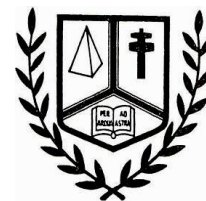


LAWSON BROWN HIGH SCHOOL

Illingworth Street, Millard Grange, Port Elizabeth, 6001

Tel: +27(0)41-374-3172; Fax: +27(0)41-373-3484

e-mail: lawsonbrown@mweb.co.za



APPLICATION FOR ADMISSION 2018

Book No:	Camp Fee Paid Rcpt No:	Adv. School Fee Pd Rcpt No:
Office use only	Date received	Grade
Accepted	Not Accepted	Interview Requested
Admission date	Admin No	Incomplete Documentation

Colour ID Photo	NB This form must be completed in full.
	Grade applying for: 8 9 10 11 12
	CLOSING DATE FOR ALL APPLICATIONS: <u>WEDNESDAY 26 APRIL 2017 AT 2:00 PM</u>

Learner Information

Surname:				Date of birth:		DAY	MONTH	YEAR	
First Names:				No. of Children in Family		Position in Family 1 2 3 4 5			
ID No:						Gender:	Male	Female	
Race (Departmental Statistics only):				African	Coloured	White	Indian	Other	
Nationality:				Dexterity of Learner:		Right Handed	Left Handed		
Physical Address:				Mode of Transport:		Bus	Taxi	Car	By Foot
Postal Code:									
Home telephone no:				Cellphone no:					
Home Language:				Religion:					
Name of brother/sister currently or previously at Lawson Brown									
Name:						Year/Class:			
Name:						Year/Class:			
Name:						Year/Class:			

Second Language:

PLEASE NOTE: THE MEDIUM OF INSTRUCTION IS ENGLISH. A SECOND LANGUAGE MUST BE SELECTED. CHANGES CANNOT BE MADE ONCE A SECOND LANGUAGE OPTION HAS BEEN CHOSEN BECAUSE OF CLASS PLACEMENT OF LEARNERS. A LEARNER MUST HAVE DONE THE LANGUAGE AT PRIMARY SCHOOL LEVEL.

AFRIKAANS FIRST ADDITIONAL LANGUAGE

ISIXHOSA HOME LANGUAGE

Medical Information (THIS INFORMATION IS VITALLY IMPORTANT)

Medical aid no:		Name of medical aid:	
Name of main member:			
Doctor's name:		Telephone no:	
Medical conditions/Allergies:			
Physical disabilities:			
Social disabilities:			
Emergency contact name (other than parents):			
Telephone no:		Relationship:	

Biological Parent or Legal Guardian information

Please note:	We hold BOTH BIOLOGICAL PARENTS liable for the school fees irrespective of their marital status. A maintenance agreement is a personal agreement between two parties. This agreement CANNOT be enforced on a third party, in this case Lawson Brown High School.				
Learner lives with:	Both Biological Parents	Biological Mother	Biological Father	Legal Guardian /Step-parent	
Marital status of biological parents:	Married	Divorced	Single	Widow	Widower
Deceased parent:	Biological Mother	Biological Father	Both Biological Parents		

Biological Father or Legal Guardian

Title:		Initials:		Biological Father/Legal Guardian															
Surname:				Full Name(s):															
Date of birth:		ID No:																	
Relationship to learner:																			
Physical Address:																			
Postal Address:																			
Home telephone no:				Cellphone no:															
Employer:				Occupation:															
Company address:																			
Work telephone no:				Personal e-mail:															

Biological Mother or Legal Guardian

Title:		Initials:		Biological Mother/Legal Guardian															
Surname:				Full Name(s):															
Date of birth:		ID No:																	
Relationship to learner:																			
Physical Address:																			
Postal Address:																			
Home telephone no:				Cellphone no:															
Employer:				Occupation:															
Company address:																			
Work telephone no:				Personal e-mail:															

Details of person responsible for school fees <u>if not the Father or Mother.</u>												
Please state relationship to learner.												
Surname:					Full Name(s):							
Date of birth:			ID No:									
Relationship to learner:												
Physical Address:												
Postal Address:												
Home telephone no:				Cellphone no:								
Employer:					Occupation:							
Company address:												
Work telephone no:				Personal e-mail:								
All correspondence should be addressed to:					Parent/Guardian 1				Parent/Guardian 2			
YOUR APPLICATION WILL ONLY BE CONSIDERED IF ALL THE REQUIRED DOCUMENTS ARE ATTACHED AND THE FORM IS FILLED IN WITH ALL THE INFORMATION AND SIGNATURES REQUIRED.												
<u>ALL DOCUMENTS TO BE CERTIFIED COPIES.</u>												

NOTE

- No copies of documents will be made at the school.
- No incomplete application forms will be accepted
- No documents will be returned.
- All applicants will be notified in writing of the outcome of the application.
- All forms to be returned by PARENT/GUARDIAN only. No forms will be accepted from learners.

ADMISSION ACCEPTANCE

Completion of this application is no guarantee that your child will be accepted at Lawson Brown High School. We recommend that you apply to at least 2 other schools.

On acceptance, please read the Terms and Conditions carefully. The following must be returned to the school within 10 days of date of notification of acceptance.

Acceptance reply form.

Completed debit order form.

Signed acknowledgment of debt form. (If payer is not father/mother or guardian)

An amount of R1000 Advance School Fee is payable on return of form and will be deducted from your school fees.

Grade 8 applicants need to pay an additional R500 camp fee. R300 is refundable if learner is withdrawn after being accepted.

