



APPLICATION FOR ADMISSION TO
LITTLE BOSCH GRADE R

LIDLAW LANE, CLAREMONT 7708, CAPE TOWN

TELEPHONE: 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: FIRST NAMES:.....

DATE OF BIRTH: DAY..... MONTH..... YEAR..... ID NUMBER OF PUPIL:.....

*(PLEASE ATTACH COPY OF AN *UNABRIDGED* BIRTH CERTIFICATE)

DETAILS OF PARENT 1:

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

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

CELL PHONE NO:..... TEL NO.:..... (H)

FAX NO:..... EMAIL ADDRESS:.....

RESIDENTIAL ADDRESS:..... CODE:.....

POSTAL ADDRESS:..... CODE:.....

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

HIGHEST EDUCATIONAL QUALIFICATION:.....

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

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

DETAILS OF PARENT 2:

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

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

CELL PHONE NO:..... TEL NO.:..... (H)

FAX NO:..... EMAIL ADDRESS:.....

RESIDENTIAL ADDRESS:..... CODE:.....

POSTAL ADDRESS:..... 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:.....

IMMIGRANT: YES / NO STUDY PERMIT: YES / NO DATE STARTED SA EDUCATION:.....

Child resides with Parents/ Mother/ Father/ Grandparents/ Other (State):

Home Language:..... Religion:No. of children

Position of Child: Names of Siblings at RBPS:.....

State Names and Ages of Younger Brothers:

Pre-primary School/ Playgroup attended by Child:..... Tel. No.....

Has your son ever required Play, Remedial, Speech, Occupation 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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We as parents give explicit consent that the information provided to the school was given voluntarily and that the school may:

1. *Store the data in its files and electronic systems;*
2. *Generate academic, attendance, behavioural and other school-related records;*
3. *Use both the provided and generated data for purposes of providing services relevant to the enrolment and progress of the applicant at the school (including but not limited to contacting parents, placing the applicant in a class, entering him in exams, competitions, leagues and the like, updating the school roll and alumni register; and researching and reporting on school demographics or performances);*
4. *Pass it on where required to do so as part of school reports, testimonials and confidential reports, and for statistical or research purposes, or when legally required to do so.*
5. *Include photographs, with or without name, of your son in school publications, press releases or social media to celebrate Little Bosch or your son's activities, achievements or successes. Parents may not hold the Little Bosch staff and their agents liable for any possible actions resulting from privacy or copyright issues.*
6. *I consent by my signature to the application to Little Bosch conducting, at its discretion, an inquiry into my personal credit history with an authorized provider of such information.*

PLEASE PRINT:

FULL NAME PARENT 1:.....SIGNATURE:.....

FULL NAME PARENT 2:.....SIGNATURE:.....

DATE:

PLEASE RETURN TO THE ADMISSIONS SECRETARY WITH ALL ATTACHED CERTIFIED COPIES OF:

- AN UNABRIDGED 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.