van dokter: |
| Adres van dokter: | Telefoonnr. van dokter: |
| Mediese toestand: | |
| Spesiale probleme wat berading benodig: | |

| | | | | |
|---------------------------|-------------------------------------|--------------------------------------|--|--|
| Behendigheid van leerder: | Regshandig <input type="checkbox"/> | Linkshandig <input type="checkbox"/> | Vaardig met beide hande <input type="checkbox"/> | Reg. Maatskaplike toelaag: Ja <input type="checkbox"/> Nee <input type="checkbox"/> |
| | | | | Ontv. Maatskaplike toelaag: Ja <input type="checkbox"/> Nee <input type="checkbox"/> |

Die volgende dokumente moet hierdie aansoek vergesel

1. Afskrifte van albei ouers identiteitsdokumente
2. 'n Afskrif van die leerders se geboortesertifikaat
3. 'n Afskrif van die vorderingsverslag van vorige skool.
4. 'n Afskrif van residensiële adres

| | | | |
|---|--|---|-----------------------------|
| Aantal ander kinders in hierdie skool: <input type="text"/> | | Posisie in gesin (bv. eerste): <input type="text"/> | |
| Verskaf asb. volledige name hieronder: <input type="text"/> | | | |
| Naam en van: <input type="text"/> | | | Graad: <input type="text"/> |
| Naam en van: <input type="text"/> | | | Graad: <input type="text"/> |
| Naam en van: <input type="text"/> | | | Graad: <input type="text"/> |

Ouer-/Vooginligting

| | | | |
|--|--|--------------------------------------|----------------------------------|
| Titel: <input type="text"/> | Voorletters: <input type="text"/> | Van: <input type="text"/> | |
| Geboortename: <input type="text"/> | Geslag: <input type="text"/> | Manlik <input type="checkbox"/> | Vroulik <input type="checkbox"/> |
| Huistaal: <input type="text"/> | Ras: <input type="text"/> | | |
| ID-/Paspoortnommer: <input type="text"/> | Rekeningpligtige: <input type="text"/> | Ja <input type="checkbox"/> | Nee <input type="checkbox"/> |
| Woonadres: <input type="text"/> | | | |
| | | Stad/Woonbuurt: <input type="text"/> | Kode: <input type="text"/> |
| Beroep: <input type="text"/> | Werkgewer: <input type="text"/> | | |
| Van van wederhelf: <input type="text"/> | Geboortename: <input type="text"/> | | |
| Beroep van wederhelf: <input type="text"/> | Leerling bly saam met ouer: <input type="text"/> | Ja <input type="checkbox"/> | Nee <input type="checkbox"/> |
| ID van wederhelf: <input type="text"/> | Verwantskap met leerder: <input type="text"/> | | |
| Huwelik status: <input type="text"/> | | | |

Korrespondensie besonderhede

| | |
|--------------------------------------|----------------------------|
| Titel: <input type="text"/> | Van: <input type="text"/> |
| Posadres: <input type="text"/> | |
| | |
| Stad/Woonbuurt: <input type="text"/> | Kode: <input type="text"/> |

Ander kontak besonderhede

| | |
|--|---|
| Huis telefoonnommer: <input type="text"/> | Werk telefoonnommer: <input type="text"/> |
| Faksnommer: <input type="text"/> | Selfoonnr.: <input type="text"/> |
| Wederhelf se werksnommer: <input type="text"/> | Wederhelf se selfoonnr.: <input type="text"/> |
| E-posadres: <input type="text"/> | Wederhelf E-posadres: <input type="text"/> |

-hiermee verklaar ek dat, sover my kennis strek, die bogenoemde inligting wat verskaf is, akkuraat en korrek is.

Naam van ouer/ voog (In drukskrif): _____

Handtekening van ouer/ voog: _____

Datum: -----/-----/-----

Vir kantoorgebruik:

| | | |
|---|------------------------------|--|
| 1. Datum: | 2. Aanvaar: | 3. Toelatingsnommer: |
| 4. Nie aanvaar: | 5. Rede vir nie aanvaarding: | |
| 6. Dokumentasie ontvang: | 6a Inentingsertifikaat: | 6b. Geboortesertifikaat: |
| 6c. Vorderingsverslag van vorige skool: | | 6d. Oorplasingsbrief van vorige skool: |