

APPLICATION FOR ADMISSION

UITENHAGE HIGH SCHOOL

19 DOWER AVENUE
JUBILEE PARK
UITENHAGE
6230



Telephone: 041 992 5020
Email: uhs@telkomsa.net
Website: www.uitenhagehigh.co.za

Year: **2021**

THIS IS A SCHOOL FEE PAYING SCHOOL.

The person who is responsible for payment of the school fees is liable for the full amount as decided upon by the School Governing Body.

- All changes must be initialled or signed by the parent/guardian.
- Completion of this form DOES NOT guarantee the learner's registration at the school.
- Don't use Tipp-Ex on this form.
- This application form must be handed in at the school on or before the closing date, accompanied by the following:
 - A **Certified** copy of the learner's March 2020 report.
 - A **Certified** copy of the learner's Birth Certificate.
 - Proof of employment of the person responsible for paying the school fees. (Does NOT have to be a payslip)
 - An administration fee of R50.00. (**NON REFUNDABLE**)
- **CLOSING DATE: Monday, 20 July 2020 (12 noon). NO late applications will be considered.**

Grade applying for:												
Surname of Learner:												
First Name of Learner:												
Other Names:												
Gender: (Tick appropriate Block)	Male	Female	Date of Birth:	Y	Y	Y	Y	M	M	D	D	
BC / ID No.:												
Home Language:								Medium of Instruction (Eng/Afr):				
AS PER MARCH 2020 REPORT												
RESIDENTIAL ADDRESS OF LEARNER:												
STREET ADDRESS												
SUBURB												
TOWN												
Postal Code:								Province:				

INFORMATION REGARDING CURRENT SCHOOL:											
Name of School:											
Physical Address:											
								Code:			
LEARNER'S MEDICAL INFORMATION:											
Medical Doctor:				Telephone No.:							
Name of Medical Aid:						Medical Aid No.:					
Name and Surname of main member:											
Medical Conditions of learner:											
Special Problems Requiring Counselling:											
BROTHER(S) and/or SISTER(S) INFORMATION:											
Names and Surnames of brother(s) and / sister(s) at this school:											
Currently:								Grade:			
								Grade:			
								Grade:			
Previously:								Year:			
								Year:			
								Year:			
LEADERSHIP AND ACHIEVEMENTS OF LEARNER:											
Leadership Positions held:											
Sporting Achievements:											
Academic Achievements:											

DECLARATION BY PARENT / GUARDIAN:			
I HEREBY DECLARE THAT:			
<ul style="list-style-type: none"> • I will pay the school fees punctually. • I will ensure that my child adheres to the rules and regulations of the school, as stipulated in the code of conduct of the school. • The above information is accurate and correct. 			
Full Name and Surname of Parent / Guardian (Please Print):			
Signature of Parent or Guardian:		Date:	

Thank you for completing this form.

...END OF FORM.

DATE RECEIVED:	
RECEIVED BY:	

FOR OFFICE USE ONLY:					
Date:		Accepted:		Admission number:	
Not Accepted:		Reason:			
Documentation Received:					
<input type="checkbox"/> A copy of the learner's March 2020 report.					
<input type="checkbox"/> Learner's Birth Certificate.					
<input type="checkbox"/> Proof of employment of the person responsible for paying the school fees.					
<input type="checkbox"/> An administration fee of R50.00. (NON REFUNDABLE)					