

CAMPS BAY HIGH SCHOOL



Lower Kloof Road, CAMPS BAY 8005
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FOR OFFICIAL USE	
Admin No	
Account No	

APPLICATION FOR ADMISSION

Pupil's Surname:	First Names:
Preferred Name:	Gender: Date of Birth:
Home Language:	Preferred Language:
Country of Birth:	Religion:
Number of children in family:	Is pupil 1st, 2nd, etc. child in the family
Are there any siblings at Camps Bay?	Yes/No
If yes, state name(s):	And Grade(s)
Position of Leadership/Responsibility held @ previous school:	

PARTICULARS REGARDING PARENTS OR GUARDIAN.

If there are two sets of parents or guardians, both are entitled to vote at an election of the Board of Governors. The information below should therefore be given in respect of each parent or guardian.

PARENT/GUARDIAN WITH WHOM PUPIL LIVES:

MARITAL STATUS: Married / Remarried / Divorced / Single / Widowed / Separated

FATHER	MOTHER
Surname:	Surname:
First name:	First name:
Title and Initials:	Title and Initials:
ID Number:	ID Number:
Occupation:	Occupation:
Name of Employer:	Name of Employer:
Work Phone No:	Work Phone No:
Home Address:	Home Address:
Postal Code:	Postal Code:
Home Phone no:	Home Phone no:
Cell no:	Cell no:
E-mail Address:	E-mail Address:

