



School application

Cape Town Studies Private High School
Grade 8 to 12
Western Cape Education Department Reg. No. 0103008276
RSA: 076 7928710 International +21 767928710

Learner Information:

Name & Surname: _____ I.D: _____

Gender: _____ Date of Birth: _____

Last school attended: _____

Province / Country: _____

Reason for leaving: _____

Highest grade achieved: _____ Name of last Grade Teacher: _____

Current grade: _____ Name of current Grade Teacher: _____

Any grade repeated: _____ Reason: _____

Hobbies: _____ Sport: _____

Chronic Illness/Medication: _____

Allergies: _____

Any additional information pertaining to this learner:

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: _____

3. 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: _____

Parent/Guardian signature:

Date:
