



THE JOY OF LEARNING



**THIS APPLICATION MUST BE ACCOMPANIED
BY A R500 APPLICATION FEE:**

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

PROVISIONAL APPLICATION FORM

PUPIL INFORMATION *(Please tick where appropriate)*

Surname										
Preferred First Name										
Full First Names										
Date of Birth	Y	Y	Y	Y	/	M	M	/	D	D
ID Number or Passport (Foreign)										
Nationality							Requires Study Permit?		Yes	No
Date Study Permit Issued	Y	Y	Y	Y	/	M	M	/	D	D
Date Study Permit Expires	Y	Y	Y	Y	/	M	M	/	D	D
Population Group (for census purposes)	Black African		Coloured		Indian		White		Other	
Pupil's E-mail										
Pupil's Cell phone Number							Gender:		M	F
Home Language										
Other Home Language										

ENROLMENT INFORMATION

Current Grade					Grade when entering at Oakhill					
Intended Start Date at Oakhill	Y	Y	Y	Y	/	M	M	/	D	D
Copy attached Birth Certificate	Yes		No		Copy attached Parents ID docs			Yes		No
Copy attached Last School Report	Yes		No		R500 Application Fee Paid			Yes		No



THE JOY OF LEARNING



FAMILY INFORMATION

Family Notes			
Either parent an Old Oak?	Yes	No	Year matriculated
Siblings currently at Oakhill?	Yes		No
Sibling Names and Grades who are currently at Oakhill			
Sibling House	Bendigo	Jubilee	Millwood

PREVIOUS SCHOOLING

At School Prior to Enrolling	Yes	No	First Registration in Province	Yes	No
Previous School(s)					
Province of Previous School			Country 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	✓	Group 2	✓	Group3	✓
English	Business Studies		Accounting		Dramatic Arts	
Afrikaans	History		Geography		History	
Life Orientation	Physical Science		Life Sciences		IT	
Mathematics / Mathematical Literacy			Music		Life Sciences	
			Visual Art			

MEDICAL INFORMATION

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



THE JOY OF LEARNING



Medical Aid Scheme		Principal Member's ID Number	
Medical Aid Principal Member			

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

Surname											
First Names											
Title and Initials	Y	Y	Y	Y	/	M	M	/	D	D	
Date of Birth											
Parent Status	Married	Divorced	Widowed	Live in Partner	Separated	Single					
ID/ Passport Number											
Occupation											
Employer											
Work Telephone Number						Can we send sms messages?	Yes	No			
Cell phone Number						Can we send email messages?	Yes	No			
Email Address											
Home Telephone											
Residential Address											
Postal Address											
<i>Please note that you are obliged to contact us promptly of any changes of contact details.</i>											

FATHER / GUARDIAN INFORMATION

Surname										
First Names										
Title and Initials	Y	Y	Y	Y	/	M	M	/	D	D
Date of Birth										
Parent Status	Married	Divorced	Widowed	Live in Partner	Separated	Single				



THE JOY OF LEARNING



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				
<i>Please note that you are obliged to contact us promptly of any changes of contact details.</i>				

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.