

FAITH HIGH SCHOOL

No. 16 Fatima House
 Corner Margaret Spyker Street
 9750, Aliwal North



Contacts
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FOR OFFICIAL USE ONLY

LEARNERS NO:

DATE OF RECEIPT:

APPLICATION FOR ADMISSION 2027

NOTE: This form must be completed in full. All documents are to be initiated or signed by a parent/guardian.
 Filling the form does not necessarily mean that the learner has been accepted.

| | | |
|---|--|--|
| Grade applied for <input type="text"/> | Highest Grade Passed <input type="text"/> | Year when Grade was Passed <input type="text"/> |
| Surname: <input style="width: 90%;" type="text"/> | | Initials: <input style="width: 40%;" type="text"/> Nick Name: <input style="width: 50%;" type="text"/> |
| First Name: <input style="width: 90%;" type="text"/> | | Other Names: <input style="width: 90%;" type="text"/> |
| Date of Birth: YYY <input style="width: 20px;" type="text"/> MM <input style="width: 20px;" type="text"/> DD <input style="width: 20px;" type="text"/> | | Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/> |
| Race: <input style="width: 90%;" type="text"/> | | Identification/Passport No. <input style="width: 90%;" type="text"/> |
| Country of Residence: <input style="width: 90%;" type="text"/> | | Citizenship: <input style="width: 90%;" type="text"/> |
| If SA, indicate Province of Residence <input style="width: 90%;" type="text"/> | | |
| Physical Address: <input style="width: 90%; height: 40px;" type="text"/> | | Home Telephone: <input style="width: 90%;" type="text"/> |
| City/Suburb: <input style="width: 90%;" type="text"/> | | Emergency Telephone: <input style="width: 90%;" type="text"/> |
| Code: <input style="width: 250px;" type="text"/> | | Learner Telephone: <input style="width: 90%;" type="text"/> |
| Learner Email Address: <input style="width: 450px;" type="text"/> | | |
| Home Language: | | Preferred Language of Communication: |
| Boader: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | | | |
|--|------------------------|-----------|------------------------|----|
| Deceased Parent: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> | | | | |
| Religion: | Mode of Transport: | | | |
| Previously School Information: | | | | |
| Name of Previous School: | | Code: | | |
| School Address: | Province: | | | |
| | Country: | | | |
| Learners Medical Information: | | | | |
| Medica Aid No. | Medica Aid Name: | | | |
| Medical Aid Main Member: | Doctor's Name. | | | |
| Doctor's Address: | Doctor's Telephone No. | | | |
| Medical Condition | | | | |
| Special Problems Requiring Counselling | | | | |
| Dexterity of a Learner: Righthanded <input type="checkbox"/> Lefthanded <input type="checkbox"/> Ambidextrous <input type="checkbox"/> | | | | |
| <table border="1"> <tr> <td>Reg. Social Grant: Yes</td> <td>No</td> </tr> </table> | | | Reg. Social Grant: Yes | No |
| Reg. Social Grant: Yes | No | | | |
| Parents/Guardian Information: | | | | |
| Title: Mr./Mrs./Ms./Miss/Dr./Prof. | Surname: | Initials: | | |
| First Name: | Other Name(s): | | | |
| Date of Birth: YY MM DD | Country of Origin | | | |
| Identification/Passport No. | Home Tel: | | | |
| | Parent's Cell No. | | | |
| Suburb: | Town: | Code: | | |
| Physical Address: | Email: | | | |

CERTIFICATE OF CONDUCT

[This section should be completed by the Principal of the School where the learner is currently enrolled]

Name of Learner:

Current Grade:

Name of School:

School Address:

This is to certify that the Learner named above is/was enrolled at this school from
..... to

Briefly Comment about the Learner's Conduct:

.....
.....

Fees Payment Record:

.....
.....

Principal's full Name:

Signature:

School Stamp

Date:

Note: The deadline for admissions for 2026 is 30th September 2025

REQUIREMENTS:

1. Transfer letter from the previous school
2. Certified copy of Learner's Birth Certificate
3. Students recent ID Photo should be attached on Application form.
4. Certified copy of Parent/Guardian's ID
5. Certificate of Conduct filled from the previous school.
6. Current Learner's Report for the year 2025 and Term 4 report 2024
7. Please make sure you sign all the relevant pages.

Declaration by Parent/Guardian

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent/Guardian (Please Print):

Signature of Parent/Guardian: Date: