

LIVINGSTONE HIGH SCHOOL

Principal
T.J. Bruinders

Telephone:
(021) 671 5986
(021) 671 1009

Fax:
(021) 671 8552

Website:
<http://www.livingstonehigh.co.za>

(Founded 1926)



Nulla Vestigia Retrorsum
Advance Livingstone

Postal Address (for all correspondence):
P.O.Box 2058
CLAREINCH
7740

Street Address:
100 Imam Haron Road
CLAREMONT
7700

Email:
livingstonehighschool@gmail.com

APPLICATION FOR ADMISSION TO GRADE EIGHT AT LIVINGSTONE HIGH SCHOOL 2017

Return the completed application form and certified copies of the applicant's Final Grade 6 report and most recent Telkom or Municipal account to the school by 11 March 2016.

PLEASE PRINT AND TICK IN THE APPROPRIATE BOX (under section D-ELECTIVES).

A. PARTICULARS OF LEARNER

SURNAME:

FIRST NAMES (IN FULL):

SEX: DATE OF BIRTH (dd,mm,yy).....

RESIDENTIAL ADDRESS:

STREET:

SUBURB: TOWN: CODE:.....

NAME OF PRIMARY SCHOOL ATTENDED:

B. CONTACT DETAILS OF PARENT(S) OR GUARDIAN(S)

TITLE: MR/MRS/MS/DR/PROF/REV INITIAL:

FIRST NAME:.....

SURNAME (if different to applicant's):

RESIDENTIAL ADDRESS (if different to applicant's):

STREET:

SUBURB: TOWN: CODE:.....

TELEPHONE NUMBER (HOME): ()

(WORK): ()

EMAIL ADDRESS:

CELL PHONE NUMBER(S):

C. GENERAL DETAILS

PRESENT SIBLINGS (BROTHERS/SISTERS) AT LIVINGSTONE HIGH

<i>FULL NAME</i>	<i>2015 GRADE</i>

D. ELECTIVES:

1. CHOICE OF A THIRD LANGUAGE: SELECT FROM GERMAN OR XHOSA (EXCEPT FOR MUSIC APPLICANTS)

A. GERMAN ☐

B. XHOSA ☐

OR

2. ONLY FOR APPLICANTS WHO ARE INTERESTED IN TAKING MUSIC AS A SPECIALISED SUBJECT UP TO GRADE 12 LEVEL --- TICK NEXT TO THE SELECTED SUBJECT: Please note: the applicant must have at least two years formal training in the instrument!

MUSIC ☐ INSTRUMENT OFFERED PIANO AND SINGING

If your child plays any other instrument, there is tuition offered privately outside of Livingstone High School at an additional cost to the parent.

NB. Applicants will be auditioned.

SCHOOL FEES

Method of payment of School Fees:

Annual School fees are compulsory and are payable by Debit order over a ten month period or EFT.

Name of Person responsible for payment of School fees.

_____.

Relationship to Learner: _____.

Please state the main source(s) of this income e.g. Father's salary, Granny's pension:

_____.

SIGNATURE: Date:

.....

(State whether father, mother or guardian)

This section must be completed by the class teacher, Deputy Principal or Principal of the school the

Child is currently attending:

CATOGORY A:

SKILLS

Please rate the learner on a scale from 1 to 5 in terms of the following:

5= Excellent 4= Good 3= Average 2= Weak 1= Very weak

WORK SKILLS		SOCIAL SKILLS	
Ability to understand written and verbal English		Interaction with friends	
Aptitude for mathematics.		Co-operation in a group	
Concentration		Courtesy	
Listening skills		Respect for elders	
Following instructions		Leadership qualities	
Completion of tasks		Reliability	

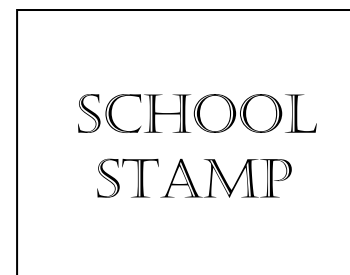
CATOGORY B:

DISCIPLINE

Point scale out of 5

5= Very positive 1= Very negative

	5	4	3	2	1
School rules (Obedience to code of conduct)					
Appearance					
Daily attendance at school					
Acceptance of responsibility					
Punctuality					



SIGNATURE: _____ (class teacher ☐ deputy principal ☐ principal ☐)

DECLARATION:

The signatories below do hereby declare that the information which has been recorded in this form is true and correct and hereby give the Chairman of the School Governing Body, or the Admissions Committee, permission to check and confirm any of the details or documents included in this Application. The signatories below understand that if any of the information supplied is found to be false, action may be taken against them.

I, _____, the undersigned parent/guardian of _____ declare that the above information is correct to the best of my knowledge.

SIGNED AT _____ on this

_____ day of _____ (month) _____ (year)

SIGNATURE _____