

# Wordsworth High School



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4 Wordsworth Road, Farrarmere, Benoni 1518  
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## RE-REGISTRATION FORM: WORDSWORTH HIGH SCHOOL 2022 (PLEASE COMPLETE IN BLACK BLOCK LETTERS)

According to the specific Education Regulations with effect from 1999, all learners receiving secondary school and education are required to re-enroll each year. Those re-enrolling must also undertake to comply with the rule's regulations set out in the School's Code of Conduct failing which they may be refused entry on re-registration.

**It is essential that you complete, sign, and return this form to your homeroom teacher by no later than Friday 21<sup>st</sup> of October 2022**

### LEARNER'S INFORMATION:

Surname of pupil: \_\_\_\_\_

First Names (As per birth certificate): \_\_\_\_\_ Residential

Address where pupil lives: \_\_\_\_\_ Residing with

(Mark with an X): Father / Mother / Other: Specify: \_\_\_\_\_

Date of birth: Year of birth: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

Present Age: \_\_\_\_\_ Identity Number: \_\_\_\_\_

Passport Number for foreigners \_\_\_\_\_ Study Permit info \_\_\_\_\_

**\*\*Please attach the study permit to this application**

PRESENT GRADE: \_\_\_\_\_ CLASS: \_\_\_\_\_

Name of Medical Aid: \_\_\_\_\_ Medical Aid Number: \_\_\_\_\_

Medical Aid dependent code: \_\_\_\_\_ Allergies: \_\_\_\_\_

Emergency contact person: Name and Surname: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Numbers: Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_ Does

applicant have brothers or sisters at this school: (Mark with an X): Yes / No

If yes name/s: 1 \_\_\_\_\_ 2 \_\_\_\_\_

Does the learner have an ID (16 Years are legible for ID documents and must be applied for) 

YES	NO
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If NO, please specify the reason for no ID document \_\_\_\_\_

**\*\*\*\*Please attach the learner's ID to this form if answered YES. ID document attached**

YES	NO
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### PARENTS / GUARDIAN'S INFORMATION: (Mark with an X): Parent / Guardian / Other (specify) \_\_\_\_\_

Surname of Parent 1: \_\_\_\_\_ First name/s: \_\_\_\_\_ Title: \_\_\_\_\_

Gender (Mark with an X) Male / Female Identity Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone Numbers: Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (Compulsory Statements will sent via Email)

Marital Status (Mark with an X): Married / Separated / Divorced / Re-married / Other (Specify) \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Surname of Parent 2: \_\_\_\_\_ First name/s: \_\_\_\_\_ Title: \_\_\_\_\_  
 Gender (Mark with an X) Male / Female Identity Number: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Telephone Numbers: Work: ( \_\_\_\_\_ ) Home: ( \_\_\_\_\_ ) Cell: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ (Compulsory statements will be sent via email)  
 Marital Status (Mark with an X): Married / Separated / Divorced / Re-married / Other (Specify) \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
 Address of Employer: \_\_\_\_\_

I/We hereby agree that the school may make use of the above Cell phone numbers, e-mail addresses residential addresses for information purposes. (Please place a cross in the appropriate box).

YES	NO
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Specimen signatures: Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note that both biological parents are liable for school fees**

**School Fees:**

**Name of person to whom the account must be sent:**

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ ID No \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Telephone Numbers: Work: ( \_\_\_\_\_ ) Home: ( \_\_\_\_\_ ) Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**I/we are aware that Wordsworth High School is a fee-paying school and undertake to pay the annual fees in full before the end of November of each year unless alternately arranged. All stationery is purchased by the parent. Textbooks issued will be returned in an acceptable condition OR paid for should they be damaged or not returned. ALL MATRIC learners' fees must be settled by the end of September.**

I/We hereby agree that the school may make use of the above e-mail and/or physical addresses for statement purposes. (Please place a cross in the appropriate box)

YES	NO
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**SIGNATURE OF THE PERSON RESPONSIBLE FOR SCHOOL FEES:** \_\_\_\_\_

**PERSONAL COMMITMENT BY LEARNER:**

I, \_\_\_\_\_, currently being a learner in Grade: \_\_\_\_\_ at Wordsworth High School, hereby affirm that I am aware of and understand the contents of Wordsworth High Schools Code of Conduct and undertake to adhere to the requirements and standards contained therein **failing which I may be refused re-registration and attendance at Wordsworth High School.**

Signature of Learner: \_\_\_\_\_

Witnessed by \_\_\_\_\_

Signature of Parent 1/Guardian: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent 2/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of learner: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Re-Registration captured				
All information updated on the system D6/SASAMS				
All documents scanned and uploaded (ID, Study permit where applicable, and Re-Registration form)				
Learner Profile updated (Re-Registration form filed)				
All finance information updated by the finance department				

