



NORMAN HENSILWOOD HIGH SCHOOL
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Principal
David J Millar

APPLICATION FORM 2013
(ONLY HAND DELIVERED APPLICATIONS WILL BE ACCEPTED)

Dear Parents

Thank you for applying to Norman Henshilwood High School. Please complete the attached form and return it with the following documentation:

- 1 A copy of the learner's identity document or birth certificate
- 2 A copy of both biological parents' identity documents
- 3 A copy of the learner's UNABRIDGED CERTIFICATE.
- 4 A copy of the death certificate if either parent has deceased.
- 5 A copy of proof of residential address. N.B. Offer to purchase is not acceptable
- 6 A copy of the learner's latest report

THIS FORM WILL NOT BE PROCESSED WITHOUT ALL DOCUMENTATION ATTACHED.

CLOSING DATES:

GRADE 8 (2013) – 16 March 2012

GRADE 9, 10 AND 11 (2013) – 19 October 2012

PLEASE APPLY TO MORE THAN ONE SCHOOL AS ACCEPTANCE IS NOT GUARANTEED

ATTENDANCE AT A LOCAL PRIMARY SCHOOL DOES NOT GUARANTEE ENROLMENT

NOTE: We are a Section 21 School and have a budget exceeding R10 million. Inability to pay seriously compromises our childrens' education. Consider this before applying.



NORMAN HENSHILWOOD HIGH SCHOOL

APPLICATION FORM 2012

GRADE 8	GRADE 9	GRADE 10	GRADE 11
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Attach recent colour
passport size photograph

Compulsory

LEARNER'S INFORMATION

SURNAME: _____

FIRST NAMES: _____

NAME BY WHICH LEARNER IS CALLED: _____

DATE OF BIRTH OF LEARNER: _____

GENDER: _____ HOME LANGUAGE: _____

SCHOOL CURRENTLY ATTENDING: _____

NUMBER OF CHILDREN IN FAMILY: _____

WHO DOES THE LEARNER LIVE WITH? _____

DO YOU CURRENTLY HAVE A CHILD AT NHHS: YES NO

IF YES, NAME OF SIBLING: _____ GRADE: _____

DID YOU HAVE A CHILD WHO ATTENDED NHHS? IF YES, PLEASE STATE:

NAME: _____ YEAR ATTENDED: _____

PARENTS/ GUARDIAN INFORMATION

BIOLOGICAL FATHER:

SURNAME: _____

FIRST NAMES: _____

IDENTITY NUMBER: _____

MARITAL STATUS: _____

HOME ADDRESS: _____

_____ POSTAL CODE: _____

TELEPHONE:

HOME: _____ WORK NO.: _____

CELL NO. _____ E-MAIL ADDRESS: _____

COMPANY AND NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____ POSTAL CODE: _____

ARE YOU A BUSINESS OWNER? YES NO

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

BIOLOGICAL MOTHER:

SURNAME: _____

FIRST NAMES: _____

IDENTITY NUMBER: _____

MARITAL STATUS: _____

HOME ADDRESS: _____

_____ POSTAL CODE: _____

TELEPHONE:

HOME: _____ WORK NO.: _____

CELL NO. _____ E-MAIL ADDRESS: _____

COMPANY AND NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____ POSTAL CODE: _____

ARE YOU A BUSINESS OWNER? YES NO

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

LEGAL GUARDIAN: (ONLY IF APPLICABLE)

SURNAME: _____

FIRST NAMES: _____

IDENTITY NUMBER: _____

MARITAL STATUS: _____

HOME ADDRESS: _____

_____ POSTAL CODE: _____

TELEPHONE:

HOME: _____ WORK NO.: _____

CELL NO. _____ E-MAIL ADDRESS: _____

COMPANY AND NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____ POSTAL CODE: _____

MEDICAL INFORMATION:

FAMILY PRACTITIONER/ CLINIC: _____

CONTACT NO.: _____

ALLERGIES: _____

CHRONIC ILLNESSES (OF LEARNER): _____

NAME OF MEDICAL AID: _____

MEDICAL AID NO.: _____

NAME OF CARD HOLDER (Main Member): _____

CONTACT PERSON IN CASE OF AN EMERGENCY (other than parent or guardian):

HOME TELEPHONE NO.: _____ WORK TELEPHONE NO.: _____

CELLPHONE NO.: _____

SCHOOLS ATTENDED					
NAME OF SCHOOL	MEDIUM OF INSTRUCTION	DATE OF ADMISSION		DATE OF DEPARTURE	
		Date	Grade	Date	Grade

AREAS REQUIRING ONGOING SUPPORT AND NATURE OF SUPPORT PROVIDED (including academic, emotional and assistive devices)			
YEAR	GRADE	AREAS REQUIRING ATTENTION	NATURE OF SUPPORT PROVIDED

PARTICIPATION IN CO-CURRICULAR ACTIVITIES (school as well as not school related. Include Certificates required for Life Orientation in the FET phase)				
YEAR	GRADE	ACTIVITY	CERTIFICATE	INSTITUTION

OUTSTANDING ACHIEVEMENTS (e.g. academics, sport, culture etc. Provide Proof)		
YEAR	GRADE	ACTIVITY

GENERAL INFORMATION

1. How far is NHHS from your home (one way): _____
2. Which High School is the closest to your home: _____
3. Which other schools have you applied to:
 - 3.1. _____ 3.2. _____
 - 3.3. _____ 3.4. _____

PAYMENT AGREEMENT

I, we undertake to pay the school fees as follows:

Please indicate with a cross which option you have chosen.

A	In full before 28 February 2013 and I understand I will receive a 10% discount
B	In 10 (ten) instalments payable on the 1 st of every month (Jan 2013 – Oct 2013)
C	I/we require a partial exemption form
*D	I/we are unable to pay school fees

*** The above is necessary for Budgeting Purposes.**

I/we authorize the school to do credit bureau checks on me/us in the event of any schools fees due by me/us not being paid. I/we authorize the school to inform any relevant credit bureau and have my/our name listed with them.

School Fees are a statutory debt which is prescribed by law and may NOT be referred to a Debt Counsellor for debt review under section 129 of the National Credit Act. Schools are exempt from the National Credit Act.

FALSIFICATION OF ANY OF THE ABOVE WILL RESULT IN YOUR APPLICATION BEING REJECTED

Signature of Biological Father: _____

Signature of Biological Mother: _____

Signature of Legal Guardian: _____
(if applicable)

Date: _____

Application Received

Date:	Signature:
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