

School application

Cape Town Studies Private High School Grade 8 to 12

Western Cape Education Department Reg. No. 0103008276

Learner Information:

Name & Surname:	I.D:
Gender: Date of Birth:	- <u></u>
Last school attended:	
Province / Country:	
Reason for leaving:	
Highest grade achieved: Name of last Gra	
Current grade: Name of current Grade Te	acher:
Any grade repeated: Reason:	
Hobbies: Sp	oort:
Chronic Illness/Medication:	
Allergies:	
Any additional information pertaining to this learner	r:

Mother/Guardian: Name: ______ Surname: ______ I.D: _____ Occupation: _____ Company: Tel. Work: ______ Cell: _____ Home address: _____ Tel. home: _____ Postal address: _____ E-mail: _____ Father/Guardian: Name: _____ Surname: _____ I.D: _____ Occupation: _____ Company: _____ Tel. Work: ______ Cell: _____ Home address: _____ Tel. home: _____ Postal address: _____ E-mail: _____ Contact in case of Emergency (Family): 1. Name and Surname: ______ 2. Relation to Learner: ______ Physical home address: _____ 4. Tel. No. landline: _____ Tel No. Mobile: _____ Contact in case of Emergency (Non Family / Friend): 1. Name and Surname: ______ 2. Relation to Learner: 3. Physical home address: _____ 4. Tel. No. landline: _____ Tel No. Mobile: _____

Date:

Parent/Guardian signature: