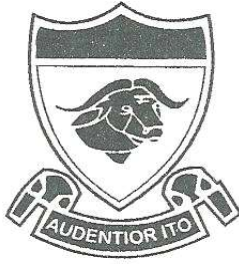


HOËRSKOOL ALIWAL-NOORD
 Posbus 214
 ALIWAL-NOORD
 9750



ALIWAL NORTH HIGH SCHOOL
 P.O. Box 214
 ALIWAL NORTH
 9750

Tel. 051 – 633 2073
 Faks. 051 – 634 1669

APPLICATION FOR ADMISSION TO HUIS ROTSVAS

<i>ADMISSION NUMBER</i>	
<i>DATE ADMITTED</i>	

PARTICULARS OF LEARNER

SURNAME : _____ INITIALS : _____

FULL NAME(S) : _____ NAME KNOWN BY : _____

DATE OF BIRTH:

DAY		MONTH		YEAR	
-----	--	-------	--	------	--

GENDER:
(indicate)

MALE		FEMALE	
------	--	--------	--

I.D. NUMBER :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POSTAL ADDRESS : _____

_____ POSTAL CODE : _____

SOUTH AFRICAN CITIZEN	YES	NO
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HOME LANGUAGE	
---------------	--

PRESENT CLASS :
(indicate please)

8	9	10	11	12
---	---	----	----	----

DATE ON WHICH LEARNER REQUIRES ADMISSION :
 MONTH YEAR

--	--

HEALTH PROBLEMS :	
PSYCHOLOGICAL PROBLEMS :	
HOME BACKGROUND :	

NUMBER OF BROTHERS AND SISTERS AT PRESENT AT HUIS ROTSVAS: _____

NAME & SURNAME (LEARNER 1) : _____ PRESENT GRADE : _____

NAME & SURNAME (LEARNER 2) : _____ PRESENT GRADE : _____

PARTICULARS OF PARENT (GUARDIAN)

TITLE (Mr, etc.) : _____

I.D. NUMBER

SURNAME :											
FULL NAME(S) :											
FATHER'S NAME BY WHICH HE IS KNOWN :						MOTHER'S NAME BY WHICH SHE IS KNOWN :					
OCCUPATION :											
RESIDENTIAL ADDRESS:											
FATHER'S POSTAL ADDRESS :											
TELEPHONE :	(W)	(H)	(CELL)	(FAX)							

DOCTOR TO WHOM LEARNER MAY BE REFERRED : _____

MEDICAL AID NAME : _____ MEDICAL AID NO : _____

HAVE YOU HAD A LEARNER AT THIS SCHOOL AND HOSTEL BEFORE?

YES	NO
-----	----

IF YES - NAME : _____ YEAR : _____

REASON FOR APPLICATION: _____

APPLICATION :

I, the undersigned, wish to apply for admission of above learner to Huis Rotsvas. The admission of whom will be subjected to the rules and regulations laid down by the Governing Body of the school.

I undertake to pay all hostel fees as determined by the Governing Body from time to time, before or on due date.

I undertake to give at least one term's notice, should I wish to remove my child from the hostel. **I am aware of the fact that the hostel is closed during weekends.**

My child undertakes to obey hostel rules, or else face the consequences.

If any of the above information should change, the school should be notified accordingly.

SIGNATURE_____
DATE