

PLEASE NOTE THAT THIS APPLICATION FORM CANNOT BE RETURNED TO THE SCHOOL ELECTRONICALLY, BUT NEEDS TO BE HANDED IN AT THE FRONT OFFICE DURING SCHOOL HOURS.

THE FOLLOWING DOCUMENTS NEED TO BE HANDED IN WITH THE APPLICATION FORM:

- **COPY OF LEARNER'S BIRTH CERTIFICATE**
- **COPY OF BOTH PARENT'S IDENTITY DOCUMENTS**
- **COPY OF THE MOST RECENT SCHOOL REPORT**
- **ID PHOTO TO BE PASTED ON THE FRONT OF THE APPLICATION FORM**
- **COPY OF THE LEARNER'S IMMUNISATION / CLINIC CARD**
- **R300 FOR THE LEARNER'S APTITUDE ASSESSMENT**

NOTE:

- **ADMISSION IS NOT GUARANTEED IRRESPECTIVE OF THE DATE OF APPLICATION**
- **RECEIPT OF AN APPLICATION FORM DOES NOT CONSTITUTE ADMISSION TO THE SCHOOL**
- **2010 SCHOOL FEES FOR GRADE 8 IS R16 500 - 00**

• Private Bag
SNELL PARADE
4074
Fax: 031-3682610

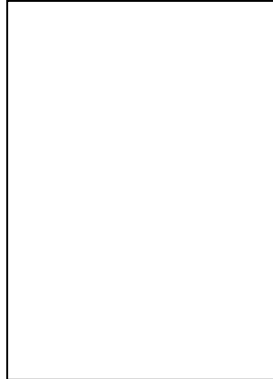
Headmaster:
Mr D H Plüg
Telephone: 031-3322792

GEORGE CAMPBELL SCHOOL OF TECHNOLOGY

=====

APPLICATION FOR LEARNER ADMISSION

PLEASE PRINT LEGIBLY AND USE BLOCK CAPITALS



(FOR OFFICE USE ONLY)

ADMIN NUMBER: _____ YEAR: _____ GRADE: _____

SECTION 1

Gender: male female

PERSONAL DETAILS OF LEARNER

Surname: _____

First Names: _____

Date of Birth: _____ Religion: _____

Place of Birth: _____ Country: _____

Identity No: _____ Province: _____

Learners Residential Address: _____

Immigrant: YES NO Citizenship: _____

Year of Entry to RSA: _____

SECTION 2

SUPPORTING DOCUMENTATION

The following is to be submitted with this Application Form: –

1. Copy of the learner's Birth Certificate
2. Copy of parent's/parents' Identity Document
3. Copy of the most recent school report.
4. I.D. Photograph to be pasted onto the front page of the application form.
5. Immunisation against Poliomyelitis and Tuberculosis (BCG) is compulsory

SECTION 3

- a) **APTITUDE ASSESSMENT:**
A fee of R300-00 is payable in advance of writing the aptitude assessment as administered by: **HUMAN PROGRESS MANAGEMENT**
- b) **SCHOOL FEES:**
On acceptance, an advance a non Refundable amount of R1000-00 becomes due and payable. However, this amount will be deducted from the following year's fees.

SECTION 4

SCHOLASTIC DETAILS OF LEARNER

Names of Schools Attended	FROM	TO

Postal address of present school: _____

Reason for leaving present school: _____

Date from which admission is sought: _____

Request admission to Grade: _____ Home Language: _____

Siblings at this school? _____

If YES, Grade _____ Sports House: _____

SECTION 5

PERSONAL PARTICULARS OF FATHER / GUARDIAN:

Surname: _____

First Names: _____

I.D. Number: _____

Residential address: _____

Telephone Numbers (Home): _____ (Cell): _____

Father's / Guardian's Occupation: _____ (Business): _____

Name & Address of Father's / Guardian's Business: _____

Type of Business: _____

Is the father an Old Boy of the School? YES NO

If YES, then give final year: _____

SECTION 6

PERSONAL DETAILS OF MOTHER:

Surname: _____

First Names: _____

I.D. Number: _____

Residential Address: _____

Telephone Numbers: (Home) _____ (Cell): _____

Mother's Occupation: _____ (Business): _____

Name & Address of Business: _____

Type of Business: _____

SECTION 7

CONTACT PERSON (In case of emergencies – other than mother or father)

Name: _____

Relationship: _____ Tel. No. _____ (W)

_____ (H)

SECTION 8

PARENTS' MARITAL STATUS

1. Married Divorced Remarried Widow/Widower

2. Learner lives with – Mother Father Both Other

SECTION 9

MEDICAL DETAILS OF LEARNER

1. Has the learner any disability or allergy? YES NO

If YES, give details: _____

2. Is the learner covered by Membership of a Medical Aid Scheme? YES NO

If YES, please indicate:

Name of Scheme: _____

Membership Number: _____

3. Doctor's Name: _____ Tel. No. _____

SECTION 10

EXTRA-MURAL ACTIVITIES OF LEARNER

1. Sports played: _____

Awards / Recognition Received: _____

2. Cultural Activities: _____

Awards / Recognition Received: _____

SECTION 11

Please tick the appropriate box indicating family income (Single parent or Combined parent Income):

Below R100 000	<input type="checkbox"/>	R300 000 – R350 000	<input type="checkbox"/>
R100 000 – R150 000	<input type="checkbox"/>	R350 000 – R400 000	<input type="checkbox"/>
R150 000 – R200 000	<input type="checkbox"/>	R400 000 – R450 000	<input type="checkbox"/>
R200 00 – R250 000	<input type="checkbox"/>	R450 000 – R500 000	<input type="checkbox"/>
R250 000 – R300 000	<input type="checkbox"/>	Above R500 000	<input type="checkbox"/>

SECTION 12

DECLARATION (BOTH PARENTS)

1. (Father) I (Full Name and Surname) _____

I.D. Number: _____

(Mother) I (Full Name and Surname) _____

I.D. Number: _____

Declare that the information furnished in this document to be true and correct and

2. undertake to :

- a) Inform the school of any change to the information above;
- b) Ensure that this learner attends school regularly.
- c) Assist this learner in complying with the Code of Conduct as laid down by the Board of Governors from time to time.

- d)
 - i) Ensure the timeous settlement of School Fees.
 - ii) Take note that non-payment of School Fees could result in legal action
 - iii) Take note that George Campbell requires 30 days notice in writing when a learner leaves the school.
- e) Ensure that the learner is present at activities in which he is called upon to represent the school.
- f) Ensure that the learner will adhere to school rules and regulations.
- g) Ensure that the learner participates in at least one extra-mural or co-curricular activity each term.
- h) To pay all costs incurred for damages done or losses caused by my child/ward should he/she be involved.
- i) I agree that the principal or his/her delegates may act in *loco parentis* in the event of any injury or accident in which the child/ward may be involved.

I consent to this learner's participation in the school's extra-mural programme. This consent is hereby given by my signature below, and, provided the relevant staff member acts in a responsible and professional manner. I indemnify the school and its employees of any liability if this learner is injured whilst participating in any of the above-mentioned activities.

I further consent to his/her participation in the life orientation programme, the physical education programme (unless medically exempt) and any organised activities, including educational visits, tours and expeditions.

(FATHER)
SIGNED ON THIS _____ DAY OF _____

(MOTHER)
SIGNED ON THIS _____ DAY OF _____

SIGNATURE OF PARENT / GUARDIAN (FATHER) : _____

SIGNATURE OF PARENT / GUARDIAN (MOTHER) : _____

EMAIL ADDRESS OF FATHER: _____

EMAIL ADDRESS OF MOTHER: _____

PLEASE ATTACH, ON THIS PAGE ONLY, ALL DOCUMENTS IN SUPPORT OF THIS APPLICATION.