



APPLICATION FORMS 2019
(ONLY HAND DELIVERED APPLICATION WILL BE ACCEPTED)

Dear Parents

Thank you for applying for admission to Westridge High School for 2019. Please complete the attached form and return it by **MONDAY, 7 MAY 2018**.

Each application must be accompanied by the following documentation:

- 1 A copy of the learner's identity document or birth certificate
- 2 A copy of both biological parents identity documents
- 3 A copy of the death certificate if either parent is deceased
- 4 A copy of proof of residential address. N.B. Offer to purchase is not acceptable
- 5 A copy of ID document of legal guardian

NB 6 A copy of the learner's latest report (**March 2018**)

THIS FORM WILL NOT BE PROCESSED WITHOUT ALL DOCUMENTATION ATTACHED

➤ **PLEASE APPLY TO MORE THAN ONE SCHOOL AS ACCEPTANCE IS NOT GUARANTEED**

➤ **PARENT WILL BE INFORMED BY 22 JUNE 2018 WITH REGARDS TO THE OUTCOME OF THEIR GRADE 8 APPLICATIONS FOR 2019.**

APPLICATION FORM 2019

SECTION A:

1. Full name of learner: _____

2. Date of Birth: _____ Gender: _____

3. Grade to which learner must be admitted: _____

4. Who does the learner live with? _____

5. Name of Brother/Sister attending Westridge High School:

Name & Surname	Grade

FATHER/ GUARDIAN

6. Name and Surname of Father/Guardian: (underline the appropriate)

7. Home Address: _____

8. Contact Number:

Home: _____ Cell: _____

9. Employment

Name of Employer: _____

Address of Employer: _____

Work Telephone Number: _____

10. Are you a business owner?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES: State the name and nature of the business: _____

MOTHER/ GUARDIAN

6. Name and Surname of Mother/Guardian: (underline the appropriate)

7. Home Address: _____

8. Contact Numbers:

Home: _____

Cell: _____

9. Employment

Name of Employer: _____

Address of Employer: _____

Work Telephone Number: _____

10. Contact number of Next of Kin: _____

SECTION B: (COMPULSORY)

To be completed by the PRINCIPAL of school attended:

1. Name of learner: _____

2. Cemis Number: _____

3. Name of current school: _____

4. Attendance: _____

5. Punctuality: _____

6. Conduct: _____

Signature of PRINCIPAL: _____

School Stamp:

SECTION C

ACADEMIC AND OTHER INFORMATION (CONFIDENTIAL)

1. Does your child suffer from any learning disabilities? YES NO
2. If yes, provide FULL Details and References of specialists and/or institutions
(Please furnish the school with copy of the specialist/doctors report)

5. Is your child addicted to any illegal substance? _____
6. If YES, provide FULL details: _____
7. If yes, please provide FULL details of any REHABILITATION PROGRAMME
He/she is currently attending and please provide name of social worker/ psychology.

8. Is your child currently involved in any SCHOOL DISCIPLINARY CASES? YES NO
9. If YES, provide FULL details.

10. List your child involved in extra mural activities:

11. List any academic achievements:

MEDICAL INFORMATION:

1. FAMILY PRACTITIONER/CLINIC: _____
2. CONTACT NO: _____
3. ALLERGIES: _____
4. CHRONIC ILLNESSES (OF LEARNER): _____
- NAME OF MEDICAL AID: _____
- MEDICAL AID NO: _____
- NAME OF CARD HOLDER (Main Member): _____

➤ **CONTACT PERSON IN CASE OF AN EMERGENCY**
(Other than parent or guardian)

HOME TELEPHONE NO: _____

WORK TELEPHONE NO: _____

CELLPHONE: _____

N.B SECTION D
SCHOOL FEES (CONFIDENTIAL)

1. School fees in terms of Section 39/40/41 of the South African Schools Act
 - 1.1 School fees will be levied by the Governing Body of the school.
 - 1.2 The biological parents are jointly and severally liable for the payment of school fees which are statutory in nature.
 - 1.3 Parents who are unable to pay the school fees in full are entitled to apply for a partial exemption. This application has to be accompanied by a full declaration of income and expenditure, and signed by a Commissioner of Oaths. Applications forms are available at the Finance Office
 - 1.4 In the event of non-payment, the school is entitled to take legal action against each parent, the cost of which is accountable to the parents. The school may take such legal action irrespective of the marital status of the parent and/or the existence of maintenance and/or court orders. In addition, the school may record the nonpayment with a credit information bureau which is conveyed to other credit grantors.

1. A. WHO IS RESPONSIBLE FOR THE PAYING OF SCHOOL FEES?

B. ID Number:

C. Cell Number:

2. PAYING ARRANGEMENTS. (ONLY TO BE DISCUSSED WITH SGB/PRINCIPAL/OR AN AUTHORIZED STAFF MEMBER)

FALSIFICATION OF ANY OF THE ABOVE WILL RESULT IN YOUR APPLICATION BEING REJECTED

Signature of Biological Father: _____

Signature of Biological Mother: _____

Signature of Legal Guardian: (if applicable): _____

Date: _____