



# POTCHEFSTROOM HIGH SCHOOL FOR BOYS

## APPLICATION FOR ADMISSION 2016

Nr \_\_\_\_\_

Private Bag X45  
Potchefstroom  
2520  
Tel: 018 294-5339/0  
Fax: 018 293-3338  
E-mail: admin@potchboyshigh.co.za  
Web Site: www.potchboyshigh.co.za

1 passport  
photo  
required  
Attach here

Learner Surname:			
Learner First Names:			
Grade applying for:		Year applying for:	
		Age:	
Do you require boarding facilities:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Preferred language of teaching:			

### Please Note

1. All documents must be attached to this application form.
2. No copies of any documents will be made at school.
3. All copies must be certified.
4. No application will be processed if all documentation is not attached and/or all information required is not completed.
5. Applications must be hand-delivered or mailed (posted) to the school at the above address.
6. Applications may not be faxed or e-mailed to the school.

The following documents must be attached:

	Office use only
1. One recent ID-size photograph of the learner, to be attached to this form	<input type="checkbox"/>
2. Confidential report. (To be mailed/faxed to us by the learner's present school)	<input type="checkbox"/>
3. The learner's most recent school report	<input type="checkbox"/>
4. Proof of residential address of <b>main parent</b> (Copy of municipal/water & lights account)	<input type="checkbox"/>
5. Proof of employment of <b>BOTH</b> parents / guardians, <b>EVEN IF DIVORCED / SEPARATED OR SINGLE</b> . (Copy of salary advice or letter from auditors stating amount earned monthly if self-employed, bank statements NOT accepted). Applications will not be considered without <b>BOTH parents details, even if divorced, separated or single. AFFIDAVIT MUST BE PROVIDED IF BOTH PARENTS' DETAILS ARE NOT SUBMITTED</b>	<input type="checkbox"/>
6. Copy of ID of <b>BOTH</b> parents / guardian, <b>EVEN IF DIVORCED / SEPARATED OR SINGLE</b> . Applications will not be considered without <b>BOTH parents details, even if divorced, separated or single. AFFIDAVIT MUST BE PROVIDED IF BOTH PARENTS' DETAILS ARE NOT SUBMITTED</b>	<input type="checkbox"/>
7. A certified copy of the learner's <b>Birth certificate &amp; unabridged birth certificate</b> . Applications will not be considered without an unabridged certificate (NOT ABRIDGED, BUT UNABRIDGED – SEE ATTACHED EXAMPLE (to be submitted only if you DON'T supply BOTH parents' ID documents))	<input type="checkbox"/>
8. Subject choice (Applicable for Grade 10 – 12 learners only)	<input type="checkbox"/>
9. Study permit (all immigrants)	<input type="checkbox"/>

Office use only:			
Date Applied:		Account nr:	
Age next year:		Pencilbox:	
Accepted:		Acceptance letter:	
Hostel:		Sport House:	

## SECTION A: PARTICULARS OF LEARNER

1. Surname:			
2. First names (as on birth certificate):			
3. Preferred or nick name:			
4. Date of birth:			
5. ID Number :			
6. Grade/s repeated:		Grade:	Year:
7. Brothers attending this school:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Year:
8. Learners attending other schools:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number:
8.1 Name of schools :			
9. Immigrant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10. If Yes: 8.1 Date of arrival in RSA:			
8.2 Passport Number:			
8.3 Country of origin / Birth:			
11. Population group (e.g. Xhosa, etc):			
12. Home Language:			
13. Church denomination (if applicable):			
14. Present school Name:			
14.1 Address:			
14.2 Province:			
14.3 Telephone Number:			
14.4 Fax Number:			
15. School(s) attended last three years (if applicable):			
15.1 Name of School:			
15.2 Telephone Number:			
16. Medical information:			
16.1 Medical aid:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.2 Name of medical aid:			
16.3 Medical aid number:			
16.4 Name of main member of medical aid:			
16.5 Home doctor:			
16.6 Home doctor telephone number and address:			
16.7 Allergies (if any):			
16.8 Blood type			
16.9 Physical disability /s:		Yes <input type="checkbox"/>	No <input type="checkbox"/> Specify:
16.10 Learning disability:		Yes <input type="checkbox"/>	No <input type="checkbox"/> Specify:
17. Special dietary requirements (boarders only):			
No pork	<input type="checkbox"/>	No fish	<input type="checkbox"/>
Halaal	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>
Diabetic	<input type="checkbox"/>	Other (specify):	
18. Learner's cell phone number:			

## SECTION B : PARTICULARS OF PARENT(S) / GUARDIAN(S) TAKING CARE OF THE LEARNER AND RESPONSIBLE FOR ALL FEES

<b>1. Father / Guardian (male):</b>				<b>Father:</b> <input type="checkbox"/>	<b>Guardian:</b> <input type="checkbox"/>	<b>Responsible for account:</b> <input type="checkbox"/>
1.1 Title (e.g. Mr, Dr):						
1.2 Surname:						
1.3 Full Names:						
1.4 ID Number:						
1.5 Date of Birth:						
1.6 Residential Address:						
Postal Code:			Province:			
Number of years at current residential address:						
1.7 Home telephone number:						
1.8 Fax number:						
1.9 Cell number:						
1.10 Postal address (for accounts and correspondence):						
						Postal Code:
1.11 e-mail (work):						
1.12 e-mail (home):						
1.13 Occupation:						
1.14 Name of employer:						
1.15 Telephone number of employer:						
1.16 Physical Work address:						
						Postal Code:
<b>2. Mother / Guardian (female):</b>				<b>Mother:</b> <input type="checkbox"/>	<b>Guardian:</b> <input type="checkbox"/>	<b>Responsible for account:</b> <input type="checkbox"/>
2.1 Title (e.g. Ms, Mrs, Dr):						
2.2 Surname:						
2.3 Full Names:						
2.4 ID Number:						
2.5 Date of Birth:						
2.6 Residential Address:						
Postal Code:			Province:			
Number of years at current residential address:						
2.7 Home telephone number:						
2.8 Fax number:						
2.9 Cell number:						
2.10 Postal address (for accounts and correspondence):						
						Postal Code:
2.11 e-mail (work):						
2.12 e-mail (home):						
2.13 Occupation:						
2.14 Name of employer:						
2.15 Telephone number of employer:						
2.16 Physical Work address:						
						Postal Code:

**3. \*\*\*Other person responsible for account (if Father or Mother is not paying the account)****Responsible for account:** ☐

Relationship to learner (e.g. Grandparent / Sister / Brother / Trust Fund etc.):

3.1 Title (e.g. Ms, Mrs, Dr):

3.2 Surname:

3.3 Full Names:

3.4 ID Number:

3.5 Date of Birth:

3.6 Residential Address:

Postal Code:

Province:

Number of years at current residential address:

3.7 Home telephone number:

3.8 Fax number:

3.9 Cell number:

3.10 Postal address (for accounts and correspondence):

Postal Code:

3.11 e-mail (work):

3.12 e-mail (home):

3.13 Occupation:

3.14 Name of employer:

3.15 Telephone number of employer:

3.16 Physical Work address:

Postal Code:

\*\*\* ID, Payslip and proof of address must be submitted if another person is paying the account

**4. Signature**\_\_\_\_\_  
RESPONSIBLE FOR ALL FEES if parents are not paying account**5. Status of parent(s) or guardian(s)**

Parents (married)

☐

Parents divorced

☐

Parents separated

☐

Father deceased

☐

Mother deceased

☐

Both parents deceased

☐

Other (please explain)

**6. In case of emergency (NOT PARENTS)**

Friends or relatives to be contacted if parents cannot be contacted in emergency:

4.1 Name:

Relationship to learner:

Telephone number:

4.2 Name:

Relationship to learner:

Telephone number:

**7. Signatures**\_\_\_\_\_  
**1. PARENT/GUARDIAN (1)**  
(RESPONSIBLE FOR ALL FEES)\_\_\_\_\_  
**2. PARENT/GUARDIAN (2)**  
(RESPONSIBLE FOR ALL FEES)

**SECTION C : GETTING TO KNOW YOU (Must be completed by the learner in his own handwriting)**

**1. Do you participate in sport?**

Yes ☐ No ☐

If yes, what sport and what team?

**2. Do you participate in cultural activities?**

Yes ☐ No ☐

If yes, what activities and at what level?

**3. Are you a leader in your present school?**

Yes ☐ No ☐

If yes, specify e.g. Prefect, RCL, Class Captain, Monitor

**4. Have you ever been to a disciplinary hearing?**

Yes ☐ No ☐

If yes, what were the charges and what was the outcome of the hearing?

**5. What would you like to become one day when you have completed school?**

A 3345



C1254740  
DEPARTMENT HOME AFFAIRS  
REPUBLIC OF SOUTH AFRICA

83/BI - 5

XXXXX  
BI-12

PARTICULARS OF THE POPULATION REGISTER I.R.O.:

20080739251

## UNABRIDGED BIRTH CERTIFICATE

CHILD  
SURNAME:  
FORENAMES:

IDENTITY NUMBER:

GENDER:  
PLACE OF BIRTH:  
COUNTRY OF BIRTH:

FEMALE DATE OF BIRTH: 1971-09-24  
JOHANNESBURG  
SOUTH AFRICA

FATHER  
SURNAME:  
FORENAMES:

IDENTITY NUMBER:

DATE OF BIRTH:  
PLACE OF BIRTH:  
COUNTRY OF BIRTH:

1945.05.22  
JOHANNESBURG  
SOUTH AFRICA

MOTHER

IDENTITY NUMBER:

MAIDEN NAME:  
FORENAMES:

DATE OF BIRTH:  
PLACE OF BIRTH:  
COUNTRY OF BIRTH:

1948.01.09  
DURBAN  
SOUTH AFRICA

ENDORSEMENTS:  
NONE

DIRECTOR GENERAL: HOME AFFAIRS

DATE PRINTED: 20081124 ISSUED BY: YGO287



Please note: This document MUST be attached if you do not supply BOTH the father and the mother's ID's and payslips, otherwise the application WILL NOT BE CONSIDERED



# POTCHEFSTROOM HIGH SCHOOL FOR BOYS

## CONFIDENTIAL REPORT

(This form is to be completed by the learner's current  
School and returned directly to Potchefstroom High School for Boys)

Private Bag X45  
Potchefstroom  
2520  
Tel: 018 294-5339/0  
Fax: 018 293-3338  
E-mail: admin@potchboyshigh.co.za  
Web Site: www.potchboyshigh.co.za

LEARNER SURNAME: \_\_\_\_\_

LEARNERS FIRST NAMES: \_\_\_\_\_

GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

### ACADEMIC ACHIEVEMENT (as per last report)

SUBJECT	PERCENTAGE
English	
Afrikaans	
Mathematics	
Mathematical Literacy	
Physical Science	

**SPORT** Comment on ability, Participation, Sportsmanship and Team Membership:

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### CULTURAL AND CREATIVE ACTIVITIES

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### CHARACTER AND LEADERSHIP POTENTIAL

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**ANY KNOWN PROBLEMS** (e.g. Family, Emotional, Remedial, Medical, SGB Disciplinary hearing)

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Has all school/boarding fees been paid to date? Yes ☐ No ☐

If "No" please specify

NAME

SIGNATURE

Thank you for your assistance and co-operation.

SCHOOL STAMP