

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.**

FOR OFFICE USE ONLY

CAPTURED	DATE	SIGN
Excel		
EdusolSAMS		
Pastel		
Account No.		
Receipt No.		R
ADMIN No.		
ACCEPTED	YES	NO
REASON		
RE-CHECK	YES	NO
REASON		

LEARNER INFORMATION

Grade Applied for	8	Highest Grade passed	7	Year Grade passed	2024
SURNAME				Initials	
First Name				Second Name	
Date of Birth			(yyyy / mm / dd)	Nickname	
ID / Passport No.				Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Residence			Race		
Province of Residence			Citizenship		

LEARNER INFORMATION - (Where Learner Lives)

Physical		Home Te No.	
Address		Emergency No.	
City / Town		Learner Cell No.	
Code		Learner E-mail	
		Religion	

(e.g. Catholic, Methodist, Anglican, ect)

Home Language		Laguange of Instruction	ENGLISH
Is Parent Deceased?	Mother - YES <input type="checkbox"/> NO <input type="checkbox"/> Father - YES <input type="checkbox"/> NO <input type="checkbox"/>	Mode of Transport	(e.g. walk, car, taxi, bus)

(If one or either of the parents have died, please mark YES)

CURRENT SCHOOL INFORMATION

Current School Name		Current School	
Province		Address	
Country		Code	

MEDICAL AND SOCIAL GRANT INFORMATION

Medical Aid Name		Social Grant Information	
Medical Aid Number		RECEIVING	NUMBER
Medical Aid Main Member		Child Support	
Doctor - Surname		Maintenance	
Doctor Tel No.		Foster Child	
Medical Condition/Allergy		Care-dependancy	
Requiring Counseling		SASSA No.	
WHICH HOSPITAL			
Dexterity of Learner	Right Handed <input type="checkbox"/> Left Handed <input type="checkbox"/> Ambidextrous (Both) <input type="checkbox"/>		

SIBLINGS (BIOLOGICAL BROTHERS OR SISTERS) IN WELKOM HIGH SCHOOL

Number of other biological children in this School		Position in the family (e.g. First)	
NAME	SURNAME	GRADE	ACCOUNT NUMBER

PARENT / GUARDIAN INFORMATION (COMPULSORY EVEN IF NOT PART OF CHILD'S LIFE)

Father / Male Guardian			Title				Initial			
Surname						First Name				
Home Language						Race				
I.D. / Passport Number						Marital Status				
Physical Address						Postal Address				
E-mail								Code		
Employer						Cell No.				
Occupation						Home Tel.				
Physical Workplace Address						Work Tel.				
		Code								

NB! Responsible For School Fee Account - YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>	(Must Complete Even if Self Employed)
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PARENT / GUARDIAN INFORMATION (COMPULSORY EVEN IF NOT PART OF CHILD'S LIFE)

Mother / Female Guardian			Title				Initial			
Surname						First Name				
Home Language						Race				
I.D. / Passport Number						Marital Status				
Physical Address						Postal Address				
E-mail								Code		
Employer						Cell No.				
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LEARNER RESIDES WITH	MOTHER	<input type="checkbox"/>	FATHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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SPECIFY

DECLARATION BY PARENT / GUARDIAN

I, _____ hereby declare
to the best of my knowledge, the above information, as supplied,
is accurate and correct.

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			

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E-mail								Code		
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I.D. / Passport Number						Marital Status				
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E-mail								Code		
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