



CAMPS BAY
HIGH SCHOOL

Camps Bay High School

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admin@campsbayhigh.co.za

www.campsbayschools.co.za

FOR OFFICIAL USE

Account No	
Date Received	
Cemis	
Staffroom	

Please attach a recent photo of learner

PLEASE NOTE:

- **Only fully completed and signed** application forms will be considered. The supplying of false information will invalidate this application. Late applications will not be considered.
- **The application form MUST be accompanied by the documentation as listed on checklist page 3.**
- Once the completed application form is received, the school **MAY** arrange an interview which could lead to enrolment of the pupil. Completion and submission of the application for admission does not constitute acceptance. No interviews for unsuccessful applications will be granted.
- **Application dates for 2020:**
Admissions open: 15 February 2019
Admissions close: 15 March 2019

APPLICATION FOR ADMISSION 2020

Grade applying for:	Starting Date:
Pupil's Surname:	First Names:
Gender:	Date of Birth:
South African ID Number:	Cemis/Learner Number:
Home Language:	Other Languages spoken:
Country of Birth:	Passport Number:
Number of children in family:	Is pupil 1 st , 2 nd , etc child in the family:
Are there any siblings at Camps Bay High School: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, state name(s) and Grade:
Who does the learner reside with:	Name of current school:
Current grade:	Other school (s) attended by learner:
Are you re-locating to the Western Cape? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate from where?

Underline illness(es) pupil has been immunised against:

Tuberculosis (BCG); Diphtheria; Whooping cough; Tetanus; Measles; German Measles; Mumps; Poliomyelitis.

N.B: Pupils should have been immunised against ALL the above illnesses before school attendance. Immunisation against Poliomyelitis (BCG) is legally compulsory. Does the learner have special Medical condition that the school needs to be aware of?

DETAILS OF PRIMARY PARENT/GUARDIAN

Marital Status: Married Divorced Single Parent Re-married Widowed

Parent Type: Biological Parent: Adoptive Parent: Legal Guardian Parent: Step Parent: Other

If parent is other, please specify:

Title: Surname: First Names:

Gender: Date of Birth: SA Citizen: Yes No

ID/Passport number: Cell number:

Home number: Work number:

Home address:

Postal Code:

Occupation:

Name of Employer:

Email address:

Signature:

DETAILS OF SECOND PARENT/GUARDIAN

Marital Status: Married Divorced Single Parent Re-married Widowed

Parent Type: Biological Parent: Adoptive Parent: Legal Guardian Parent: Step Parent: Other

If parent is other, please specify:

Title: Surname: First Names:

Gender: Date of Birth: SA Citizen: Yes No

ID/Passport number: Cell number:

Home number: Work number:

Home address:

Postal Code:

Occupation:

Name of Employer:

Email address:

Signature:

