

ADMISSION FORM

INFORMATION OF APPLICANT

STUDENT NAME:(Surname)			(Forenames)
DATE OF BIRTH:		GENDER	M F
NATIONALITY:		RELIGIO	N:
LANGUAGE(S):			
HAS ANY SIBLING ATTENDED MOPHA	ATO HIGH	I SCHOOL?	Yes No
PROPOSED JOINING DATE:FORM:		PROPOSE	D
LAST SCHOOL ATTENDED:SCHOOL:		DATE YO	U LEFT
LAST PUBLIC EXAM TAKEN: PSLE OTHER	JUNIOR	CERT BGC	CSE/IGCSE
SUBJECT	GRADE	SUBJECT	GRADE
NB: Please attach copy of results or last sch	ool report.		
SPORTS AT PREVIOUS SCHOOL:			
CLUBS AT PREVIOUS			

MEDICAL INFORMATION

SPECIAL HEALTH CONSIDERATIONS:	
MEDICAL AID:	CARD
FAMILY DOCTOR:	TEL.

$\underline{PARENT(S)\,/\,GUARDIAN(S)\,INFORMATION}$

	MOTHER/LEGAL GUARDIAN	FATHER/LEGAL GUARDIAN
FULL NAME		
DECIDENTIAL		
RESIDENTIAL ADDRESS		
POSTAL ADDRESS		
1001112112211200		
TELEPHONE	(H):	(H):
	(W):	(W):
FAX		
CELL NUMBER	1.	1.
CELL NUMBER	1.	1.
WHATSAPP NUMBER	2.	2.
EMAIL		
(please write clearly)		
OCCUPATION		
NAME OF EMPLOYER		
&		
ADDRESS		

ACKNOWLEDGEMENT

parent / legal guardian ofacknowledge that I have read and understood a information given by me is accurate to the best of i					
I understand that, if my child is offered a place at Mophato Private High School, and if I accept the place, offered in writing and on the proper form, the full amount of a non-refundable Capital Development Levy must be paid before the child starts school. I agree that I shall legally be required to give one term's notice in writing, of my intention to withdraw my child from Mophato Private High School and that, failing to give such notice, I will be legally bound to pay the equivalent of one term's school fees in lieu of notice. NOTICE: CAPITAL DEVELOPMENT LEVY (CDL) AND SCHOOL FEES					
BANKING DETAILS- MOPHATO PRIVATE SCHOOL					
Bank: FNB	Ref: Child's name and surname				
Account Number: 57150028911	Branch Code: 281867				
The following documents must accompany this reg	sistration form.				
 i. Academic report from previous school or continuous. ii. A testimonial of character from the previous. iii. A copy of the birth certificate / passport, iv. 2 passport size photographs of the child. 					
Signature:	. Date:				
FOR SCHOOL O	FFICE USE ONLY				
Admission Form received on:	(date)				
Received and Checked by:	(full name)				
Signed on behalf of Principal:	(full name)				
Signature: Date:					