

APPLICATION FOR ADMISSION TO FICKSBURG HIGH SCHOOL

YEAR: _____

1 Lang Street
FICKSBURG
9730Telephone: 051 933 2261
Fax: 051 933 2262
E-mail: admin@ficksburghs.co.za**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

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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. You **MUST** please apply at another school as well! Please supply your e-mail address as this method is used to communicate with parents. Applications closes at the end of August

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: ____/____/____