

THIS APPLICATION MUST BE ACCOMPANIED BY A R500 APPLICATION FEE:

PROVISIONAL APPLICATION FORM

Oakhill School | FNB, Knysna 210214 | Account Number: 62002099605 Please use FIRSTNAME SURNAME as your reference

PUPIL INFORMATION	(Please	tick whe	ere appro	opriate)						
Surname										
Preferred First Name										
Full First Names										
Date of Birth	Υ	Y	Y	Υ	/	Μ	Μ	/	D	D
ID Number or Passport (Foreign)										
Nationality					Red	quires St	udy Pern	nit?	Yes	No
Date Study Permit Issued	Υ	Y	Y	Y	/	Μ	Μ	/	D	D
Date Study Permit Expires	Υ	Y	Y	Y	/	Μ	Μ	/	D	D
Population Group (for census purposes)	Black A	African	Colo	ured	Ind	lian	Wł	nite	Otl	her
Pupil's E-mail										
Pupil's Cell phone Number							Gen	der:	М	F
Home Language										
Other Home Language										

ENROLMENT INFORMATION

Current Grade					Grade w	/hen ent	ering at	Oakhill		
Intended Start Date at Oakhill	Y	Υ	Υ	Υ	/	Μ	Μ	/	D	D
Copy attached Birth Certificate	Yes	5	No	Сору а	ittached	Parents I	D docs	Yes		No
Copy attached Last School Report	Yes	5	No	R50	0 Applica	tion Fee	Paid	Yes		No





FAMILY INFORMATION

Family Notes						
Either parent an Old Oak?	Yes		No	Year matric	ulated	
Siblings currently at Oakhill?	Yes No)	
Sibling Names and Grades who are currently at Oakhill						
Sibling House	Bendigo		Jub	ilee		Millwood

PREVIOUS SCHOOLING

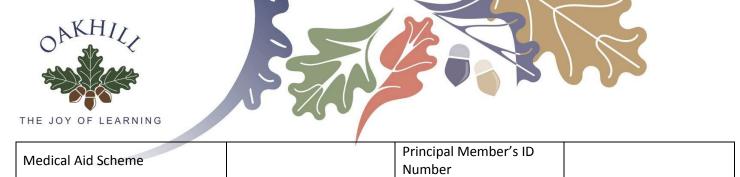
At School Prior to Enrolling	Yes	No		First	Registration ir	n Province	Yes	No
Previous School(s)								
Province of Previous School				Cour	ntry of School			
Formal Grade R			Yes			No		
Primary Barrier to Learning								

SUBJECT CHOICES - Choose ONE in each of the groups: (to be completed ONLY by those entering Grade 10, 11 & 12)

Compulsory Subjects	Group 1	\checkmark	Group 2	\checkmark	Group3	\checkmark
English	Business Studies		Accounting		Dramatic Arts	
Afrikaans	History		Geography		History	
Life Orientation	Physical Science		Life Sciences		IT	
Mathematics /			Music		Life Sciences	
Mathematical Literacy			Visual Art			

MEDICAL INFORMATION

Medical Notes		
Allergies	Doctor's Contact Number	
Doctor's Name	Medical Aid Number	



MOTHER / GUARDIAN INFORMATION (for more than one family per pupil please complete this section twice)

Surname										
First Names										
Title and Initials	Y	Υ	Υ	Υ	/	Μ	Μ	/	D	D
Date of Birth										
Parent Status	Marr	ried	Divorced	l Wi	dowed	Live in	Partner	Separ	ated	Single
ID/ Passport Number										
Occupation										
Employer										
Work Telephone Number							n we send message		Yes	No
Cell phone Number							we send message		Yes	No
Email Address										
Home Telephone										
Residential Address										
Postal Address										
Please note the	at you are	obliged t	o contact u	s nromntl	v of any ch	anaes of c	ontact det	ails		

FATHER / GUARDIAN INFORMATION

Surname											
First Names											
Title and Initials	Υ	Υ	Y	Y		/	Μ	Μ	/	D	D
Date of Birth					·						
Parent Status	Mar	ried	Divorce	ed	Wic	dowed	Live ir	n Partner	Sepa	rated	Single





ID/ Passport Number		
Occupation		
Employer		
Work Telephone Number	Can we send sms messages? Yes	No
Cell phone Number	Can we send email messages?	
Email Address		
Home Telephone		
Residential Address		
Postal Address		
Please note that	t you are obliged to contact us promptly of any changes of contact details.	

SHARED INFORMATION

Person to Contact in Emergency		
Emergency Contact's Number		
Plettenberg Bay Bus:	Yes	No
General Notes		

Signature of Consent for Oakhill School to perform a Credit Check	*
on Applicant (*Signature required):	

I/we hereby record that I/we am/are aware of, and agree to be bound by the terms applicable to Provisional Application as set in the Conditions of Enrolment of Pupils at Oakhill School, and in particular that neither I/we nor Oakhill School are obliged to enrol the Prospective Pupil at the School on the basis of the Provisional Application Form. ALL ENROLMENTS ARE SUBJECT TO THE CONDITIONS OF ENROLMENT FORMING PART HEREOF.

The undersigned, in my/our capacity/ies as Parent(s)/ Guardians(s)/ Custodian(s) of the above Pupil do hereby make Provisional Application in terms of Clause 3 of the Conditions of Enrolment of Pupils at Oakhill School, (a copy of which conditions are available on our website) for the enrolment of the said Pupil at Oakhill School:

Signed at	on this	_day of	20	_·
Signatures:				

(Parents: both Mother and Father/Guardians/Custodians to sign) whose liability in terms hereof shall be joint and several.