# **WELKOM HIGH SCHOOL**

### **APPLICATION FOR ADMISSION**

### **GRADE 8 - YEAR 2025**



NEW APPLICATION RE-REGISTRATION

NOTE: FORMS MUST BE COMPLETED BY PARENT

OR GUARDIAN AND IT DOES NOT NECESSARILY

MEAN THAT THE LEARNER WILL BE ACCEPTED.

													RE-CHEC	K	YES		NO
													REASON				
										ORM	ΑТ	ON					
Grade Applied for				8	Hi	ghest	Grad	e pas	sed			7	Year Gra	de pa	issed		2024
SURNAME												1 1	Initials				
First Name		1										1 1	Second N	-			
Date of Birth							Ι(	уууу	/ mm	1 / dd)			Nickname	Э			
ID / Passport No.													Gender		Male	] Fe	male
Country of Res												R	ace				
Province of Re	sidence											Citiz	enship				
			LEA	ARNE	ER I	NFO	RM	ATI	ON	- ( <i>W</i>	here	Learn	er Live	s)			
Physica	1											Home	e Te No.				
,												Emerg	ency No.				
Address	6										Learner Cell No						
City / Tov	vn											Learn	er E-mail				
Code												Re	ligion				
		_													dist, Aglican, ect)		
Home Laguage				\ /I	0 -	1110				\/F0	Laguange of Instru			struc	tion		ENGLISH
Is Parent Dece				er - YE	-	NO	L	_		- YES	IMO.	NO _	sport(e.g. walk	1	: h)		
(If one	or either	or the	e pare			-							-	, car, tax	il, Dus)		
Current Schoo	Nome				JUR	KEN	11 &	CH	טט	LINE	OR	MATIO	nt School				
Province													dress				
Country		_											ode				
Country			MI	DIC	AL	AND	S	oci/	1	GRAN	1 7 1	_	ATION				
Medical Aid Name												Soci	al Grant	Info	rmation	า	
Medical Aid Number										F	RECEI	/ING			NUMBER	₹	
Medical Aid Main Men	nber									Child Su	pport						
Doctor - Surname										Maintena	ance						
Doctor Tel No.										Foster C	hild						
Medical Condition/Allergy							Care-dep	endar	псу								
Requiring Counseling						,	SASSA N	۱o.									
WHICH HOSPITAL																	
<b>Dexterity of Learn</b>	ner	F	Right	Hande	ed			Left	t Har	nded		Ambi	dextrous (E	3oth)			
SIBLI	NGS (I	BIO	LO	GICA	AL E	ROT		RS	OR	SIST	ER	S) IN W	ELKOM	Ш	GH SCI	10	OL
Number of other biological children in this School			ool	Position						in the family (e.g. First)							
	NAME			_		_		S	URN	AME			GRADE		ACCO	UNT	NUMBER
													•				
					- 1												

PAREN	T / GUAF	RDIAN INF	ORMATION	(co	MPULSO	RY E\	/EN II	F NOT PART (	OF CHILD'	S LIFE)
Father / Male (	Guardian		Title						Initial	
Surname						First	Name			
Home Language		Race								
I.D. / Passport Num		Marital Status								
Physical	Physical						stal			
Address						Add	ress		1	
E-mail					1			Code		
Employer						Cell No.				
Occupation	<b>.</b>						e Tel.			
	Physical W	orkplace Addr	ess			Wor	k Tel.			
	1	Code								
NDID "II	<u> </u>		1 VEO	$\overline{}$	]		1	7		
NB! Responsibl					NO			(Must Complete Ev		-
		_	ORMATION	l (co	MPULSO	RY E\	/EN II	F NOT PART (	OF CHILD'	S LIFE)
Mother / Fema	le Guardia	n	Title						Initial	
Surname						First Name				
Home Language						Ra	ace			
I.D. / Passport Num	ber						l Status	_		
Physical						Postal				
Addon						A -1 -1	l			
Address						Address		Code	ı	
E-mail					1			Code		
Employer						Cell No. Home Tel.				
Occupation	Dhysical W	orkplace Addr	000			Work Tel.				
	Pilysical VV	orkpiace Addi	<del></del>			VVOI	K I el.			
		Code								
NRI Responsibl	e For Scho		ınt - YES	П	NO		1	7/Must Complete Fire	if Calf Franciscod	
				+	FATHER			(Must Complete Even if Self Employed)		
LEARNER RESI	DES WITH		MOTHER		FAIRE	١		OTHER	<u> </u>	SPECIFY
DE	CLARATIO	N BY PAREN	T / GUARDIA	N						
			hereby declare							
I, hereby declare  to the best of my knowledge, the above information, as supplied,										
is accurate and corre	_		i, as supplieu,							
no accurate and cont										
Signature of Parents / Guardian										

ADDITIONAL INFORMATION SPORT / EXTRA MURALS Mark the SPORT that you participate in										
Rugby	Tennis									
Hockey	Athletics									
Soccer	Cross Country									
Netball	Chess									
Basketball	Debating									
Cricket	Choir									
Other	Poetry Club									
	District									
	Provincial									
Outside Activity										

# **WELKOM HIGH SCHOOL**

## **APPLICATION FOR ADMISSION**

NAME

GRADE - YEAR 2025



FOR OFFICE USE ONLY
CAPTURED DATE SIGN

Excel
EdusolSAMS

Pastel
Account No.
Receipt No.
ADMIN No.
ACCEPTED YES NO
REASON

RE-CHECK YES NO
REASON

NEW APPLICATION	ON		REGISTRA	TION		Receipt No.		R		
NOTE: FORMS N	ADMIN No.									
OR GUARDIAN	AND IT DOES	NOT NECE	SSARILY			ACCEPTED	YES	NO		
MEAN THAT THE	<b>ELEARNER W</b>	ILL BE AC	CEPTED.			REASON		•		
					_	RE-CHECK	YES	NO		
						REASON		•		
		LEA	RNER IN	FORM	ATION					
Grade Applied for		Highest C	Frade passed	d		Year Grade pa	assed	2024		
SURNAME I I				I		Initials	I	1 1 1		
First Name I I				-		Second Name	;			
Date of Birth I			l (yyyy / m	m / dd)		Nickname				
ID / Passport No.				I		Gender	Male	Female		
Country of Residence				1	R	lace				
Province of Residence					Citiz	zenship				
	LEARNE	R INFO	RMATION	1 - ( <i>Wh</i>	ere Learn	er Lives)				
Physical				1	Home	e Te No.				
						jency No.				
Address					Learne	er Cell No.				
City / Town						er E-mail				
Code					Re	eligion				
				_		(e.g. Catholic, Meth				
Home Laguage	 			\ <u>\</u>	_	uange of Instruc	ction	ENGLISH		
Is Parent Deceased?	Mother - YES			er - YES	NO NO					
(If one or either of	-	-				<b>sport</b> (e.g. walk, car, ta	ixi, bus)			
Owner to Oak and Name	G	URREN	T SCHOO	L INF	ORMATIO					
Current School Name				4		nt School				
Province Country				4		dress				
Country	MEDICA	VI AND	SOCIAL	GRAN	T INFORM					
Medical Aid Name	MIEDIGA	AL AND	SOCIAL	GINAIN	Soci	al Grant Info	ormatio	n		
Medical Aid Number				R	ECEIVING	T	NUMBEI			
Medical Aid Main Member				Child Sup						
Doctor - Surname				Maintena	•					
Doctor Tel No.				Foster Ch	nild					
Medical Condition/Allergy			Care-dep	endancy						
Requiring Counseling				SASSA No.						
WHICH HOSPITAL										
Dexterity of Learner	Dialet Herede	, –	Left Ha	ndod	∧mb	idextrous (Both)				
Dexicity of Lourner	Right Handed	ı <u> </u>	j Leit na	anu <del>c</del> u		idexilous (Doill)				
SIBLINGS (BI			4			, ,	_	HOOL		

SURNAME

GRADE

ACCOUNT NUMBER

PAREN	T / GUAF	RDIAN INF	ORMATION	(CO	MPULSO	RY EV	/EN IF	NOT PART O	OF CHILD'	S LIFE)
Father / Male	Guardian		Title						Initial	
Surname						First	Name			
Home Language	Race									
I.D. / Passport Number							Status			
Physical							stal			
Address			Address							
E-mail							Code			
Employer						Cell No.				
Occupation						Home Tel.				
	Physical W	orkplace Addr	ess			Wor	k Tel.			
		Code								
NB! Responsib	le For Scho	ol Fee Accou	ınt - YES		NO			(Must Complete Even if Self Employed)		
PAREN	T / GUAR	DIAN INF	ORMATION	N (CO	MPULSO	RY EV	/EN IF	NOT PART O	OF CHILD'	S LIFE)
Mother / Fema	ale Guardia	n	Title						Initial	
Surname						First Name			ı	
Home Language						Race				
I.D. / Passport Nun						Marital Status				
Physical						Postal				
Address						Add	ress			
E-mail								Code		
Employer						Cell	No.			
Occupation						Home Tel.				
	Physical W	orkplace Addr	ess			Wor	k Tel.			
		Code								
NB! Responsib	le For Scho	ol Fee Accou	ınt - YES		NO			(Must Complete Even	if Self Employed)	
LEARNER RES	IDES WITH		MOTHER		FATHER	2		OTHER		
DE	CLADATIO			N					;	SPECIFY
DE	CLARATIO	N BY PAREN	IT / GUARDIA	IN						
l,			hereby declare							
to the best of my knowledge, the above information, as supplied,										
is accurate and corr	ect.									
Signature of Parents / Guardian										