



**APPLICATION FOR ADMISSIONS**

**WORDSWORTH HIGH SCHOOL**

Tel: 011 425 0144 Email: info@wordsworthhighschool.co.za

**LEARNER INFORMATION**

**ALL SECTIONS on the application must be completed in full and in block letters. Incomplete information will result in a delay in processing this application**

FOR OFFICE USE	
Date Received	
Waitlist Number	
Qualifying Criteria	
Receipt Issued	
Admissions Number	

APPLYING FOR GRADE	
9,10,11	
Year	

Note: withholding or false declaration of information will nullify any decision of admission to this school.

**LEARNER DETAILS**

Learners Surname									
Learners Names – As per ID/Birth Certificate									
ID Number		Race		Gender		Religion			
Learner Resides with	Mother	Father	Both Parents	Guardian	Other	Specify Relationship:			
Physical Address where learner resides:									
Home Language		Other Language							
South African Citizen	Yes		In No-Country of Birth						
	No		Immigration Date & Study Permit details						
Is Wordsworth High School the nearest school to your home				YES		NO			
Present Grade		Name of the current school							
School Address									
School Tel No.		Email Address							

**PARENT / GUARDIAN DETAILS**

Parent/Guardian 1				Parent/Guardian 2			
Surname		Surname		Surname		Surname	
Name		Name		Name		Name	
Title		Title		Title		Title	
Relationship to Learner		Relationship to Learner		Relationship to Learner		Relationship to Learner	
Residential Address		Residential Address		Residential Address		Residential Address	
Postal Code		Postal Code		Postal Code		Postal Code	
ID Number		ID Number		ID Number		ID Number	
Employer		Employer		Employer		Employer	
Occupation		Occupation		Occupation		Occupation	
Phone Number (w)		Phone Number (w)		Phone Number (w)		Phone Number (w)	
Address of Employer		Address of Employer		Address of Employer		Address of Employer	

	Postal Code		Postal Code
Email Address		Email Address	
Phone Number (H)		Phone Number (H)	
Cell No.		Cell No.	
Marital Status		Marital Status	
Reason Why Learner resides with a guardian			

**MEDICAL DETAILS**

Disabilities or Allergies		Name of Medical Aid	
		Medical Aid No.	
		Main Member Details	
	<b>Please attach the medical card to this application</b>		
Emergency Contact other than parents	Name		
	Tel No.		
	Relationship to learner		

**PLEASE GIVE DETAILS OF WHO IS RESPONSIBLE FOR FEES IF THERE ARE NO BIOLOGICAL PARENTS**

Name			
Surname			
Title			
Residential Address			
	Address	Postal	
Postal Address			
	Address	Postal	
ID Number			
Employer			
Occupation			
Phone (W)			
Phone (H)			
Cell Nr.			
Email Address			
Relationship to learner			
Are parents deceased	Mother	Father	Both Parents
Fees Paid by trust			
Name of trust			
Contact Person			
Tel Nr.			

**SCHOOL FEE DECLARATION**

I am fully aware of the school fees are payable and understand that Wordsworth High School is a fee-paying school.	<b>YES</b>		<b>NO</b>	
I acknowledge that I am fully liable for the payment of the school fees unless an exemption is granted	<b>YES</b>		<b>NO</b>	

Name of ALL school-going learners for whom you are responsible - including brothers and sisters attending Wordsworth High School

Name	School	Grade	Relationship to learner

**SUBJECT CHOICE:**

- Grade 8 and 9 - All subjects are compulsory
- Grade 10-11 (only) - Subjects must be chosen from the subject streams offered by the school Subject Streams are dependent on available space and may change from time-to-time subject stream form is attached to the application and must be completed.
- Compulsory Subjects: English Home Language, Afrikaans First Additional Language, and Life Orientation.

Please indicate below which subject stream you wish to choose:

The subject stream chosen: \_\_\_\_\_

**This application must be accompanied by:**

1. One certified copy of the Learner's birth certificate and/or ID book/card
2. One ID photo of the learner is to be glued on the front of this form
3. Certified copies of both parent's or legal guardian/s ID books/cards (proof of legal guardianship must be provided)
4. Proof of residence: EITHER municipal rates account/transfer deeds/rental agreement (NO AFFIDAVIT ACCEPTABLE)
5. If either one or both parents are deceased, a certified copy of the death certificate is required
6. Grade 9-11: Final report from the previous Grade as well as the latest report from the current Grade (if applicable)
7. Handwritten learner questionnaire
8. If the learner is a foreign national the following must be included in the application
  - Passport / Residency Permit
  - Valid Study Permit

PLEASE NOTE SCHOOL FEES ARE PAYABLE IN ADVANCE AND THAT THE SCHOOL LOOKS TO BOTH PARENTS/GUARDIANS FOR PAYMENT OF SCHOOL FEES, IRRESPECTIVE OF WHETHER PARENTS/ GUARDIANS ARE SINGLE, MARRIED, SEPARATED, DIVORCED, REMARRIED, MARRIED CUSTOMARY LAW ETC.

I/We _____ accept full responsibility for the payment of school fees.		
<i>PARENT / GUARDIAN 1 SIGNATURE</i>	<i>PARENT / GUARDIAN 2 SIGNATURE</i>	<i>DATE</i>
I/We declare that the above particulars are true and correct and that I/we have read and understood the contents.		
<i>PARENT / GUARDIAN 1 SIGNATURE</i>	<i>PARENT / GUARDIAN 2 SIGNATURE</i>	<i>DATE</i>

### **DECLARATION AND UNDERTAKING – PARENT/GUARDIAN**

I, \_\_\_\_\_ (full names of  
Parent/Guardian 1) ID No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
Residential address \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

I, \_\_\_\_\_ (full names of  
Parent/Guardian 2) ID No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
Residential address \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Parent/Guardian of \_\_\_\_\_ (full names of learner)

### **UNDERTAKE**

- ✓ To the best of my/our ability, to encourage my child to acquire and adopt good study habits, to provide facilities for him/her to study and do homework and check on a regular basis that homework is done as and when required.
- ✓ To ensure that care is taken of all the books and equipment that are issued to my child and to return these, on request, in good condition, and make good any loss or damage.
- ✓ To pay for any damage willfully done to the school's buildings and property by my/our child.
- ✓ To ensure that my/our child attends school regularly, is punctual, and does not leave early except for good and sufficient reasons.
- ✓ To send an explanatory note or medical certificate (only a medical certificate will be accepted for exam/test absence) every time my/our child is absent from school and inform the school of any cases of infectious illness in our home.
- ✓ To allow my/our child to participate in sports and extramural activities and to provide the required kit.
- ✓ That I/we have studied the school code of conduct, in its entirety, which is subject to annual review and available on the school's website at [www.wordsworthhighschool.co.za](http://www.wordsworthhighschool.co.za) or from the front office (on request), and I/we agree to support the school in its endeavors and set aims and accept the regulations as set out in the school code of conduct, and by signing this document I/we subscribe voluntarily to the dictates of said school code of conduct and any other regulations which the Management Council and the Principal may stipulate from time to time.
- ✓ To fulfill all financial obligations to the school. If at any time and for any reason I/we are/are unable to do so, to negotiate with the Governing Body and/or school finance department. I/we consent to pay all legal/debt collection costs on the scale as between attorney and client, alternatively between debt collector and client, and choose my/our residential address as my/our for legal purposes.
- ✓ I/we authorize the school to conduct Credit Bureau searches on me/us on admission information and in the event of any school fees due by me/us not being paid, I/we authorize the school to inform any relevant credit bureau and have my/our name/s listed with them. That in the event that I/we are not the natural parent and or guardian of the learner/s, I/we accept the responsibility of the parent as defined in Section 1 of the South African Schools Act.
- ✓ To notify the school in writing of any change of address, telephone numbers, cell phone numbers, and e-mail address.

- ✓ To notify the school in writing if my/our child no longer resides with me/us and advise the name and address of the person with whom my/our child now resides.

Signed at \_\_\_\_\_, on this day \_\_\_\_\_ as acceptance of the above undertaking.

Parent/Guardian 1 \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Date: \_\_\_\_\_

### DECLARATION AND UNDERTAKING – LEARNER

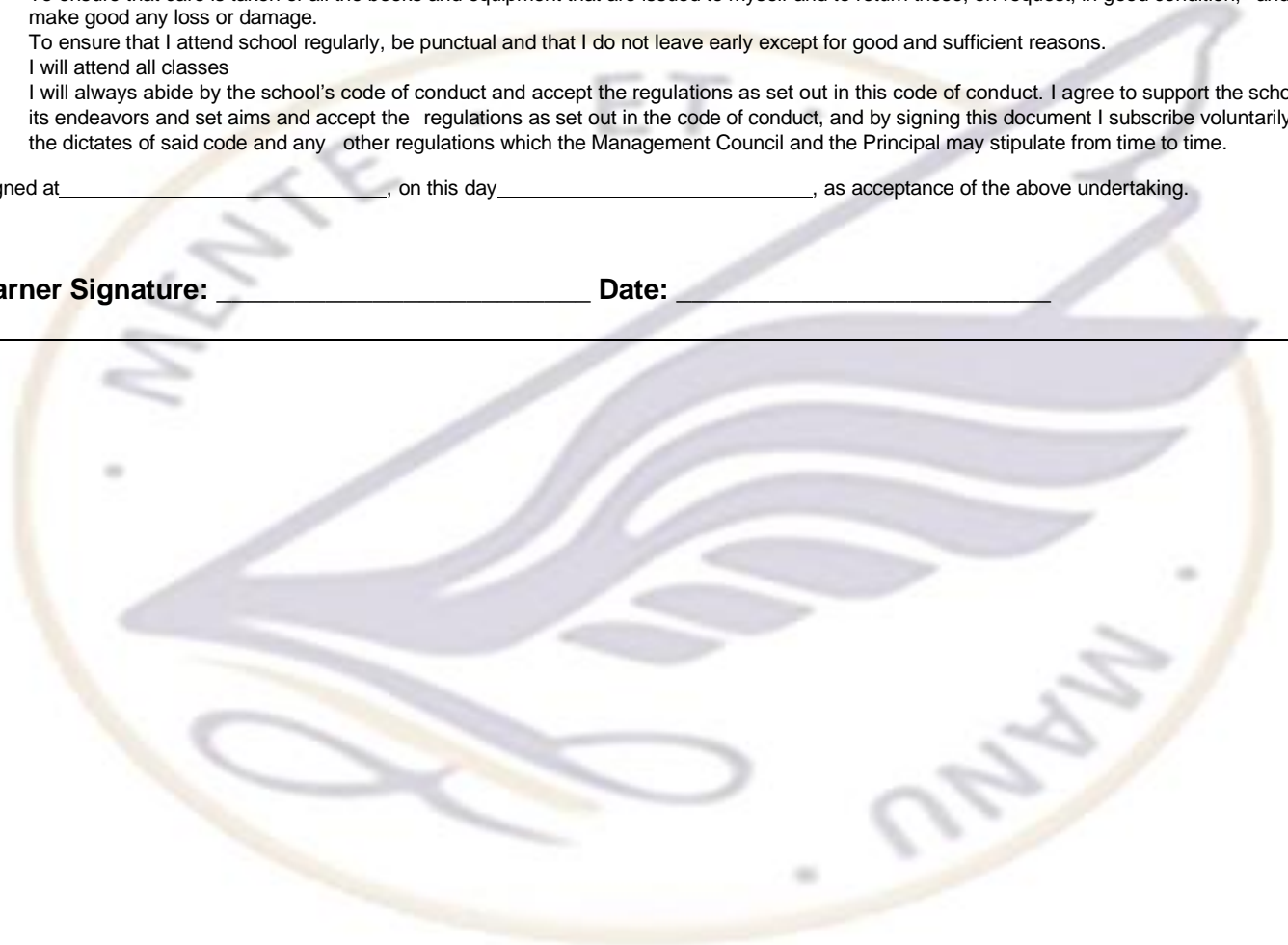
I, \_\_\_\_\_ (full name of learner)

#### **UNDERTAKE**

- To the best of my ability, acquire and adopt good study habits and to complete homework as and when required.
- To ensure that care is taken of all the books and equipment that are issued to myself and to return these, on request, in good condition, and make good any loss or damage.
- To ensure that I attend school regularly, be punctual and that I do not leave early except for good and sufficient reasons.
- I will attend all classes
- I will always abide by the school's code of conduct and accept the regulations as set out in this code of conduct. I agree to support the school in its endeavors and set aims and accept the regulations as set out in the code of conduct, and by signing this document I subscribe voluntarily to the dictates of said code and any other regulations which the Management Council and the Principal may stipulate from time to time.

Signed at \_\_\_\_\_, on this day \_\_\_\_\_, as acceptance of the above undertaking.

**Learner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





**TO BE COMPLETED BY THE STUDENT IN HIS/HER OWN HANDWRITING**

**PERSONAL DETAILS:**

**NAME:** \_\_\_\_\_

**AGE & DATE OF BIRTH:** \_\_\_\_\_  
\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NO'S:** \_\_\_\_\_

**EDUCATION:**

**SCHOOLS ATTENDED:** \_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC ACHIEVEMENTS: (Last 2 years only)**

\_\_\_\_\_  
\_\_\_\_\_

**SPORTS & SPORTING ACHIEVEMENTS: (last 2 years only)**

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL INTERESTS:**

\_\_\_\_\_  
\_\_\_\_\_

**BRIEFLY OUTLINE THE REASON WHY YOU WOULD LIKE TO ATTEND OUR SCHOOL:**

\_\_\_\_\_  
\_\_\_\_\_

**PROVIDE A BRIEF DESCRIPTION OF YOUR FAMILY:**