



# HARVEST HIGH SCHOOL

Preliminary Application To Harvest High School										YEAR: _____
<p><b>Note:</b> This form must be completed in full. All changes to be initialled or signed by parent/guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.</p>										
Grade Applied for:			Highest Grade Passed:			Year when grade was passed:				
LEARNER INFORMATION										
Surname:			Initials:		Name Learner is called:					
Full Names:										
Date of Birth:		YYYY	MM	DD	Gender:		Male <input type="checkbox"/> Female <input type="checkbox"/>			
Age:		Race:			ID/ Passport No:					
Country of Residence:					Citizenship:					
If SA, indicate province of residence:										
Physical Address:					Home Telephone:					
					Emergency Telephone:					
Code										
Name of person learner lives with:					Relationship to learner:					
Deceased Parents		Mother	Father	Both	Mode of Transport					
Has the learner ever been expelled or asked to leave a school?						Yes <input type="checkbox"/>		No <input type="checkbox"/>		
PREVIOUS SCHOOL INFORMATION										
Name of Previous School:										
Previous School Address:										
Code:										
LEARNER MEDICAL INFORMATION										
Medical Aid Name:					Medical Aid Number:					
Medical Aid Main Member:										
Name of Doctor:					Doctor's Telephone Number:					
Medical Conditions										
Special Problems Requiring Counselling:										
Is the Learner: Right Handed <input type="checkbox"/> Left Handed <input type="checkbox"/>					Is the Learner receiving a social grant? Yes <input type="checkbox"/> No <input type="checkbox"/>					

**SIBLINGS**

Number of children at Harvest High?	Position in Family (eg. First child)
<i>Please supply the names of other children at Harvest:</i>	
Name:	Grade
Name:	Grade
Name:	Grade

**PARENT / GUARDIAN INFORMATION**

Title:	Initials:	Surname:	
Full Names:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Language:	Race:	ID/ Passport No:	
Physical Address:			
Home Telephone:		Cell Phone Number:	
Occupation:		Employer:	
Does the learner reside with this parent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Surname of Spouse:		First Name of Spouse:	
Occupation of Spouse:		Cell Phone Number:	
Does the learner reside with this parent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name & Surname of account Payer			Cell phone:

**CORRESPONDENCE DETAILS OF PARENT / GUARDIAN**

Title:	Surname:
Postal Address:	
Name & Surname person to receive general school notices:	
Cell phone Number:	

**DECLARATION**

<i>I HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION AS SUPPLIED IS ACCURATE AND CORRECT:</i>	
Name of Parent / Guardian (please print) :	
Signature of Parent / Guardian:	Date:

**FOR OFFICE USE ONLY**

Date	Accepted Yes <input type="checkbox"/> No <input type="checkbox"/>	Accession Number
Documentation Received Latest Report <input type="checkbox"/> Diagnostic Assessment <input type="checkbox"/>		
Sms's Sent (please write the date)	Accepted (Please Pay)	Final reminder to pay
Registration Deposit Paid:	Receipt Number	Date
Comments:		