

HOSTEL: ACCOUNT NO:



ADMIN NO: GRADE:

**YORK HIGH SCHOOL
P O BOX 254
GEORGE
6530**

PART C

**APPLICATION FOR ADMISSION
OF**

FULL NAME:.....

TO GRADE FOR THE YEAR 20

NB

- Parents/ Legal Guardians are required to read addenda A and B prior to the completion of the Application. The addenda should be retained for future reference.
- Incomplete enrolment forms will be referred back to applicants and delay the process.

FOR OFFICIAL USE ONLY	
SIGNED APPLICATION FORM	
REPORT	
BIRTH CERTIFICATE	
CODE OF CONDUCT	
DRUG CONSENT FORM	
PHOTOCOPY OF ID DOCUMENT OF BOTH PARENTS	
CURRENT SCHOOL FEE STATEMENT	
PROOF OF RESIDENCE	
SCHOOL FEE FORM (Green form)	

APPLICATION FOR A FIRST ADMISSION TO YORK HIGH SCHOOL
PART - C

(Please note - data items surrounded by a double line will be entered by the school.)

A. PERSONAL DETAILS OF LEARNER:

SURNAME: _____ DATE OF BIRTH: ____/____/____
(Copy of Birth Certificate / ID is required)
AGE: _____ YEARS _____ MONTHS

FIRST NAMES: _____ SEX (M/F): _____

PREFERRED NAME: _____ IDENTITY NUMBER: _____

IMMIGRANT LEARNER PASSPORT NO: _____ STUDY PERMIT NO: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS : _____

HOME LANGUAGE: _____ COUNTRY OF BIRTH: _____

RELIGION AND DENOMINATION: _____

HOME TEL NO _____ CELL NO _____

B. SCHOLASTIC PARTICULARS OF LEARNER

Please supply the full name and address, code and telephone number of the school most recently attended by your child:

School Name: _____ Tel. No: _____

Address: _____ Code: _____

Date of leaving above-mentioned school: _____ Grade passed: _____

Medium of Instruction: _____ School Email: _____

HAVE YOU HAD OTHER CHILDREN AT YORK HIGH IN THE PAST? YES / NO
IF SO: NAME/S: _____ YEAR/S: _____

SCHOOL HOUSE: _____

DO YOU HAVE OTHER CHILDREN AT YORK HIGH NOW? YES / NO

IF YES, PLEASE GIVE NAMES, GRADES AND SCHOOL HOUSE:

NAME: _____ GRADE: _____ SCHOOL HOUSE: _____

NAME: _____ GRADE: _____ SCHOOL HOUSE: _____

Academic Achievements:

(NB. A copy of your child's most recent school report must also accompany this application form.)

Extra-mural involvement: (List the most important teams/achievements only)

Sporting: _____

Cultural: _____

Leadership positions: _____

Learning difficulties experienced and remedial action taken:

Has the learner ever been expelled from/ refused admission to any school?

C. MEDICAL INFORMATION OF LEARNER

BLOOD GROUP (if known): _____

OTHER DETAILS e.g. epilepsy, allergies, diabetes, etc.:

Does your child have any medical, psychological or any other condition which has affected or could affect his/her academic progress, behaviour or adjustment? Please elaborate below:

DOCTOR'S NAME: _____ TEL. NO: _____

DENTIST'S NAME: _____ TEL. NO: _____

PERSONAL DETAILS OF PARENT(S) OR LEGAL GUARDIAN(S) WITH WHOM THE LEARNER PERMANENTLY RESIDES:-

IS EITHER PARENT A PAST LEARNER OF YORK HIGH SCHOOL? YES / NO

If so, to which School House did you belong? _____ Final year at York: _____

(a) Father: (Biological)

Surname: _____ TITLE: (Prof/Dr/Rev/Mr)

First names: _____

I.D. No: _____ (Copy of first page of ID document is required)

Residential Address : (certified documentary proof of this is required)

_____ Code: _____

Occupation: _____ Employer: _____

Physical Work Address: _____

(b) Mother: (Biological)

Surname: _____ TITLE: (Prof/Dr/Rev/Mrs/Miss)

First names: _____

I.D. No: _____ (Copy of first page of ID document is required)

Address: _____ Code: _____

Occupation: _____ Employer: _____

Physical Work Address: _____

Marital Status: Married/Divorced/Widow/er/Remarried/Single (tick appropriate one)

If divorced, who has legal custody and with whom does the learner live? _____

(c) Legal Guardian(s) Full names: _____

I.D. No: _____

Address: _____ Code: _____

Occupation: _____ Employer: _____

PhysicalWorkAddress: _____

(d) If you are a Legal Guardian, please indicate your relationship to the learner, eg Grandparent, Mother, Foster Parent etc.)

Tel. Numbers: Home Work Cell E-mail

Father: _____

Mother: _____

Account Payer: _____

Primary Email: _____

SECOND PARENT INFORMATION

(in case of remarriage, etc.)

SURNAME: _____ TITLE: _____ FIRST NAMES: _____

ADDRESS: _____

HOME TEL NO: _____

WORK TEL NO: _____

PARENTS ARE REQUIRED TO INFORM THE SCHOOL IN WRITING OF ANY CHANGES TO THE INFORMATION SUPPLIED IN THE PRECEDING PAGES.

N.B. Applications will only be considered if all the following documentation is correctly completed and attached:

- Fully completed and signed Application Form
- Photocopy of most recent school report
- Certified copy of the learner's birth certificate or ID document
- Code of Conduct Form (signed by learner)
- Drug Testing Consent form
- Photocopy of I.D. document of both parents/ Legal guardian
- Proof of residential address, i.e. certified copy of Lease Agreement/telephone/electricity or water accounts
- Photocopy of the current school fee statement from present school
- Green School Fee Form

FOR SCHOOL USE ONLY:-

DATE APPLICATION FORM RECEIVED : _____

FORM COMPLETED IN FULL : YES/ NO

ENROLMENT DATE : _____

ADMISSION NUMBER: _____

CLASS: _____

SCHOOL HOUSE: _____