



PATERSON HIGH SCHOOL

51 Nicholas Road, Schauderville, P.E. , 6020 CONTACT NOS:
TEL: (041) 4534728 / FAX NO: (041) 453 7364
EMAIL: patersonhigh@telkom.net

ATTACH
PHOTOGRAPH
HERE

APPLICATION FOR ADMISSION 2022

(Completion of this Application Form **DOES NOT ENSURE** the applicant of a place at this school)

PLEASE PRINT CLEARLY AND SUPPLY ALL INFORMATION REQUIRED

GRADE APPLYING FOR: 8 9 10 11 12 YEAR:..... LANGUAGE OF INSTRUCTION: E A

1. LEARNERS DETAILS:

- a) SURNAME: FIRST NAMES:
- b) DATE OF BIRTH: DAY MONTH YEAR AGE
- c) S.A. CITIZEN? Y N d). I.D. NUMBER:.....
- e) GENDER: MALE FEMALE
- f) HOME LANGUAGE:
- g) HOME ADDRESS:

2. COMMENT FROM CURRENT SCHOOL

NAME AND ADDRESS OF CURRENT SCHOOL:

LIST ANY LEADERSHIP POSITIONS:.....

SPORT / CULTURAL ACTIVITIES INVOLVED IN:.....

GRADES REPEATED:

PLEASE PROVIDE A BRIEF COMMENT ON THE APPLICANTS CONDUCT / BEHAVIOUR
.....
.....

HAS LEARNER BEEN TESTED BY PSYCHOLOGIST?, IF YES, ATTACH PSYCHOLOGIST REPORT.

HAS LEARNER BEEN RECOMMENDED FOR A SPECIAL SCHOOL?

PRINCIPAL / CLASS TEACHER NAME: SIGNATURE:

3. LIST AT LEAST (2) TWO REASON WHY YOU WOULD LIKE TO ATTEND PATERSON HIGH SCHOOL

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4. PARENT / GUARDIAN DETAILS

1.1. WHO DOES THE LEARNER LIVE WITH:

Mother/ father / both Parents / siblings / grandparents etc

1.2. ARE ANY OF THE PARENTS DECEASED?

1.3. FATHERS DETAILS:

SURNAME: NAME:

I.D. NUMBER:

RESIDENTIAL ADDRESS:

NAME AND ADDRESS OF EMPLOYER:

CONTACT DETAILS: CELL: WORK: HOME:

EMERGENCY CONTACT NUMBER:

EMAIL ADDRESS:

1.4. MOTHERS DETAILS:

SURNAME: NAME:

I.D. NUMBER:

RESIDENTIAL ADDRESS:

NAME AND ADDRESS OF EMPLOYER:

CONTACT DETAILS: CELL: WORK: HOME:

EMERGENCY CONTACT NUMBER:

EMAIL ADDRESS:

1.5. GUARDIANS DETAILS: (IF LIVING WITH GUARDIAN)

SURNAME: NAME:

I.D. NUMBER:

RESIDENTIAL ADDRESS:

NAME AND ADDRESS OF EMPLOYER:

CONTACT DETAILS: CELL: WORK: HOME:

EMERGENCY CONTACT NUMBER:

EMAIL ADDRESS:

1.6. NEXT OF KIN (SOMEONE NOT LIVING WITH THE LEARNER)

SURNAME: NAME:

RELATIONSHIP: CONTACT NO/S:

ADDRESS:

EMAIL ADDRESS:

5 MEDICAL INFORMATION

5.1 Does the learner have any serious medical condition or chronic illness? Please provide full details. Information will be kept confidential.

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5.2 NAME AND CONTACT OF YOUR DOCTOR / HOSPITAL IN CASE OF ANY MEDICAL EMERGENCY (ONLY IF AVAILABLE)

NAME	CONTACT DETAILS

MEDICAL AID AND NUMBER:

6 DECLARATION BY PARENT / GUARDIAN

1. I undertake to see that my child abides by the School's Code of Conduct and ALL the School Rules.
2. I undertake to play an active role in my child's schooling and ensure that my child attends school every school day unless he/she is ill.
3. I undertake to pay all required fees

PARENT / GUARDIAN	SIGNED	DATE
MOTHER		
FATHER		
GUARDIAN		

7. ATTACH THE FOLLOWING DOCUMENTS TO THIS FORM:

NO	DOCUMENTS	TICK IF ATTACHED
1.	Completed Application Form	
2.	Copy of Parents / Guardians ID document	
3.	Copy of Learners ID Document or Birth Certificate	
4.	Proof of Residential Address (E.g. Municipal / Tel Acc, TV Licence)	
5.	Grade 7 (March 2021) Term 1 report	
6.	December Final School Report (2021) As soon as available	
7.	Transfer (End of Year) (Only applicable if the learner is accepted)	
8.	Psychologist's Report (where applicable)	
9.	Medical Report (where applicable)	

PLEASE NOTE:

- **The OPENING DATE for application is 31st March 2021 and CLOSING date is 30th July 2021**
- **Completion of the application form does not mean acceptance at the school.**
- **The admission committee will notify the parents / guardians by the **End of October** if your application was successful. (Only if successful)**
- **Should you *not* receive *any* notification from the school by the **End of October 2021**, please consider your application as **UNSUCCESSFUL**.**
- **NO LATE APPLICATIONS WILL BE CONSIDERED!!!/**