

Full Names of Student

Surname
First names

Starting Date

2	0	Y	Y	M	M	D	D
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Grade of Entry

8	9	10	11	12
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AFFIX
PHOTO
OF
STUDENT

Application for
ADMISSION

1. Copy of birth certificate / ID / Passport of Student
2. Passport size photograph
3. Copy of the most recent academic report
4. ID copies of parent(s) / guardian(s)
5. Proof of residence of parent(s) / guardian(s)
6. In the case of foreign nationals, copy of study permit

Surname:																							
First names:																							
Preferred call name:																							
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>																			
Date of birth:	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="D"/>	<input type="text" value="D"/>															
ID or Passport 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth:																							
Nationality:																							
Cellular phone 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"/>	<input type="text"/>	<input type="text"/>													
Email address:																							

Name of school:													
Telephone number:													
Date when left	Y	Y	Y	Y	M	M	D	D					
Reason for leaving													
Achievements													
Health													
Medication													
Disabilities													

Learner is living with:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both	<input type="checkbox"/> Guardian		
Marital status of parents:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Single	<input type="checkbox"/> Widow(er)		
Race classification:	<input type="checkbox"/> African	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian	<input type="checkbox"/> White	<input type="checkbox"/> Other	<input type="text"/>
Religion:	<input type="text"/>					
Any deceased parents:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both			
Dexterity of learner:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Ambidextrous			
Home language:	<input type="checkbox"/> Afrikaans	<input type="checkbox"/> English	<input type="checkbox"/> IsiNdebele	<input type="checkbox"/> SiSwati	<input type="checkbox"/> IsiXhosa	<input type="checkbox"/> IsiZulu
	<input type="checkbox"/> SeSotho	<input type="checkbox"/> SePedi	<input type="checkbox"/> SeTswana	<input type="checkbox"/> TshiVenda	<input type="checkbox"/> XiTshonga	<input type="checkbox"/> Other
Mode of transport to/from school:	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Bus	<input type="checkbox"/> By foot	<input type="checkbox"/> Car	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Lift club
	<input type="checkbox"/> Taxi	<input type="checkbox"/> Other	<input type="text"/>			

FAMILY INFORMATION**FATHER / GUARDIAN**

(If guardian, state relationship with learner)

Relationship to learner

Title

Surname

First Names

ID/Passport Number

Occupation

Name of Employer

Business Telephone Number

Residential Street Address

Postal Address

Home Telephone Number

Cellular Number

E-mail Address

Emergency contact person

MOTHER / GUARDIAN

(If guardian, state relationship with learner)

Name

Number

I / We the Parents / Guardians of

hereby apply for his / her admission to Jordao High School.

I / We confirm that the information contained in this application is complete and accurate.

Should this application be successful:-

I / We acknowledge and accept that an Admission Fee as per school policy, will be required on completion of the "Rules and Conditions of Admission" to secure the place that is offered to the **Student** and which will be offset against the school fees for the **Student's** first year at **Jordao High School**. This fee is non-refundable if the place is not taken up in January of the year for which the **Student** has been accepted.

I / We agree that **Jordao High School's** acceptance of this application is conditional on my / our timeous completion of the "Rules and Conditions of Admission" documentation, including but not limited to the Code of Conduct, Indemnity Form(s) and Conditions of Admission.

Date

2	0	Y	Y	M	M	D	D
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Father's
Signature

Date

2	0	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Mother's
Signature

Date

2	0	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Student's
Signature

For **OFFICE** use only

FINANCIAL

Admission fee R _____ Date ____ / ____ / 20____ Receipt No _____

Deposit R _____ Date ____ / ____ / 20____ Receipt No _____

Notes _____

Bursar's signature _____

ADMINISTRATIVE

Accepted ☐ Not Accepted ☐ Conditional Acceptance ☐

Study Permit ☐ Diplomatic Letter ☐

Comments _____

Headmistress' signature _____

Received

Copy of Student's ID / Birth Certificate

☐
☐
☐

Source

Family / Sibling
Word of Mouth
Advertising
Local Area

Referral details

Introduced by
Referring Student Surname
Record number
Captured by

Grade _____ Register Class _____

Starting date ____ / ____ / 20____ Teacher notified ____ / ____ / 20____

Remarks _____

Administrator's signature _____



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