

Plangezwa Nigh School

Private Bag X1004 Kwa- Dlangezwa 3886

Tel: (035) 7933615 7933665

Fax: (035) 7933716

27 April 2022

Dear Applicant

NOTE AND INSTRUCTIONS

Please read the following notes carefully before you complete the application form. The closing date for the application is 30 September 2022.

Only GRADE 8 &9 LEARNERS only will be admitted to the school in 2023 provide all the required information. Incomplete Application Forms will not be considered. Only original Forms will be accepted. Application Form may NOT be faxed or emailed.

Documentary proof (certified copies of BIRTH CERTICATES, IDENTITY DOCUMENT AND SCHOOL REPORT) must accompany the application form.

The application Form must be accompanied by R250 - 00 (non-refundable application fee).

BANKING DETAILS ARE AS FOLLOWS;

BANK : ABSA

ACCOUNT TYPE : CHEQUE

ACCONT NO. :1880280100

REF :STUDENT'S Name & Surname

Complete application Form must be either posted to:

The principal Dlangezwa High School Private Bag x 1004 Kwadlangezwa 3886

OR delivered to the School on or before 30 September 2022.

B.V Gumede (The Principal) KWAL ,. DLA. APPLICATION LORADIMITETO DLANGEZWA HIGH SCHOOL Telephone: 035 - 7933615 166 Mfundo Road 035 - 7933716 Fax: Kwadlangezwa Year: = 3886 Note: This form must be completed in full. All changes to be initialed or signed by parent / guardian. Completing the form does not necessarily meaning the learner has been accepted into the school, Accession No: Year When Grade was passed: Highest Grade Passed Grade Applied For: Nick Name: Initials: Surname: Other Names: First Name: DD Date Of Birth; YYYY Male: Female: MM Gender: Identification or Passport No: Race: Citizenship: Country of Residence: If SA, indicate province of residence: Home Telephone: Physical Address: **Emergency Telephone** Learner Cell: City/Suburb Learner Email Address: Code: Preferred Language of Instruction Home Language: Nο Boarder Yes Mode of transport: Both Father Deceased Parent Mother Non Formal Formal For Grade 1 only: Indicate pre-primary education None Religion: Previous School Information Name of Previous School: Previous School Address: Country: Province: Code: Learner Medical Information Medical Aid Name: Medical Aid Number: **Doctor Name:** Medical Aid Main Member: Doctor Telephone Number: Doctor's Address: Medical Condition:

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

Right Handed

Left Handed

1. Copy of Immunisation Records.

Dexterity of Learner:

3. Progress Report from Previous School

Special Problems Requiring Counseling:

- 2. Copy of Birth Certificate
- 4. Transfer Letter from Previous School

Ambidextrous

Reg. Social Grant

Rec. Social Grant

YES

Number of other Children at I	his school:		Position	in the family (e.g first):			
Please supply full names b	elow:						
Name:						Grade:	
Name:						Grade:	
Name:						Grade:	
Parent / Guardian Information	Complete	• CEDADA	TC				
				it form for each par	ent living at a	different physical add	
		Surname	Surname:				
First Name:			ender: Male: Female:				
Home Language:		Race:					
Identification Number:			7770	Passport number	Account Payer:	Yes No	
Residential Street Address:					i roodin rayon	140	
		City	/Suburb				
Occupation:		1 - 37				Code:	
		Er	nployer:				
Sumame of Spouse:			First Name:				
Occupation of Spouse:			Le	earner resides with this	parent/s Ye	s No	
Spouse ID Number:			Re	elationship to Learner:			
			M	arital status of parent:			
Correspondence Details							
Title: Surnar	ne:		. 16		5		

Postal Address:							
Postal Address:		City	/Suburb				
		City	/Suburb			Code:	
		City	/Suburb			Code:	
Postal Address: ther Contact Details Home Telephone		City	r/Suburb	Work Telephone		Code:	
ther Contact Details		City	/Suburb	Work Telephone Cell Number:		Code:	
ther Contact Details Home Telephone Fax Number :		City	/Suburb			Code:	
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