

APPLICATION FOR ADMISSION TO SCHOOL

1

NORTHWOOD INDEPENDENT HIGH SCHOOL

74 STRUBEN STREET

Telephone: 012 - 3216893

TSHWANE

Fax: 086 - 5415572

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Year: **2027**

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:	
City/Suburb		Emergency Telephone:	
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:			Reg. Social Grant	YES	NO:
			Rec. Social Grant	YES	NO:

If the learner is accepted, the following documents must be submitted to the school:

1. Copy of Birth Certification/ ID Copy / PassPort .
2. Copy of ID Copy for parent
3. Progress Report from Previous School
4. Transfer Letter from Previous School
5. Proof of Residence

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: