



HOËRSKOOL ELSPARK
 TEL: 011-893-2013/4 FAX: 011-893-3879
APPLICATION FOR ADMISSION OF LEARNER

**2 X ID PHOTOS
of Learner**

ALL SECTIONS on the application must be completed in full and in **CAPS**
 Incomplete information will result in a delay in processing this application.

REMEMBER: GRADE 10 - 12 MUST FILL IN A SUBJECT CHOICE FORM

<i>FOR OFFICIAL USE</i>	
Date Received	
Time Received	
Admission Number	
Account Number	
Waiting List Number	

APPLYING FOR GRADE:
YEAR:

LEARNER DETAILS

Learner's SURNAME:							
Learner's NAME as per Birth Certificate:							
Identity Number:	Race		Gender	M/F	Religion		
Learner Resides With:	Both Parents	Father		Mother		Guardian	
Physical Address: (Where learner lives)							
Home Language:				Other Language:			
Is Hoërskool Elspark the NEAREST school to your home? Yes/No							
CURRENT Grade:				CURRENT School:			
CURRENT School Address:							
CURRENT School Tel. No. :							
CURRENT School Email Adress:							
BIOLOGICAL FATHER	YES/NO		STEPFATHER	YES/NO		GUARDIAN	YES/NO
Surname:							
Name:							
Mr./Dr./Prof. :				Cell. No. :			
ID Number:				Email Address:			
Postal Address:							
Employer:							
Work Address:							
Occupation:							
Work Tel. No. :				Work Email Address:			
Physical Home Address:							
Home Phone Number:				Marital Status:			

BIOLOGICAL MOTHER	YES/NO		STEPMOTHER	YES/NO		GUARDIAN	YES/NO	
Surname:								
Name:								
Mrs./Dr./Prof. :			<u>Cell. No. :</u>					
ID Number:			<u>Email Address:</u>					
Postal Address:								
Employer:								
Work Address:								
Occupation:								
Work Tel. No. :			<u>Work Email Address:</u>					
Physical Home Address:								
Home Phone Number:			Marital Status:					
BIOLOGICAL FATHER OR MOTHER IF NOT STATED ABOVE: (PLEASE ATTACH SWORN AFFIDAVIT)								
Surname:								
Name:								
Mr./Mrs./Dr./Prof. :			<u>Cell. No. :</u>					
ID Number:			<u>Email Address:</u>					
Postal Address:								
Employer:								
Work Address:								
Occupation:								
Work Tel. No. :			<u>Work Email Address:</u>					
Physical Home Address:								
Home Phone Number:								
Reason why learner does not reside with parent:								
IF THERE ARE NO BIOLOGICAL PARENTS: PLEASE GIVE DETAILS OF WHO IS RESPONSIBLE FOR FEES								
Surname:								
Name:								
Mr./Mrs./Dr./Prof. :			<u>Cell. No. :</u>					
ID Number:			<u>Email Address:</u>					
Postal Address:								
Employer:								
Work Address:								
Occupation:								
Work Tel. No. :			<u>Work Email Address:</u>					
Physical Home Address:								
Home Phone Number:			Relationship to Learner:					
Parents Deceased?								
Fees paid by Trust: Yes/No			Name of Trust:					
Contact Person:			Tel. No. :					
Email Address:								

NAME BROTHERS AND SISTERS CURRENTLY ATTENDING HOËRSKOOL ELSPARK:

(Please provide proof of sibling relationship eg. Admission Number/Family Code)

NAME & SURNAME	SCHOOL & GRADE	ADMISSION NO/ FAMILY CODE	RELATIONSHIP

I/We _____ accept full responsibility of school fees.

I/We declare that the above particulars are true and correct, and that I have read and understood the contents.

Mother Signature: _____

Father Signature: _____

Guardian Signature: _____

Date: _____

MEDICAL DETAILS OF LEARNER	
Disabilities:	
Allergies:	
Name of Medical Aid:	Name of Doctor:
Main Member Details:	Tel. No. of Doctor:
Member Number:	
Emergency Contact (Parent) Name:	Emergency (<u>Other than Parents</u>) Name:
Emergency Contact (Parent) Number:	Emergency (<u>Other than Parents</u>) Tel No:
Emergency Contact Relation to Learner:	Emergency (<u>Other than Parents</u>) Relation to Learner:

IT IS EXPECTED OF EVERY LEARNER TO PARTICIPATE IN AT LEAST ONE SUMMER AND ONE WINTER CO-CURRICULAR ACTIVITY. PLEASE TICK ACTIVITIES THAT THE LEARNER WILL BE INVOLVED IN AND GIVE TEAM/LEVEL ATTAINED

PREVIOUSLY:

Athletics:	<input type="checkbox"/>
Cricket:	<input type="checkbox"/>
Rugby:	<input type="checkbox"/>
Hockey:	<input type="checkbox"/>
Netball:	<input type="checkbox"/>
Cross Country:	<input type="checkbox"/>

Chess:	<input type="checkbox"/>
Archery:	<input type="checkbox"/>
Soccer:	<input type="checkbox"/>
Eisteddfod/ Drama:	<input type="checkbox"/>
Other Sport: Boys Hockey	<input type="checkbox"/>

SUBJECT CHOICES:

GRADE 8 AND 9 - ALL SUBJECTS COMPULSORY

GRADE 10-12 (ONLY): LIST SUBJECTS ON SUBJECT CHOICE FORM PROVIDED BY HOËRSKOOL ELSPARK

NOTE: IF SUCCESSFUL, THE APPLICANT MAY ONLY STUDY SUBJECTS OFFERED AT THIS SCHOOL.

THIS APPLICATION MUST BE ACCOMPANIED BY:

1. One certified copy of the learner's Birth Certificate and/or ID document (unabridged).
2. ID/ Passport/ Refugee Permit/ Asylum Seeker Permit/ Permanent Residence Permit/ Study Permit/ Work Permit.

(PLEASE NOTE: No Expired documents will be accepted)

3. Two ID Photos of the learner.
4. Last Available End of Year Report.
5. Latest Academic Results (Report) from current school.
6. Proof of Residence: Municipal Rates Account not older than 3 months/ Transfer Deeds/ Rental Agreement not older than 3 months

Please Note if you are a **Tenant/Renter** we require the following:

- a) Landlord Municipal Account - not older than 3 months.
 - b) Copy of the Lease Agreement, signed by landlord and tenant - not older than 3 months. Bearing the full physical residential address.
 - c) Rental payment slip with full physical residential address - not older than 3 months.
 - d) Statement of any account in the name of the applicant parent, bearing the full physical residential address - not older than 3 months.
7. Proof of Employment: Copy of Pay Slip/ Letter from Employer.
 8. Certified copies of Parent/s or Guardian/s ID documents.
 9. If either one or both parents are deceased – Certified copies of Death Certificate/s are required.
 10. Copy of both sides of the Medical Aid Card (If applicable).
 11. Please provide proof of sibling relationship of learners already attending Hoërskool Elspark: Admission Number/Family Code on School Statement



HOËRSKOOL ELSPARK

SOUTH AFRICAN SCHOOLS' ACT 84 OF 1996 REGULATIONS FOR THE EXEMPTION OF PARENTS FROM PAYMENT

MAKE AN X IN THE APPROPRIATE BOX

1. Did the principal/his delegate inform you of the annual amount of school fees?

YES	NO
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2. Did the principal/his delegate inform you that you are liable for the payment of school fees unless you are entirely exempted?

YES	NO
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3. Did the principal/his delegate inform you of your right to apply for exemption from the school fees?

YES	NO
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4. Do you want to apply for such exemption?

YES	NO
-----	----
5. Do you need help with such application?

YES	NO
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6. Did the principal/his delegate provide you with the form (Appendix B) for application for exemption?

YES	NO
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Name of Principal

Signature of Principal

Name of Parent

Signature of Parent

Date



HOËRSKOOL ELSPARK

BRIEF CURRICULUM VITAE OF LEARNER

(TO BE COMPLETED BY LEARNER IN HIS/HER OWN HANDWRITING)

NAME:	AGE:	DATE OF BIRTH:
TELEPHONE NUMBERS:		
ADDRESS:		
EDUCATION:		
SCHOOLS ATTENDED:		
LEADERSHIP POSITIONS:		
ACADEMIC ACHIEVEMENTS: (Last Two Years Only)		
SPORTS & SPORTING ACHIEVEMENTS: (Last Two Years Only)		
SOCIAL/COMMUNITY ACTIVITIES & ACHIEVEMENTS: (If Any: Last Two Years Only)		
CULTURE & CULTURAL ACHIEVEMENTS:		