

APPLICATION FOR ADMISSION TO FICKSBURG HIGH SCHOOL

YEAR: _____

1 Lang Street
FICKSBURG
9730



Telephone: 051 933 2261
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E-mail: admin@ficksburghs.co.za

**Applications close 31 July 2020
Late applications will be put on a waiting list!**

Please attach the following:

1. Certified copies of parent/s ID documents
2. Certified copy of learners' birth certificate
3. Latest report
4. Proof of address

Applications must be submitted as soon as the first term reports are available. Please attach **all the above-mentioned documents**. Pages 1 – 3 are **compulsory** and must be completed in full! Incomplete applications **will not be considered**. When applying for grade 10 or 11 – please complete the **grade 10 subject choice form** as well.

Note: 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. You **MUST** please apply at another school as well!
Please supply your e-mail address as this method is used to communicate with parents.

LEARNER DETAILS:

Grade Applied for:		Surname:	Initials:
First name:		Other names:	
Date of Birth: YYYY	MM	DD	Gender: Male: Female:
Race:		Identification or Passport No:	
Country of Residence:		Citizenship:	
Physical Address:		Home Telephone:	
		Emergency Telephone:	
City/Suburb:		Code:	
Home Language:		Religion:	
Boarder	Yes	No	
Deceased parent:	Mother	Father	Both None

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 Telephone number:
Medical Conditions:	
Special Problems Requiring Counseling:	
Dexterity of learner:	Right-handed Left-Handed Ambidextrous

!! PLEASE NOTE THAT WE ARE A SECTION 21 SCHOOL. WE ARE NOT A NO-FEE SCHOOL !!

SIBLINGS:

Number of OTHER siblings in THIS school		Position in the family (e.g. first, second)	
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Please supply full names below (only if there are siblings in this school)

Name:		Grade:	
Name:		Grade:	
Name:		Grade:	

PARENT/GUARDIAN INFORMATION:

Title:	Initials:	Surname:	
First name:	Gender:	Male	Female
Home Language:	Race:		
Identification Number:			
Relationship to learner:	Marital status of parent:		
Residential Street Address:			
City/Suburb:	Code:		
Occupation:	Employer:		
Surname of spouse:	First name:		
Occupation of spouse:	Spouse ID nr:		
Learner resides with (name & surname of parent/guardian):			

CORRESPONDENCE DETAILS (where your post/letters should go):

Title (Mr./Mrs./miss):	Initials:	Surname:	
Postal Address:			
City/Suburb:	Code:		

OTHER CONTACT DETAILS:

Parent Home Telephone:	Work Telephone:
Fax number:	Cell number:
Spouse work telephone:	Spouse Cell number:
*E-mail address parent:	*E-mail address spouse:

PLEASE SIGN THE FOLLOWING:

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct. I **understand** that I **must apply at another school** as well as this application **does not** necessarily mean that my application is successful.

Name of parent/guardian (please write in print): _____

Signature of parent/guardian: _____

Date: ____ / ____ / ____



HOËRSKOOL FICKSBURG HIGH SCHOOL

BESONDERHEDE VAN VERANTWOORDELIKE PERSOON VIR BETALING VAN SKOOLGELD DETAILS OF PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES

The LEGAL parent or guardian must complete and sign this form and will be responsible for school fees.
Die WETTIGE ouer of voog moet hierdie vorm voltooi en onderteken en is verantwoordelik vir die betaling van skoolgeld.

LEERLING BESONDERHEDE/LEARNER DETAILS:

Naam & Van:
Name & Surname:
Graad/Grade: Jaar/Year:

BESONDERHEDE VAN VERANTWOORDELIKE OUER/DETAILS OF RESPONSIBLE PARENT:

Van/Surname:
Naam/Name:
Titel/Title:
Identiteitsnommer (Vader/Voog)/Identity Number (Father/Guardian)
(heg afskrif aan/attach a copy):
Identiteitsnommer (Moeder/Voog)/Identity Number (Mother/Guardian)
(heg afskrif aan/attach a copy):
Posadres/Postal Address:
Dorp/Stad / Town/City:
Fisiese Adres/Physical Address:
Dorp/Stad / Town/City:
Werkgewer/Employer: Persel nr:
Werksadres/Work Address:
Dorp/Stad / Town/City:

Telefoon/Telephone:

Huis/Home:
Werk/Work: (Father) (Mother)
Sel/Cell: (Father) (Mother)
E-pos/E-mail:

By ondertekening hiervan aanvaar ek Mnr/Mev/Voog:
verantwoordelikheid vir betaling van skoolgeld ten opsigte van bogenoemde leerder.

By signing this I, Mr/Mrs/Guardian: accept responsibility for payment of
the school fees for the abovementioned learner.

HANDTEKENING/SIGNATURE: **DATUM/DATE:**

**NAAM EN VAN IN BLOKLETTERS/
NAME AND SURNAME IN CAPITAL LETTERS:**