



Hayston Road
Kimberley
8301

Privaatsak X5060
Hadisonpark
Kimberley
8306

**HOËRSKOOL
NOORD-KAAP**

**NORTHERN CAPE
HIGH SCHOOL**

Tel: (053) 832 4377
Fax: (053) 832 2176
E-mail: nch@intekom.co.za

FOR OFFICE USE	
PRINCIPAL	

Admission no.		GR _____
Hostel	YES	NO

ADDITIONAL INFORMATION REGARDING ADMISSION TO SCHOOL

A. LEARNER

- Date on which school was left / will be left: _____
- Reason for leaving school: _____
- Last grade passed and year: _____
- Present grade and year: _____
- Other important information regarding pupil, e.g. prefect, sport, academic achievement:

- Learner contact number: _____

B. SCHOOL FEES

- a) Name of person responsible for fees: _____
- b) Postal address of above-mentioned: _____
- c) Residential address: _____

- d) Parent email address: _____
- e) Parent contact number: _____

C. PARENTS / LEGAL GUARDIANS (ATTACH PROOF OF GUARDIANSHIP)

MARITAL STATUS OF PARENTS (UNDERLINE) MARRIED / DIVORCED / OTHER

IF DIVORCED:

- a) With whom does the pupil live? _____
- b) If pupil does not live with mother / father, furnish name and address where living: _____

D. GENERAL

Names of **brothers and sisters** currently in **Northern Cape High School**:

Any other relevant information which we need to know: _____

E. BIBLE READING AND PRAYER

Do you have any objections to your child being present during Bible Reading and Prayer?

F. DECLARATION AND PERMISSION

To the best of my knowledge, I declare that the information which I have furnished is correct, and that I have read and understood the documents before me.

I UNDERTAKE

- a) to pay school- or hostel fees promptly;
- b) to inform the school of any change of address or circumstances which may affect the information furnished;
- c) to allow my child to take part in extra-mural activities, including outings and tours of academic importance.

I DECLARE

- a) that I accept the policy of admission of this school;
- b) that I accept the school rules.

NAME OF LEGAL GUARDIAN / PARENT IN BLOCK LETTERS: _____

SIGNATURE OF LEGAL GUARDIAN / PARENT: _____

DATE: _____