



APPLICATION FOR ADMISSION TO

LITTLE BOSCH GRADE R

LIDLAW LANE, CLAREMONT 7708, CAPE TOWN
TEL/FAX: 021 683-3989 * EMAIL: bosch@rondebosch.com
WEBSITE: www.rondebosch.com

TO ENTER GRADE R IN THE YEAR.....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) ID NUMBER OF PUPIL:.....

DETAILS OF FATHER

MARITAL STATUS:..... ID NO.....

FULL NAMES:..... TITLE.....

CELL PHONE NO.:..... FAX NO.:.....

EMAIL ADDRESS:.....

RESIDENTIAL ADDRESS:.....

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

POSTALADDRESS:.....

.....CODE:.....

HIGH SCHOOL ATTENDED: PASSED MATRIC IN YEAR.....

HIGHEST EDUCATIONAL QUALIFICATION:.....

OCCUPATION:..... POSITION:.....

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

DETAILS OF MOTHER

MARITAL STATUS:..... ID NO.....

FULL NAMES:..... TITLE.....

CELL PHONE NO.:..... FAX NO.:.....

EMAIL ADDRESS:.....

RESIDENTIAL ADDRESS:.....

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

POSTALADDRESS:.....

.....CODE:.....

HIGH SCHOOL ATTENDED: PASSED MATRIC IN YEAR.....

HIGHEST EDUCATIONAL QUALIFICATION:.....

OCCUPATION:..... POSITION:.....

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:

State Names and Ages of Younger Brothers:

Pre-primary School/ Playgroup attended by Child:.....

HAS YOUR SON EVER REQUIRED PLAY, REMEDIAL, 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.
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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.