

Athlone High School for Girls

Tel: 616-4150/1
Fax: 622-3124

Frederick Street
Observatory Extension
Johannesburg
2198



P.O. Box 46055
Orange Grove
2119

athlonegirlshigh@iburst.co.za

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- ❖ **1 x ID Photograph of child**
- ❖ **Copy of latest school report**
- ❖ **Copy of Birth Certificate**
- ❖ **Copy of Parents ID**
- ❖ **Proof of Residence**

APPLICATION FOR ADMISSION

LEARNER DETAILS

LEARNER'S SURNAME _____

FIRST NAME(S) _____

GRADE APPLIED FOR _____

DATE OF BIRTH _____

Certified birth and immunisation certificate attached

Yes

No

HOME ADDRESS _____

PARENT'S DETAILS

Surname(s) _____

First Name(s) _____

TITLE: Dr/Rev/Mr/Mrs _____

HOME ADDRESS _____

POSTAL ADDRESS _____

Postal Code _____

HOME TELEPHONE NUMBER _____

WORK ADDRESS _____

OCCUPATION _____

WORK TELEPHONE NUMBER _____

CELLPHONE NUMBER _____

NEXT OF KIN/FRIEND/RELATIVE'S DETAILS
(who could be contacted in case of emergency)

NAME & SURNAME _____

RELATIONSHIP TO LEARNER _____

ADDRESS _____

TELEPHONE NUMBER(S) _____

HOME LANGUAGE _____

LANGUAGE OF COMMUNICATION _____

OTHER LANGUAGES SPOKEN _____

PREVIOUS SCHOOL ATTENDED (if relevant)

NAME OF SCHOOL _____

ADDRESS OF SCHOOL _____

SPECIAL NEEDS OF LEARNER (parent / guardian must specify any special educational needs e.g. epilepsy, allergies, use of wheelchair, etc)

FAMILY DOCTOR'S DETAILS

NAME: _____

TELEPHONE NUMBER _____

PARENT'S SIGNATURE

DATE OF SUBMISSION

For official use only

Waiting list number: _____

Status of admission: Approved Not Approved:

Reason(s) if not approved:

Signature: _____

Date: _____