

SILIKAMVA HIGH SCHOOL

Penzance Road, Hout Bay, 7806. Phone: 021 790 3514 Fax: 021 790 7370
email: silikamvahigh@gmail.com
Principal: A.Duffett



Applicant Information Form

Sections 1 – 9 of this form must be completed by the student applicant in his or her own handwriting.

1. Personal information

Name:
Present School:
Home Address:

2. Academic achievements

GRADES Repeated			
Please fill in the results from your report which you obtained in Dec 2013	English	%	
	Mathematics	%	
Grade 6 ANNUAL NATIONAL ASSESSMENT RESULTS	Literacy/Language	%	
	Numeracy/ Maths	%	
<u>Special awards and achievements:</u>			

3. Sport

Please fill in the name of the sport or sports you are playing this year.

Sport	Team

4. Clubs and Societies

List any clubs, societies or other school activities in which you participate.

5. Leadership positions

Please list any leadership positions which you hold or have held in the past (e.g. prefect, monitor, leader, captain)

6. Special achievements and interests

Please list any special achievements which you have not listed in any other place on this form. If you have any hobbies or special interests, they should also be listed here.

7. Your brothers and sisters.

If you have brothers or sisters, please give their names, ages and the name of the school or other educational institution each attends and the standard or level. If they are working, please say what each is doing.

8. What kind of person are you and why do you wish to come to Silikamva High School?

Please describe the kind of person you are and give your reason(s) for wanting to come to Silikamva High School.

9. List three things you would like to do if you came to Silikamva High School?

.....
STUDENT'S SIGNATURE

.....
DATE

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Application for Admission in 2015

DOCUMENTS NEEDED FOR APPLICATION			
Birth certificate		Both parents' ID	
Most recent school report		Clinic card	
Proof of residence (account in applicant's name)		Passport size photo	

FOR OFFICIAL USE ONLY	
Date returned	
Admission number	
Grade Applying For	

Child's Surname:				First Names:							
Date of Birth:	D	D	M	M	Y	Y	Current age:		Gender	Female	Male
Home Language:						Preferred Language:					
Child's Country of Birth:						Religion:					
Number of children in family:						Is this child the 1 st , 2 nd , etc. child in the family?					
PRIMARY/PRESENT SCHOOL:									CURRENT GRADE:		

MOTHER / GUARDIAN (This information must be provided)	FATHER / GUARDIAN (This information must be provided)
Relationship: Mother / Father / Guardian / Aunt / Uncle / Grandparent / Brother / Sister (please circle)	Relationship: Mother / Father / Guardian / Aunt / Uncle / Grandparent / Brother / Sister (please circle)
Surname:	Surname:
First Name:	First Name:
Marital Status:	Marital Status:
ID Number:	ID Number:
Occupation:	Occupation:
Name of Employer:	Name of Employer:
Work phone number:	Work phone number:
Home address:	Home address:
Postal Code:	Postal Code:
Cell phone number:	Cell phone number:
Home phone number:	Home phone number:
WHO DOES THE CHILD LIVE WITH?	Contact Number of person you are living with:

Underline illness(es) child has had:

Measles; German Measles; Whooping cough; Chicken-pox; Mumps

Other important illness(es) or disabilities from which the child is suffering or has suffered:

(e.g. Asthma; Epilepsy):

Operation(s) pupil has had:

Give date and nature of operation(s):

Underline illness(es) pupil has been immunised against:

Tuberculosis (BCG); Diphtheria; Whooping Cough; Tetanus; Measles; German Measles; Mumps; Poliomyelitis.

IMPORTANT

Pupils should have been immunised against **all** the above illnesses before school attendance.
Immunisation against Poliomyelitis (BCG) is legally compulsory

Please provide any other information you feel would be relevant to this application:

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.....
.....

DECLARATION AGREEMENT : all the above information is, to the best of my knowledge, true and correct.

If my child is accepted as a learner at Silikamva High School, Hout Bay, I undertake to abide by the rules of the School and the Code of Conduct (a copy of which must be signed on acceptance).

.....
SIGNATURE of PARENT 1
(Circle whether father / mother / guardian)

.....
NAME (printed)

.....
DATE

.....
SIGNATURE of PARENT 2
(Circle whether father / mother / guardian)

.....
NAME (printed)

.....
DATE

.....
SIGNATURE of CHILD

.....
NAME (printed)

.....
DATE

IMPORTANT INFORMATION:

The 2 pages entitled "Applicant Information" MUST be completed by the CHILD in his/her own words and handwriting. This form is part of the criteria used to determine whether the child will be admitted so must be viewed as an **important contribution** to the application.

Submission of an Application for Admission form does not guarantee a placement at Silikamva High School.

PLEASE BE ADVISED

You will be expected to attend an interview as part of the admission process.
You will be notified of the date and time of the interview.