

NEWCASTLE HIGH SCHOOL

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APPLICATION FOR ADMISSION FOR 2023

PLACE

RECENT

ID/PASSPORT

SIZE PHOTO

DATE RECEIVED:

(TO BE COMPLETED BY BOTH PARENTS/LEGAL GUARDIANS)

1. First language of the learner at his/her current school MUST be ENGLISH HOME LANGUAGE.

- 2. For a child to be eligible for admission to this school, they must comply with the admissions criteria as determined by the Governing Body.
- 3. The completion and handing in of this application is **NOT AN ACCEPTANCE!**
- 4. Acceptance at Newcastle High School is NOT GUARANTEED.
- 5. If any facts reflected in this application form prove to be incorrect, **the School reserves the right to reject the application**, whether or not the application has been previously accepted. It is an offence to make a false statement about any item pertinent to this application, such as the age and identity of a child, place of residence, guardianship or previous academic achievement.
- 6. By making this application for admission to the school, the learner and the parents accept that on such admission, the learner will be bound by the Code of Conduct and Regulations of the School throughout the learners' stay at the School.
- 7. This form must be completed in full by the applicant's parent/s or legal guardian.
- 8. Parent as defined in S.A Schools Act, No. 84 of 1996 is
 - a) The parent or guardian of a learner;
 - b) The person legally entitled to custody of a learner; or

Closing date for applications: 29 July 2022

c) The person who undertakes to fulfil the obligations of a person referred to in paragraph (a) and (b) towards the learner's education at school.

DATE ISSUED:

9. This application will only be processed once all relevant documentation has been received.

LEARNE	ER'S SURNAME						
LEARNER'S FIRST NAMES:							
GRADE	GRADE APPLIED FOR IN 2023:						
PLEAS	PLEASE INDICATE (WITH AN X) LANGUAGE SUBJECT				ENGLISH &		
СНОІС	E: NB: if not sele	ected by parent/guardian,	the default	AFRIKAANS			
package of English & Afrikaans will be given to you, if accepted.			u, if accepted.	ENGLISH & ZULU			
The foll	owing document	ts <u>must</u> be submitted with t	• •				
	FOR OFFICE USE ONLY						
1.	Certified copy	ppy of birth certificate/I.D of learner					
2.	Certified copy of latest report						
3.	Certified copies of BOTH parents' ID						
4.	Guardianship (Guardianship (if necessary-copy of Court Ruling)-Certified					
5.	Electricity Account/Rates Account (latest, original) in parent's name						
6.	1 Passport size photo of learner						
7.	Immigration Status documents (if applicable)						
Admission No.		E	Accepted	Not Accepted		ed	
Principal				•			
Signature & Date							
							Page 1 of 4

1. PARTICULARS OF	LEARNER						
Surname:		First name:	First name:				
Date of Birth:	Identity No:						
Citizenship:		Mother tongue:					
Learner living with (pla	ce an X)	Both parents	Mother only	Father only	other		
Give relationship detail	s, if other						
Immigrant? Yes/No. if y	es, state date of entry						
in South Africa							
If not South African - supply R	esidence Permit Number						
1.1. SCHOLASTIC							
Current Grade:		urrent school					
Number of years at		peen expelled					
above school	•	sed admission					
	to any sch	001?					
1.2. ASSOCIATION	WITH NEWCASTLE HIG	GH SCHOOL					
Were any siblings at th	is school before? Please	supply details	of them and	l years atten	ded.		
Name & Surname		ear from		Year to			
1.							
2.							
3.							
1.3. LEARNER PROF	ILE						
A brief resumé of you	achievements from pr	evious school	and current	school year,	including		
sporting and cultural a	_			, ,	G		
1. Academic:							
2. Leadership:							
3. Other Co-Curricular	•						
2. PARTICULARS OF BIOLOGICAL PARENTS							
Particulars of both biological parents are required. In the case of a deceased parent please indicate this on the form and a certified copy of the Death Certificate should be included.							
FATHER MOTHER							
Surname:		Surname:	14101				
First names:		First names:					

Marital Status:	Marital Status:
Married/Single/Divorced/Widowed	Married/Single/Divorced/Widowed
(Delete whichever not applicable)	(Delete whichever not applicable)
Residential Address (street):	Residential Address (street):
	The state of the s
Number of years at above address:	Number of years at above address:
Postal Address:	Postal Address:
Home Telephone No:	Home Telephone No:
Cell No:	Cell No:
Employers /Business Name and Address:	Employers /Business Name and Address:
Employers/Business Telephone No:	Employers/Business Telephone No:
Occupation:	Occupation:
3.PARTICULARS OF STEP-PARENTS/LEGAL	
	or guardians must accompany this application.
"FATHER"	"MOTHER"
Surname: First names:	Surname: First names:
I.D.Number:	I.D.Number:
Relationship to Learner:	Relationship to Learner:
Residential Address (street):	Residential Address (street):
residential Address (street).	Residential Address (street).
Number of years at above address:	Number of years at above address:
Postal Address:	Postal Address:
Home Telephone No:	Home Telephone No:
Cell No:	Cell No:
Employers /Business Name and Address:	Employers /Business Name and Address:
Employers/Rusiness Tolophone No:	Employers/Rusiness Talanhana No:
Employers/Business Telephone No:	Employers/Business Telephone No:
Employers/Business Telephone No: Occupation:	Employers/Business Telephone No: Occupation:

4. MEDICAL HISTO	ORY			
Previous illnesses (na	ture and seriousness), detail	ils of disabilities, allergies	or other medical o	conditions
that the school shoul	d be aware of:			
Any specific medica	tion taken? Please list the	em:		
If your child/ward h	as been vaccinated or imi	munised against the foll	owing diseases, i	indicate with
a cross in the releva	nnt square: (Immunisation ag	gainst poliomyelitis and tube	rculosis is compulso	ory).
Diptheria	Tetanus		Tuberculosis	
Whooping cough	Typhoid		Poliomyelitis	
Medical Aid:		Membership Number:		
Doctor:		Telephone No:		
5. DECLARATION				
3. 2232				
5.1. I		, the legal pa	rent/guardian of	the applicant
learner undertake:			, 0	
a) to furnish orig	ginal, authentic documents a	as required;		
b) to inform the	school in writing of any cha	nge of address or telepho	ne number.	
5.2. I declare that the	information and document	s submitted for this applic	cation are true and	d correct.
5.3. I acknowledge re	ceipt of the letter accompa	nying this application form	n and have noted	its contents.
5.4. I agree that all w	ritten correspondence forw	arded by the school to the	e given postal add	ress shall be
	n received within 7 days froi	•		
5.5. should this applic	cation be <u>successful</u> I under	take:		
_	school by telephone if my c		another school or	n or before or
	consequence of a non-refun	•		
-	school of any case of infecti			
•	t this child complies with the	•		
•	tradition and character of t	_	my child to do the	e same;
•	t this child attends organise	· · · · · · · · · · · · · · · · · · ·	l- ACd C-ll-/	A -1 A -1 N -
	school fees in terms of Sec	tion 39 and 40 of the Sout	n African Schools	ACT, ACT NO.
84 of 1996;	s incurred for damage, injur	ay or loss caused by my chi	ild/ward to school	l proporty or
any person(s)		y or loss caused by my cm	ilu/ waru to scrioo	i property or
, , , , ,	Principal or his/her designate	es may act in loco parentis	s in the event of a	ny iniury or
_	child/ward may be involved			,,
	I declare that I underst		claration is bin	ndina on
	plication for my child/w			g 0
Mother/Guardia	an: (Name in Full)			
Signaturo		Data		
Jigiiatui E		Date	•	
Father/Guardia	n: (Name in Full)			
Tatrici/ Guarulai	(1401116 111 1 011)			
Cianatura		Data		
oignature:		Date	:	