



Crestway High School

*Joe Marks Boulevard, Retreat 7945
Tel: 021 701-1551 Fax: 021 701-4875
Email: crestwayhigh2013vs@gmail.com
Nothing without Labour*

APPLICATION FORM

PERSONAL DETAIL

SURNAME: _____ **NAME:** _____

D.O.B: _____ **ID NO:** _____

PRESENT GRADE: _____ **PRESENT SCHOOL:** _____

APPLYING FOR GRADE: _____ **LANGUAGE:** _____

PRESENT ADDRESSES:

_____ **CODE:** _____

TEL NO: _____ **CELL:** _____

MOTHER'S DETAILS

INITIAL & SURNAME: _____

ID. No: _____

OCCUPATION: _____

EMPLOYER: _____

TEL. NO: _____ **CELL NO:** _____

FATHER'S DETAILS

INITIAL & SURNAME: _____

ID. No: _____

OCCUPATION: _____

EMPLOYER: _____

TEL NO: _____ **CELL NO:** _____

ADDRESS: _____

_____ **CODE** _____

GUARDIANS DETAILS

INITIAL & SURNAME: _____

ID. No: _____

OCCUPATION: _____

EMPLOYER: _____

TEL. NO: _____ **CELL:** _____

ADDRESS: _____

_____ **CODE:** _____

INDICATE BY MEANS OF A TICK IF YOUR CHILD IS IN ONE OF THE FOLLOWING:

FOSTER CHILD

SASSA RECIPIENT

LIST ANY SERIOUS ILLNESS THAT WE SHOULD BE AWARE OF:

LIST ANY OTHER CONTACT PERSON (RELATIVE) OTHER THAN PARENTS/GUARDIANS:

INITIAL & SURNAME: _____

TEL NO: _____ **CELL NO:** _____

ADDRESS: _____

_____ **CODE:** _____

Please submit the following documents with this form:

- 1. Certified copy of Birth Certificate or ID.**
- 2. Last school report**
- 3. Copy of Parent I.D**
- 4. Proof of address**
- 5. Clinic Card**