**No. 16 Fatima House**

Corner Margaret Spyker Street

9750, Aliwal North

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**Contacts**

TEL. 051 633 2733

CELL.0827028974/0634684401

Email: faith4highschool@gmail.com

**FOR OFFICIAL USE ONLY**

**LEARNERS NO: .**.…………………………………….

**DATE OF RECEIPT:** ………………..…………….

**APPLICATION FOR ADMISSION 2026**

**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**  | **Highest Grade Passed** | **Year when Grade was Passed**  |
| **If SA, indicate Province of Residence****Country of Residence:****Race:****Date of Birth: YYY MM DD****First Name:****Surname:** | **Initials:****Nick Name:****Other Names:****Gender: Male: Female** **Identification/Passport No.****Citizenship:**  |
| **Learner Email Address:****Code:** **Learner Telephone:****City/Suburb:****Physical Address:****Emergency Telephone:****Home Telephone:** |
| **Home Language: Preferred Language of Communication:** |
| **Boader:**  | **Yes**  | **No**  |
| **Deceased Parent: Mother Father Both**  |
| **Religion:** | **Mode of Transport:** |
| **Previously School Information:****Name of Previous School:****Code:****School Address:****Country:****Province:** |
| **Learners Medical Information:** |
| **Reg. Social Grant: Yes No****Rec. Social Grant: Yes No****Dexterity of a Learner: Righthanded Lefthanded Ambidextrous****Medical Condition****Special Problems Requiring Counselling****Doctor’s Address:****Doctor’s Telephone No.****Medical Aid Main Member:****Doctor’s Name.****Medica Aid No.****Medica Aid Name:** |
| **Parents/Guardian Information:** |
| **Title: Mr./Mrs./Ms./Miss/Dr./Prof.** **Surname:****Initials:****Other Name(s):****Country of Origin****First Name:****Date of Birth: YYY MM DD****Home Tel:****Identification/Passport No.****Suburb: Town: Code:****Physical Address:****Email:****Parent’s Cell No.** |

**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 2024 and Term 4 report 2023
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: …………………................................