

HARRY OPPEINHEIMER AGRICULTURAL SCHOOL

Private Bag X1309

Bakone 0746

Phone: (015) 426 0006/60

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ADMISSION REQUIREMENTS

1. 2017 Nov | Dec School report
2. 2018 June report
3. Certified birth certificate of the learner
4. Parents ID [certificate copies]
5. Clinic card | Road to health
6. Testimonial
7. Self-Addressed Envelop

APPLICATION FOR ADMISSION TO SCHOOL

HARRY OPPENHEIMER AGRIC HIGH SCHOOL

LIMBURG

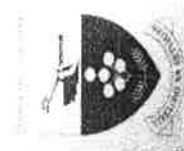
Telephone: 015 - 4260006

MOKOPANE

Fax: 015 - 4260046

0613

Year: _____



Note: This form must be completed in full. All changes to be initialed or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applied For:	Highest Grade Passed	Year When Grade was passed:	Accession No:
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Surname:	Initials:	Nick Name:
First Name:	Other Names:	
Date Of Birth: YYYY MM DD	Gender:	Male: Female:
Race:	Identification or Passport No:	
Country of Residence:	Citizenship:	
If SA, indicate province of residence:		

Physical Address:	Home Telephone:	Emergency Telephone:
City/Suburb	Learner Cell:	
Code:	Learner Email Address:	
Home Language:	Preferred Language of Instruction	
Boarder Yes No	Mode of transport:	
Deceased Parent Mother Father Both	Religion:	
For Grade 1 only: Indicate pre-primary education None Non Formal Formal		

Previous School Information

Name of Previous School:
Previous School Address:
Code: Province: Country:

Learner Medical Information

Medical Aid Number:	Medical Aid Name:
Medical Aid Main Member:	Doctor Name:
Doctor's Address:	Doctor Telephone Number:
Medical Condition:	
Special Problems Requiring Counseling:	
Dexterity of Learner: Right Handed Left Handed Ambidextrous	Reg. Social Grant YES NO
	Rec. Social Grant YES NO

If the learner is accepted, the following documents must be submitted to the school:

1. Copy of Immunisation Records.
2. Copy of Birth Certificate
3. Progress Report from Previous School
4. Transfer Letter from Previous School

APPLICATION FOR ADMISSION TO SCHOOL

Siblings			
Number of other Children at this school:	<input type="text"/>	Position in the family (e.g. first):	<input type="text"/>
Please supply full names below:			
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>

Parent / Guardian Information		Complete a SEPARATE parent form for each parent living at a different physical address	
Title:	<input type="text"/>	Initials:	<input type="text"/>
Surname:		<input type="text"/>	
First Name:	<input type="text"/>	Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Home Language:	<input type="text"/>	Race:	<input type="text"/>
Identification Number:	<input type="text"/>	Or Passport number	<input type="text"/>
Account Payer:		Yes	<input type="checkbox"/> No <input type="checkbox"/>
Residential Street Address:			
<input type="text"/>		City/Suburb	<input type="text"/>
<input type="text"/>		Code: <input type="text"/>	
Occupation:	<input type="text"/>	Employer:	<input type="text"/>
Surname of Spouse:	<input type="text"/>	First Name:	<input type="text"/>
Occupation of Spouse:	<input type="text"/>	Learner resides with this parent/s	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse ID Number:	<input type="text"/>	Relationship to Learner:	<input type="text"/>
Marital status of parent:			

Correspondence Details	
Title:	<input type="text"/>
Surname:	<input type="text"/>
Postal Address:	
<input type="text"/>	City/Suburb <input type="text"/>
Code: <input type="text"/>	

Other Contact Details	
Home Telephone	<input type="text"/>
Work Telephone	<input type="text"/>
Fax Number	<input type="text"/>
Cell Number	<input type="text"/>
Spouse Work Telephone Number:	<input type="text"/>
Spouse Cell Number	<input type="text"/>
E-Mail Address:	<input type="text"/>
Spouse E-Mail Address:	<input type="text"/>

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: _____/_____/_____

Office use only:			
1. Date:	2. Accepted:	3. Accession Number:	
4. Rejected:	5. Reason for Rejection:		
6. Documentation Received:	6a. Immunisation Record:	6b. Birth Certificate:	
6c. Progress Report from Previous School:		6d. Transfer Letter from Previous School:	