



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](http://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.:.....

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.:.....

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 (e.g. Asthma, Epilepsy).

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Any other relevant information that we need to know? .....

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***By signing this application, we, the parents/legal guardians, confirm that all information provided to the school has been supplied voluntarily and accurately. We hereby consent to Little Bosch:***

1. *Storing personal information and supporting documentation in both physical and electronic records.*
2. *Creating and maintaining academic, attendance, behavioural and other school-related records relating to the applicant.*
3. *Using the information provided, together with any information generated by the school, for purposes associated with the applicant's enrolment, education, welfare and participation in school activities. This includes, but is not limited to, communicating with parents, class placement, examination entries, participation in competitions and sporting events, maintaining school records and compiling demographic or performance reports.*
4. *Sharing information where required for school reports, references, testimonials, confidential reports, statistical or research purposes, or where disclosure is required by law.*
5. *Taking reasonable steps to ensure that all images and personal information are used lawfully, responsibly and in accordance with the Protection of Personal Information Act, 2013 (POPIA).*
6. *Conducting, at the school's discretion, a credit enquiry on the responsible fee payer through an authorised credit information provider for purposes related to the applicant's enrolment and ongoing attendance at the school.*

**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 THE PUPIL.
- 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.
- RECENT COLOUR PHOTOGRAPH OF THE PUPIL.