

FOR OFFICIAL USE

DEPOSIT RECEIPT No.	
BIRTH CERTIFICATE	
CLINIC CARD	
TUITION AGREEMENT	
REPORT	
CONFIRMATION	



FOR OFFICIAL USE

ADMISSION NUMBER	APPLICATION DATE
FAMILY NUMBER	DATE STARTING

APPLICATION FOR ADMISSION TO
LITTLE BOSCH GRADE R

Laidlaw Lane, Claremont, 7708 Cape Town
Tel/Fax. 021 683-3989 • Email. bosch@rondebosch.com

TO ENTER GRADE R IN 20 AT THE AGE OF YEARS MONTHS

DETAILS OF PUPIL:

SURNAME OF PUPIL:

FIRST NAMES OF PUPIL:

DATE OF BIRTH OF PUPIL: DAY OF MONTH YEAR

• (Please attach copy of Birth Certificate) I.D. No. of PUPIL:

DETAILS OF FATHER:

MARITAL STATUS: I.D. No.: COPY OF ID TO BE ATTACHED

FULL NAMES: TITLE:

CELL. PHONE NO.: FAX. NO.:

EMAIL ADDRESS:

RESIDENTIAL ADDRESS:

Rates account, signed agreement of purchase of property or lease agreement to be attached

..... CODE: TEL. NO.: (H)

POSTAL ADDRESS:

..... CODE:

HIGHEST EDUCATIONAL QUALIFICATION:

OCCUPATION: POSITION:

NAME OF FIRM: TEL. NO.: (W)

DETAILS OF MOTHER:

MARITAL STATUS: I.D. No.: COPY OF ID TO BE ATTACHED

FULL NAMES: TITLE:

CELL. PHONE NO.: FAX. NO.:

EMAIL ADDRESS:

RESIDENTIAL ADDRESS:

Rates account, signed agreement of purchase of property or lease agreement to be attached

..... CODE: TEL. NO.: (H)

POSTAL ADDRESS:

..... CODE:

HIGHEST EDUCATIONAL QUALIFICATION:

NAME OF FIRM: TEL. NO.: (W)

IF DIVORCED – PLEASE STATE LEGAL GUARDIAN

CITIZENSHIP OF CHILD:..... COUNTRY OF ORIGIN:.....
CHILD RESIDES WITH PARENTS/MOTHER/FATHER/GRANDPARENTS/OTHER (STATE):.....
HOME LANGUAGE:..... RELIGION: NO. OF CHILDREN:.....
POSITION OF CHILD: SIBLINGS AT RBPS/RBHS:
STATE NAMES AND AGES OF YOUNGER BROTHERS:
PRE-PRIMARY SCHOOL/PLAYGROUP ATTENDED BY CHILD:

RONDEBOSCH SCHOOLS ASSOCIATION:

ARE YOU (OR YOUR SPOUSE) AN OLD BOY OF RONDEBOSCH BOYS HIGH? STATE YEAR:.....
DO YOU HAVE ANY OTHER ASSOCIATION WITH RONDEBOSCH BOYS SCHOOLS?.....

HAS YOUR SON EVER REQUIRED PLAY, SPEECH, OCCUPATIONAL OR PHYSIO-THERAPY? YES / NO

IF YES, PLEASE SUPPLY DETAILS AND ATTACH REPORTS: (USE A SEPARATE PAGE IF NECESSARY.)
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MEDICAL HISTORY:

NOTE: IMMUNISATION AGAINST POLIOMYELITIS TUBERCULOSIS (B.C.G.) IS LEGALLY COMPULSORY.
AN IMMUNISATION CERTIFICATE OR COPY OF CLINIC CARD WILL BE REQUIRED PRIOR TO ADMISSION.
STATE ANY IMPORTANT ILLNESSES FROM WHICH THE CHILD HAS SUFFERED (EG. ASTHMA, EPILEPSY).
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ANY OTHER RELEVANT INFORMATION THAT WE NEED TO KNOW?
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SIGNATURE OF PARENT: DATE:

PLEASE RETURN TO: THE SECRETARY

WITH ATTACHED COPIES OF:

- ID DOCUMENT OR BIRTH CERTIFICATE WITH ID NUMBER OF CHILD
- COPIES OF BOTH PARENTS ID DOCUMENTS.
- COPY OF IMMUNISATION CERTIFICATE OR CLINIC CARD.
- COPY OF PROOF OF RESIDENTIAL ADDRESS ON A UTILITY ACCOUNT OR A SIGNED LEASE AGREEMENT.

PLEASE NOTE:

- A DEPOSIT IS PAYABLE ON ACCEPTANCE OF YOUR CHILD. THIS AMOUNT WILL BE CREDITED TO YOUR ACCOUNT DURING THE LAST TERM YOUR CHILD IS AT LITTLE BOSCH.
- ALL FEES ARE PAYABLE IN ADVANCE AND A TERM'S NOTICE (OR EQUIVALENT FEE) IS REQUIRED BEFORE THE WITHDRAWAL OF A CHILD.