

FOR OFFICIAL USE

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



FOR OFFICIAL USE

ADMISSION NUMBER	ADMITTED TO GRADE
FAMILY NUMBER	DATE STARTING

**APPLICATION FOR ADMISSION TO
RONDEBOSCH BOYS' PREPARATORY SCHOOL**

78 Campground Road Rondebosch 7700. Tel 021-686 4635 Fax 021-685 1492
e-mail: info@rondebosch.com http://www.rondebosch.com

TO ENTER GRADE on 20..... at the age of years months

DETAILS OF PUPIL:

SURNAME OF PUPIL:

FIRST NAMES OF PUPIL:

PREFERRED NAME:

DATE OF BIRTH OF PUPIL: **DAY OF** **MONTH** **YEAR**

• (Please attach copy of Birth Certificate or Book of Life) **I.D. No. of PUPIL:**

DETAILS OF CUSTODIAL PARENT/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)**

HIGHEST EDUCATIONAL QUALIFICATION:

OCCUPATION: **POSITION:**

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

DETAILS OF OTHER PARENT:

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

FULL NAMES: **TITLE:**

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

EMAIL ADDRESS:

RESIDENTIAL ADDRESS:

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

HIGHEST EDUCATIONAL QUALIFICATION:

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

IF DIVORCED – PLEASE STATE LEGAL GUARDIAN

STATE NAMES AND GRADES OF BROTHERS AT RBPS / RBHS:

.....

STATE NAMES AND AGES OF YOUNGER BROTHERS:

.....

CITIZENSHIP: COUNTRY OF ORIGIN:

IMMIGRANT: YES / NO STUDY PERMIT: YES / NO DATE STARTED S.A. EDUCATION:

HOME LANGUAGE OF PUPIL: HOME LANGUAGE OF FAMILY: RELIGION:

NAME & ADDRESS OF PREVIOUS SCHOOL ATTENDED BY PUPIL (Including Pre-School)

- (Please attach a copy of your son's most recent report)

NAME OF SCHOOL:

ADDRESS OF SCHOOL:

PRESENT TEACHER'S NAME: CODE:

TEL. NO.: FAX. NO.:

DATE OF LEAVING ABOVE SCHOOL: LAST GRADE PASSED:

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

IF YES, PLEASE SUPPLY DETAILS (Use a separate page if necessary)

MEDICAL HISTORY

State any important illnesses from which the pupil has suffered (e.g. Asthma, Epilepsy)

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.

RELIGION EDUCATION

Have you any conscientious objection to your son being present when instruction in Religion Education is given? YES / NO

1. FORMER RONDEBOSCH SCHOOLS ASSOCIATION:

Are you (or your spouse) an Old Boy of Rondebosch Boys' High? If yes, state year (E)

2. Are you (or your spouse) a registered member of the O.B.U? YES / NO

3. HOUSE CHOICE: (ANDREWS, FLETCHER, MARCHAND)

(Please complete 3 only should you wish to perpetuate a family tradition)

4. Any other relevant information:

DECLARATION AGREEMENT:

1. All of the above information is, to the best of my knowledge, true and correct.
2. On acceptance of my son as a pupil, I undertake to abide by the rules of the school as detailed in the School Prospectus.
3. In the event of my son being accepted as a pupil at R.B.P.S., I confirm that I will be prepared to sign a Tuition Agreement which will be legally binding.

FULL NAME (PRINT)

.....
FATHER

.....
MOTHER

.....
GUARDIAN

SIGNATURES:

.....
FATHER

.....
MOTHER

.....
GUARDIAN

.....
DATE

- PLEASE NOTE:**
- * Applicants from Grade 2 - 7 will undergo class placement interviews.
 - * Please attach all supporting documents where requested.
 - * Please attach copy of Birth Certificate or Book of Life & both parents ID Documents