



DEPARTMENT OF EDUCATION  
 DEPARTEMENT VAN ONDERWYS  
 LEFAPHA LA THUTO  
 ISEBE LEZEMFUNDO

NCK A-1

156 Barkly Road  
 Homestead  
 KIMBERLEY 8301

Private Bag X5029  
 KIMBERLEY 8300  
 Republic of South Africa  
[www.ncedu.gov.za](http://www.ncedu.gov.za)  
 Tel. #: 053 839 6500

**APPLICATION FOR ADMISSION**

**YEAR:.....**

**NOTE: This form must be completed in full. All changes to be initialed or signed by a parent/guardian. Completion of the form does not necessarily mean that the learner has been accepted.**

**If the learner is accepted, the following documentation must be submitted to the school:**

1. Copy of Birth Certificate	3. Immunisation Records/Clinic card
2. Progress Report	4. Transfer Letter from previous school

**A. Learner Information**

Grade Applied for:	<input type="text"/>	Highest Grade Passed:	<input type="text"/>	Year Passed:	<input type="text"/>	Boarder	Yes	No
Surname:	<input type="text"/>			Initials	<input type="text"/>			
First Name:	<input type="text"/>			Other Name	<input type="text"/>			
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	Male	Female		
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Language	<input type="text"/>	Number of other children at school	<input type="text"/>	Grades	<input type="text"/>			
Race	<input type="text"/>			Citizenship	<input type="text"/>			
Preferred Language of Instruction	<input type="text"/>			Religion	<input type="text"/>			

**B. Learner Medical Information**

Medical Aid Main Member	<input type="text"/>		
Medical condition	<input type="text"/>		
Name of Family Doctor	<input type="text"/>	Telephone Numbers	<input type="text"/>
Name of Medical Aid	<input type="text"/>	Medical Aid Number	<input type="text"/>

**C. Previous School Information**

Previous School			
Physical School Address			
		Code	
Postal Address			
		Code	
Province		Country	
Telephone Number			
Fax Number			
Email Address			

**D. Parent/Guardian Information**

Who is deceased?  Mother  Father  Both  None

**Parent /Guardian 1**

Title		Initials		Surname			
First Name				Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Home Language				Race			
ID Number							
Residential Address							
							Code
Employer				Occupation			
Work Address							
							Code
Contact No.	Home			Cell Number			
	Work			Email			
Emergency Number							
Relationship to Learner				Account Payer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Parent /Guardian 2**

Title		Initials			Surname				
First Name					Gender	Male	Female		
Home Language					Race				
ID Number									
Residential Address								Code	
Employer				Occupation					
Work Address								Code	
Contact No.	Home			Cell Number					
	Work			Email					
Emergency Number									
Relationship to Learner				Account Payer	Yes	No			

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please print): .....

Signature of Parent / Guardian: .....

Date: 

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**Office use only**

Documentation Received	1. Birth Certificate	Yes	No	3. Immunisation record/Clinic card	Yes	No
	2. Progress Report	Yes	No	4. Transfer letter from previous School	Yes	No
Accepted	Yes	No	Admission Number			
Rejected	Yes	No	Reason for Rejection			

Verified by: ..... Signature: .....

Date: 

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# KIMBERLEY GIRLS' HIGH SCHOOL

PRINCIPAL:  
Mrs H.F. HUGO BA

Telephone 053 832 1275  
Fax 053 832 9557  
E-mail: admin@kimberleygirlshigh.org.za

P.O. Box 359  
Kimberley 8300

Founded 1887

## APPLICATION FOR 2012

1. SURNAME: .....
2. CHRISTIAN NAMES: .....
3. PRESENT SCHOOL: .....
4. Please provide the following information:

### PARTICIPATION IN SCHOOL ACTIVITIES:

1. SPORT: .....  
.....  
.....
2. CULTURAL: .....  
.....  
.....
3. OTHER: .....  
.....  
.....

I hereby declare that this information is correct.

Signature of School Principal ..... Date: .....

SCHOOL STAMP:

