

DATE ISSUED: _____

2018

**APPLICATION FOR ADMISSION
(TO BE COMPLETED BY BOTH PARENTS / LEGAL GUARDIANS)**

LEARNER'S SURNAME : _____

LEARNER'S FIRST NAMES : _____

GRADE APPLIED FOR : _____

NAMES OF BROTHERS AND/OR SISTERS AT BRETTONWOOD HIGH SCHOOL:

_____ GRADE: _____ YEAR: _____

_____ GRADE: _____ YEAR: _____

COMPLETE IN FULL
(Please print)

1. PARTICULARS OF LEARNER

PRESENT GRADE: _____

GRADE APPLIED FOR: _____

SURNAME: _____ FIRST NAMES: _____

DATE OF BIRTH: _____ I.D. NUMBER: _____

MALE: FEMALE: COUNTRY OF BIRTH: _____

RESIDENTIAL ADDRESS: *(This must correspond with the address on the document you submit as proof of residence)*

_____ CODE: _____

HOME PHONE NO.: _____ HOME LANGUAGE: _____

Learner living with :

BOTH PARENTS	MOTHER	FATHER	OTHER
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(Please give details if other) _____

2. SCHOLASTIC

NAME AND POSTAL ADDRESS OF PRESENT SCHOOL : _____

TELEPHONE NO.: _____ FAX NO.: _____

GIVE A BRIEF RESUME OF ACHIEVEMENTS:

ACADEMIC: _____

SPORT : _____

LEADERSHIP: _____

3. PARTICULARS OF FATHER / GUARDIAN

FATHER	GUARDIAN
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SURNAME : _____ FIRST NAMES: _____

RELATIONSHIP TO LEARNER : _____

I.D. NUMBER : _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____

NO. OF YEARS AT THE ABOVE ADDRESS : _____

POSTAL ADDRESS: _____ CODE: _____

CONTACT DETAILS: (HOME) _____ (WORK) _____

CELLPHONE NO.: _____ (e-mail) _____

EMPLOYER: _____ OCCUPATION: _____

WORK

ADDRESS: _____

4. PARTICULARS OF MOTHER / GUARDIAN

MOTHER | GUARDIAN

SURNAME : _____ FIRST NAMES: _____

RELATIONSHIP TO LEARNER : _____

I.D. NUMBER : _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____

NO. OF YEARS AT THE ABOVE ADDRESS : _____

POSTAL ADDRESS: _____ CODE: _____

CONTACT DETAILS: (HOME) _____ (WORK) _____

CELLPHONE NO.: _____ (e-mail) _____

EMPLOYER: _____ OCCUPATION: _____

WORK ADDRESS: _____

5. SCHOOL FEES

WHO IS RESPONSIBLE FOR PAYMENT OF SCHOOL FEES?

NAME: _____

ADDRESS: _____

I.D. NO.: _____

6. IN CASE OF AN EMERGENCY

RELATIVE OR CONTACT PERSON

NAME: _____

ADDRESS: _____

CONTACT DETAILS: (HOME) _____ (WORK) _____

CELLPHONE NO.: _____ (e-mail) _____

DOCTORS NAME: _____ TELEPHONE: _____

ADDRESS: _____

