



2017 APPLICATION FOR ADMISSION TO CASTLE BRIDGE SCHOOL

Note: This form must be completed in every aspect. All changes are to be initialled or signed by both parents/ guardian. Submission of the form does not mean that the learner has been accepted.

LEARNER DETAILS

Grade Applied for:		Highest Grade Passed:		Year When Grade was Passed:	
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Surname:		Initials:	
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First Name		Other Names:	
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Date of Birth:	YYYY		MM		DD		Gender:	Male		Female	
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Race:		Identification Number/Birth Certificate Number:																		
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Physical Address:		Cell Phone: Father	
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		Cell Phone: Mother	
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Code:		Province:		Emergency Telephone	
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Home Language:		Preferred language of Instruction:	
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Deceased:	Mother		Father		Both		Mode of Transport:	
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Citizenship:		Religion:	
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Special needs of learner (parent/guardian must specify any special educational needs: i.e., epilepsy, use of wheelchair etc.)						
Number of Children in the family:		Position in the family:		Siblings in CBS		

Please Supply Full Names and Grades Below if there is Any Siblings in CBS:

Name:		Grade:	
Name:		Grade:	
Name:		Grade:	

PREVIOUS SCHOOL INFORMATION

Name of Previous School :			
Previous School Address :			
Code:	Province:	Grade Passed at the School:	

MEDICAL INFORMATION

Medical Aid Number:		Medical Aid Name:	
Medical Aid Member:			
Doctor's Name:		Doctor's Telephone Number:	
Doctor's Address:		Medical Conditions:	



Special Problems Requiring counselling :	
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Dexterity of Learner:	Right Handed:		Left Handed:		Ambidextrous:	
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PARENTS / GUARDIAN INFORMATION (TO BE COMPLETED BY BOTH PARENTS OF LEARNER WHERE APPLICABLE)

Father

Title:		Initials:		Surname:		First Name:	
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Gender:	Male		Female		Marital Status	Married		Divorced		Widowed		Single	
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Home Language:	
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Race:	
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Identification Number:																			
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Street Address:	
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City / Suburb:		Code:	
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Occupation:		Employer:		Account Payer:	Yes		No	
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Salary Date:			
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Mother

Title:		Initials:		Surname:		First Name:	
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Gender:	Male		Female		Marital Status		Married		Divorced		Widowed		Single
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Home Language:	
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Race:	
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Identification Number:																				
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Occupation:		Employer:		Account Payer:	Yes		No	
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Salary Date:										
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Street Address:	
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City / Suburb:		Code:	
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Guardian (If the Child is NOT staying with Father or Mother)

Title:		Initials:		Surname:		First Name:	
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Gender:	Male		Female		Marital Status		Married		Divorced		Widowed		Single
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Home Language:	
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Race:	
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Identification Number:																				
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Street Address:	
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City / Suburb:		Code:	
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Occupation:		Employer:		Account Payer:	Yes		No	
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Salary Date:										
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CORRESPONDENCE DETAILS

Title:	
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Surname:	
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Postal Address:	
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City / Suburb:		Code:	
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Signature(s)

I understand that:

I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment.

Should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the learner for the period of enrolment at the school,

SIGNATURE of parent or Legal Guardian

(Father) _____

(Mother) _____

(Legal Guardian) _____

PRINT NAME of parent or Legal Guardian

(Father) _____

(Mother) _____

(Legal Guardian) _____

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

Name of both parents / Guardian (Please Print):

(Father) _____

(Mother) _____

(Legal Guardian) _____

Signature of Parents / Guardian _____

Date: -----/-----/-----



For Office Use Only:

1.Date:		2. Accepted:	Yes		No	3. Accession Number:	
4.Reason for Rejection:							
6.Documentation Received:	Immunisation Record:	Yes		No	Birth Certificate:	Yes	No
Progress Report:	Yes		No		Transfer Letter:	Yes	No

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE APPLICATION FORM

- Certified Copy of Birth Certificate.
- Copy of Clinic card to ensure all inoculations are up to date and/or have been done.
- Certified Copy of ID document if learner is 16 years and older (compulsory).
- Certified copy of latest school report.
- Character reference from Principal and /or pastor/minister in respect of the applicant.
- Certified copy of ID document of both parents.
- Proof of residence (Utilities bill, bank statement, rental agreement, etc.)
- Proof of employment {Salary Advice, Letter from employer}.
- Copy of Medical Aid card if applicable.



ANNEXURE A: SCHOOL FEE STRUCTURE FOR 2017

GRADE	MONTHLY AMOUNT	TOTAL AMOUNT PAYABLE
FOUNDATION PHASE		
Pre-Primary	R910	R10890.00
Grade R	R910	R10890.00
Grade 1	R935	R11220.00
Grade 2	R935	R11220.00
Grade 3	R935	R11220.00
INTERMEDIATE PHASE		
Grade 4	R990.00	R11880.00
Grade 5	R990.00	R11880.00
Grade 6	R990.00	R11880.00
GET PHASE		
Grade 7	R990.00	R11880.00
Grade 8	R1045	R12540.00
Grade 9	R1045	R12540.00
FET PHASE		
Grade 10	R1100.00	R13200.00
Grade 11	R1100.00	R13200.00
Grade 12	R1100.00	R13200.00