



CENTRAL COLLEGE HIGH SCHOOL

Refuse to be ordinary

ES 700 400 752

27 Clinton Road, New Redruth, Alberton 1448
1st Floor Gym Building

Tel. Number: (011) 869 6387

Fax Number: 086 245 6212

E-mail Address: info@cchs.co.za / Website: www.cchs.co.za

REGISTRATION FORM

COMPULSORY DOCUMENTS FOR REGISTRATION

PRIMARY SECTION & GRADE R

- Proof of R500 (Registration Fee payment)
- Birth Certificate/ Passport or Affidavid (if lost)
- Immunization Card (from the Health Clinic)
- ID/Passport copies for both parents/guardians
- Proof of income of the person/s responsible for the payment of fees
- Proof of Residence
- Signed:
 1. Application form
 2. Contract Agreement for School Fees
 3. Learner Code of Conduct
 4. Bank approved Stop Order Form
- Report, Transfer Card and Learner Profile from previous school),

HIGH SCHOOL

- Proof of R500 (Registration Fee payment)
- Birth Certificate/ Passport or Affidavid (if lost)
- ID/Passport copies for both parents/guardians
- Proof of income of the person/s responsible for the payment of fees
- Proof of Residence
- Signed:
 1. Application form
 2. Contract Agreement for School Fees
 3. Learner Code of Conduct
 4. Bank approved Stop Order Form
- Report, Transfer Card and Learner Profile from previous school),

Registration will be approved if all the Compulsory documents are attached to the application form.

REGISTRATION FORM

Year: _____

Note: This form must be completed in full. All changes to be initialed or signed by parent / guardian. Completing of this form does not necessarily mens that the learner has been accepted into the school.

| | | | | | | | |
|--------------------|--|-----------------------|--|-----------------------------|--|--------------|--|
| Grade Applied For: | | Highest Grade Passed: | | Year When Grade was passed: | | Accession No | |
|--------------------|--|-----------------------|--|-----------------------------|--|--------------|--|

| | | | | | |
|----------|--|-----------|--|------------|--|
| Surname: | | Initials: | | Nick Name: | |
|----------|--|-----------|--|------------|--|

| | |
|-------------|-------------|
| First Name: | Other Name: |
|-------------|-------------|

| | | | | | | | | | | |
|----------------|------|--|-------|--|-----|--|---------|------|--|--------|
| Date Of Birth: | Year | | Month | | Day | | Gender: | Male | | Female |
|----------------|------|--|-------|--|-----|--|---------|------|--|--------|

| | | | | | | | | | | | | | | | | | | | |
|-------|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Race: | Identification or Passport No: | | | | | | | | | | | | | | | | | | |
|-------|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | |
|-----------------------|--------------|
| Country of Residence: | Citizenship: |
|-----------------------|--------------|

| | |
|--|--|
| If SA, Indicate provincs of residence: | |
|--|--|

| | |
|-------------------|-----------------|
| Physical Address: | Home Telephone: |
|-------------------|-----------------|

| | |
|--|----------------------|
| | Emergency Telephone: |
|--|----------------------|

| | |
|-------------|---------------|
| City/Suburb | Learner Cell: |
|-------------|---------------|

| | |
|-------|------------------------|
| Code: | Learner Email Address: |
|-------|------------------------|

| | |
|----------------|-----------------------------------|
| Home Language: | Preferred Language of Instruction |
|----------------|-----------------------------------|

| | | | | | |
|---------|-----|--|----|--|-----------|
| Boarder | Yes | | No | | Religion: |
|---------|-----|--|----|--|-----------|

| | | | | | | |
|-----------------|--------|--|--------|--|------|--|
| Deceased Parent | Mother | | Father | | Both | |
|-----------------|--------|--|--------|--|------|--|

Mode of transport:

Previous School Information

Name of Previous School:

| | | |
|-------|-----------|----------|
| Code: | Province: | Country: |
|-------|-----------|----------|

Learner Medical Information

| | |
|---------------------|-------------------|
| Medical Aid Number: | Medical Aid Name: |
|---------------------|-------------------|

| | |
|--------------------------|--------------|
| Medical Aid Main Member: | Doctor Name: |
|--------------------------|--------------|

Doctor's Address:

Doctor's Telephone Number:

Medical Condition:

Special Problems Requiring Counseling:

| | | | | | | |
|-----------------------|--------------|--|-------------|--|--------------|--|
| Dexterity of Learner: | Right Handed | | Left Handed | | Ambidextrous | |
|-----------------------|--------------|--|-------------|--|--------------|--|

| | | | |
|--|------------------|-----|----|
| | Reg.Social Grant | Yes | No |
| | Reg.Social Grant | Yes | No |

- If the learner is accepted, the following documents must be submitted to the school:
- | | |
|---|---|
| 1. Copy of Immunisation Records. | 2. Copy of Birth Certificate |
| 3. Progress Report from Previous School | 4. Transfer Letter from Pervious School |

PARENT DETAILS

Siblings

Number of other Children at this school: Position in the family (e.g first):

Please supply full names below:

Name: Grade:

Name: Grade:

Name: Grade:

Parent / Guardian Information Complete a SEPARATE parent form for each parent living at a different physical address

Title: Initials: Surname:

First Name: Gender: Male: Female:

Home Language: Race:

Identification Number: Or Passport number Account Payer: Yes No

Residential Street Address:

City / Suburb Code:

Occupation: Employer:

Surname of Spouse: First Name:

Occupation of Spouse: Learner resides with this parent Yes No

Spouse ID Number: Relationship to Learner:

Marital status of parent:

Correspondence Details

Title: Surname: Contact Details:

Postal Address:

City/Suburb Code:

Other Contact Details

Home Telephone Work Telephone

Fax Number Cell Number:

Spouse Work Telephone Number: Spouse Cell Number

E - Mail Address: Spouse E-Mail Address:

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print) :

Signature of Parent / Guardian

Date:/...../.....

| | | |
|---|--------------------------|---|
| Office use only: | | |
| 1. Date | 2. Accepted | 3. Accession Number |
| 4. Rejected: | 5. Reason for Rejection: | |
| 6. Documentation Received: | 6a. Immunisation Record: | 6b. Birth Certificate: |
| 6c. Progress Report from Previous School: | | 6d. Transfer Letter from Previous School: |

