



HOËRSKOOI OUDTSHOORN HIGH SCHOOL

77 VOORTREKKER ROAD, OUDTSHOORN, 6625 • PO BOX 19, OUDTSHOORN, 6620

TEL: (044) 279 1623/4 • FAX: (044) 272 5365

APPLICATION FOR ADMISSION

SECTION A: PERSONAL: LEARNER

SURNAME:

FULL NAMES:

FIRST NAME:

GENDER: M / F

ID NUMBER:

DATE OF BIRTH:

PLACE OF BIRTH:

POSITION IN FAMILY: no OF CHILDREN

IS OLDEST CHILD IN THE HOME AT OUDTSHOORN HIGH SCHOOL?: YES/NO

HOME LANGUAGE:LANGUAGE OF TUITION: AFR / ENG

HIGHEST GRADE PASSED:

YEAR IN WHICH HIGHEST GRADE WAS PASSED:

RELIGION: Christian / Islam / Judaism / Traditional African / Other

APPLICATION FOR ADMISSION TO GRADE:

DATE OF ADMISSION:

PREVIOUS SCHOOL ATTENDED:

ADDRESS OF PREVIOUS SCHOOL ATTENDED:

DATE OF DEPARTURE FROM PREVIOUS SCHOOL:

EMAIL ADDRESS FOR ALL CORRESPONDENCE:

DOES THE LEARNER HAVE A DEPARTURE CERTIFICATE (YES/ NO)

DOES THE LEARNER HAVE THE LATEST REPORT FROM THE PREVIOUS SCHOOL (YES/ NO)

DOES THE LEARNER HAVE LEARNER PORTFOLIOS WITH THE LATEST FORMAL ASSESSMENTS PER SUBJECT FROM THE PREVIOUS SCHOOL (YES/ NO)

E-MAIL ADDRESS OF LEARNER:

TELEPHONE/CELLPHONE OF LEARNER:



SECTION B: PERSONAL: PARENTS/GUARDIAN

FATHER

FULL NAMES:

CELL NO:

DO YOU USE WHATSAPP?

TEL. HOME:

TEL. WORK:

EMAIL ADDRESS:

ID NUMBER:

HOME ADDRESS:

POSTAL CODE:

MARITAL STATUS: MARRIED / SINGLE / DIVORCED / WIDOWED

OCCUPATION:

ARE YOU WILLING TO SERVE ON THE PARENT AND TEACHER ASSOCIATION (PTA)?

MOTHER

FULL NAME:

CELL NO:

DO YOU USE WHATSAPP?

TEL. HOME:

TEL. WORK:

EMAIL ADDRESS:

ID NUMBER:

HOME ADDRESS:

POSTAL CODE:

MARITAL STATUS: MARRIED / SINGLE / DIVORCED / WIDOW

OCCUPATION:

ARE YOU WILLING TO SERVE ON THE PARENT AND TEACHER ASSOCIATION (PTA)?

SECTION C: MEDICAL INFORMATION OF LEARNER

PAST DISEASES (MARK WITH X):

- MEASLES
- GERMAN MEASLES
- WHOOPING COUGH
- CHICKEN POX
- DIPHTHERIA
- MUMPS

OTHER:

IMMUNISED AGAINST (MARK WITH X):

- TETANUS
- MEASLES
- DIPHTHERIA
- TUBERCULOSIS
- WHOOPING COUGH
- POLIO
- GERMAN MEASLES
- MUMPS

OPERATIONS (GIVE DETAILS):

ALLERGIES:

PREVIOUS TREATMENT/MEDICATION:

EMOTIONAL OR PHYSICAL SPECIAL NEEDS THAT THE SCHOOL MUST BE AWARE OF:

GENERAL PRACTITIONER:

TEL:

DENTIST:

TEL:

PSYCHOLOGIST/ PSYCHIATRIST:

TEL:

SECTION D: ACADEMIC HISTORY

RECENT ACADEMIC ACHIEVEMENTS:

SECTION E: CO-CURRICULAR ACTIVITIES

SPORT:

PREVIOUS ACHIEVEMENTS/ PARTICIPATION

CULTURE:

PREVIOUS ACHIEVEMENTS/ PARTICIPATION:

LEADERSHIP:

PREVIOUS ACHIEVEMENTS/ PARTICIPATION:

WILLING TO PARTICIPATE IN THE FOLLOWING ACTIVITIES AT OUDTSHOORN HIGH SCHOOL:

SECTION F: MUSIC AS SCHOOL SUBJECT

ONLY PIANO IS TAUGHT AS A SCHOOL SUBJECT. SHOULD A LEARNER WISH TO STUDY THE VIOLIN OR RECORDER PRIVATELY AS A SUBJECT, TUITION IN THE THEORETICAL COMPONENT IS AVAILABLE AT THE SCHOOL.

DO YOU REQUIRE TUITION IN MUSIC AS A SUBJECT? YES / NO

INSTRUMENT:

GRADE OF LAST UNISA EXAMINATION:

THEORY:

GRADE:

PASSED:

FAILED:

THEORY:

1 GRADE:

INSTRUMENT:

PASSED:

FAILED:

2 GRADE:

INSTRUMENT:

PASSED:

FAILED:

SECTION G: RESIDENCE BOARDING

ARE YOU INTERESTED IN BOARDING? MARK YES / NO

PROVIDE A REASON:

SECTION H: FINANCES

EXEMPTION OF TUITION FEES REQUIRED: YES / NO

FINANCIAL AID (STATE) FOR BOARDING REQUIRED: YES / NO

PARENT OR GUARDIAN RESPONSIBLE FOR TUITION FEES:

EMAIL ADDRESS FOR ACCOUNT:

METHOD OF PAYMENT:

- DEBIT ORDER/ CASH/ CREDIT CARD/DEBIT CARD/EFT
- YEARLY/ QUARTERLY/ MONTHLY/ OTHER

FEES ARE PAYABLE IN ADVANCE.

SECTION I: CHRISTIAN PERSPECTIVE

DO YOU AS PARENT OR GUARDIAN HAVE ANY OBJECTION TO YOUR CHILD'S PRESENCE WHEN SPIRITUAL AWARENESS IS PRESENTED FROM A CHRISTIAN/ BIBICAL PERSPECTIVE?
YES / NO PLEASE NOTE: IF YES, THE LEARNER WILL BE EXCUSED FROM SUCH OCCASIONS

SECTION J: UNDERTAKING

1. I HAVE ACQUAINTED MYSELF WITH ALL SCHOOL RULES AND INTERNAL ARRANGEMENTS AND COMMIT MYSELF AND MY CHILD TO COMPLIANCE WITH THESE RULES.
2. I SHALL ENCOURAGE HIM/ HER TO PARTICIPATE IN SCHOOL ACTIVITIES AND TO ATTEND PRACTICE SESSIONS AND MATCHES REGULARLY. SCHOOL ACTIVITIES ALWAYS TAKE PREFERENCE TO ALL OTHER EXTRA-MURAL ACTIVITIES.
3. I SHALL ENSURE THAT MY CHILD ATTENDS SCHOOL DAILY AND SHALL NOT INTRUDE ON PRESCRIBED TUITION TIME.
4. INDEMNITY: I SHALL ALLOW MY CHILD TO PARTICIPATE IN OFFICIAL TOURS, EXCURSIONS AND VISITS, COGNISANT OF THE FACT THAT THE SCHOOL WILL TAKE ALL POSSIBLE PRECAUTION TO ENSURE THE SAFETY OF LEARNERS. I SHALL NOT REGARD THE DEPARTMENT OF EDUCATION, GOVERNING BODY, PRINCIPAL OR DELEGATE ACCOUNTABLE FOR ANY CLAIMS, LOSSES OR INJURIES.

SIGNATURE:
DATE

ELECTRONICAL SIGNATURE: I AGREE WITH EVERYTHING ON THIS FORM: YES/NO

IMPORTANT

NO APPLICATION WILL BE ACCEPTED WITHOUT THE FOLLOWING DOCUMENTATION:

1. A CERTIFIED COPY OF THE LEARNER'S BIRTH CERTIFICATE/ IDENTITY DOCUMENT.
2. A CERTIFIED COPY OF THE IDENTITY DOCUMENTS OF BOTH PARENTS. IF SOMEONE OTHER THAN THE PARENTS IS RESPONSIBLE FOR THE PAYMENT OF TUITION FEES, THEN A CERTIFIED COPY OF HIS/HER IDENTITY DOCUMENT MUST BE INCLUDED.
3. A CERTIFIED COPY OF THE ORIGINAL MOST RECENT REPORT OF THE LEARNER.
4. TRANSFER CERTIFICATE FROM THE PREVIOUS SCHOOL (PRIMARY SCHOOL TRANSFER CERTIFICATES WILL BE ACCEPTED AT THE BEGINNING OF THE SCHOOL YEAR).
PLEASE NOTE: APPLICATIONS FOR THE BEGINNING OF A NEW SCHOOL YEAR MUST BE ACCOMPANIED BY THE ORIGINAL END-OF-YEAR EXAMINATION REPORT FROM THE PREVIOUS YEAR.

PLEASE NOTE: SHOULD A LEARNER ENROL AT THE SCHOOL IN THE MIDDLE OF THE YEAR HIS/HER LEARNER PORTFOLIOS WITH THE LATEST FORMAL ASSESSMENTS PER SUBJECT FROM THE PREVIOUS SCHOOL MUST BE SUBMITTED TO THE NEW SUBJECT EDUCATORS WITHIN THE FIRST MONTH.

Please return form with all attached documents to (Email): admin01@oudhs.co.za

**THANK YOU FOR YOUR INTEREST IN OUDTSHOORN HIGH SCHOOL.
YOU WILL BE CONTACTED SHORTLY.**