



APPLICATION FOR ADMISSION 2020

Focused High School

35 Taylor Street, Matatiele, 4730

Telefax: 039 737 3679



Please attach the following to the application:

Copy of ID's of both parents/guardian

Copy of child's birth certificate/ ID

Latest report from previous school

Copy of Immunisation Records (Pre-school - Grade 3 ONLY)

R 100 Administration Fee

END OF 4TH TERM: TRANSFER LETTER & 4TH TERM REPORT

Foreign Students

Valid study permit

Copy of passport

Office use ONLY

Grade applied for	Highest grade passed	Year when grade was passed	
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Surname:		Initials:		Nick name:	
First Name:					
Other names:					
Date of birth:		Gender	Male	Female	
Race:		ID or Passport No:			
Country of Residence:		Citizenship:			
If SA, indicate province of residence:					
Physical Address:			Postal Address		

Home Telephone:	Emergency Telephone:
Learner Cell:	Email Address:

Home Language:	Boarder	Yes	No
Deceased Parent	Mother	Father	Both
Mode of Transport:	Religion:		

Name of previous school:	
Province:	Year:

Medical Aid Number:	Medical Aid Name:
Medical Aid main member:	
Doctor Name:	Doctor Tel No:
Medical Conditions:	
Special problems requiring counseling:	

Dexterity of learner:	Right Handed	Left Handed	Ambidextrous
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Do you receive a social grant:	Yes	No	Reg No:
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Person responsible for school fees:	
Contact number:	Relationship to learner:

Number of other children at this school	
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Please supply full names below

Name:		Grade	
Name:		Grade	
Name:		Grade	

Parent/Guardian Information

Title:		Initials:		Surname:				
Gender:	Male		Female					
Home Language:				Race:				
ID or Passport number:				Account payer:	Yes		No	
Occupation:				Employer:				
Work Telephone:				Cellphone:				
Relationship status to learner:				Learner resides with this parent	Yes		No	
Email address:								

Spouse/Partner Information

Title:		Initials:		Surname:				
Gender:	Male		Female					
Home Language:				Race:				
ID or Passport number:				Account payer:	Yes		No	
Occupation:				Employer:				
Work Telephone:				Cellphone:				
Relationship status to learner:				Learner resides with this parent	Yes		No	
Email address:								

Emergency Details

Name	Relationship to learner	Telephone Number

1. As the legal guardian/parent I agree to submit my child to a school with a Christian ethos.
2. I hereby undertake to pay all school fees in advance at the beginning of each month. I realize that a material breach of the contract will exist if I fail to pay any fees on time and that all liabilities of the school to accommodate my child will then cease to exist.
3. I undertake to ensure that my child attends school regularly and should my child be absent from school for any reason, I shall notify the teacher, in writing, stating the reason(s) for absence.
4. I hereby declare that the above information as supplied is accurate and correct.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____

OFFICE USE ONLY

Accepted: _____

Signature: _____