



# GOOD HOPE SEMINARY HIGH SCHOOL

Tel : (021) 465-2330  
Fax : (021) 461-3902  
Hostel : (021) 465-2387

e-mail : [marketing@goodhopeseminary.co.za](mailto:marketing@goodhopeseminary.co.za)

Hope Street  
Cape Town  
8001

## APPLICATION FOR ADMISSION – 2020

Primary Parent

All communications will be directed to this parent

\*Required field

\* Parent Type  Biological  Parent:Adoptive  Parent:Legal Guardian  Parent:Step  Parent:Other

If parent other, please capture the type

\*Title

Mr  Mrs  Miss  Ms  Prof  Dr  Rev

\*First name

\*Surname

\*Date of birth

YEAR	MONTH	DAY
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\*Gender

Male  Female  Other

\*SA Citizen (Y/N)

Yes  No

\*Parent ID No

\*Parent Passport/Permit No

\*Marital Status

Married  Single  Widow/Widower  Divorced  Never Married

\*Parent Cell No

Parent Work No

\*Email Address

Occupation

Name of Employer

\*Method of Communication

Email  Sms  Whatsapp  All

\*Address Type

Street  Flat  Dwelling  Plot

\*Address No

\*Street Name

Building/Complex/Block/Apartment Name

\*Town

\*Suburb

Postal Code

2nd Parent

\* Parent Type Biological Parent: Adoptive Parent: Legal Guardian Parent: Step Parent: Other

If parent other, please capture the type

\*Title

Mr Mrs Miss Ms Prof Dr Rev

\*First name

\*Surname

\*Date of birth

YEAR	MONTH	DAY
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\*Gender

Male Female Other

\*SA Citizen (Y/N)

Yes No

\*Parent/Guardian ID No

\*Parent/Guardian Passport/Permit No

\*Marital Status

Married Single Widow/Widower Divorced Never Married

\*\*Parent/Guardian cell No

Parent/Guardian Work No

\*\*Email Address

Occupation

Name of Employer

\*Method of Communication

Email Sms Whatsapp All

\*Address Type

Street Flat Dwelling Plot

\*Address No

\*Street Name

Building/Complex/Block/Apartment Name

\*Town

\*Suburb

Postal Code

## Learner Profile

\*First Name

Second Name

\*Surname

\*Date of Birth

YEAR	MONTH	DAY
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\*Population Group

Black/African    Coloured    Indian/Asian    White

\*ID Number

\*Passport/Permit number

\*Address Type

Street    Flat    Dwelling    Plot

\*Address No

\*Street Name

Building/Complex/Block/Apartment Name

\*Town

\*Suburb

Postal Code

## Required Grade

\*Are you re-locating to the Western Cape?

Yes    No

If yes, please indicate from which province?

\*Last school attended in South Africa

\*Required Grade

\*Required Language (Learning and Teaching)

Afrikaans    English    Xhosa    Other

\*First time Registration in Western Cape

Yes    No

Number of siblings/family presently at Good Hope Seminary High School

Name/s of sibling/s presently at Good Hope Seminary High School

## REQUIRED DOCUMENTS

PLEASE COMPLETE THE APPLICATION FORM AND RETURN TO US WITH:

- A COPY OF YOUR DAUGHTER'S LATEST REPORT
- 2 CERTIFIED COPIES OF HER BIRTH CERTIFICATE
- COPY OF MEDICAL AID
- PROOF OF RESIDENCE
- CERTIFIED COPIES OF PARENTS IDENTITY DOCUMENTS
- IMMUNISATION CARD (ROAD TO HEALTH CHART) OF THE LEARNER (PRIMARY SCHOOL)

APPLICATIONS WILL NOT BE PROCESSED WITHOUT ALL THE RELEVANT DOCUMENTATION AND INFORMATION.

IF YOUR DAUGHTER DOES NOT HAVE AN SA ID DOCUMENT PLEASE ATTACH A COPY OF HER PROOF OF STUDY PERMIT, PERMANENT RESIDENCE **OR FORMAL RECOGNITION OF REFUGEE STATUS.**

## DECLARATION:

I/We as parent/s and the applicant accept that the information provided to the school was given voluntarily and that the school may:

- 1 store the data in its files and electronic systems;
- 2 generate academic, attendance, behavioural and other school-related records;
- 3 use both the provided and generated data for purposes of providing services relevant to the enrolment and progress of the applicant at the school (including, but not limited to contacting parents; placing the applicant in a class; entering him/her in exams, competitions, leagues and the like; updating the school roll and alumni register; and researching and reporting on school demographics or performances);
- 4 pass it on where required to do so as part of school reports, testimonials and confidential reports, and for statistical or research purposes, or when legally required to do so.

Furthermore,

5. Understand that Good Hope Seminary High School is a fee paying school and as a parent I undertake to meet my financial obligations in this regard notwithstanding legal exemptions.
6. Good Hope Seminary High School currently offers English Home Language and Afrikaans as a first additional language. The implications thereof in terms of meeting language proficiency are fully understood.

I understand that completing an application form does not ensure acceptance into the school and that all information supplied is correct. Any incorrect information supplied could lead to the immediate rejection of your application.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



## PREVIOUS SCHOOL REPORT

(TO BE COMPLETED BY THE RELEVANT PRIMARY SCHOOL AND STAMPED)

Dear Principal

A learner from your school has applied to Good Hope Seminary High School. Kindly complete this Previous School Report, stamped with your school stamp, as soon as possible and **fax it directly to the school (fax no. 021 461-3902/ email to [marketing@goodhopeseminary.co.za](mailto:marketing@goodhopeseminary.co.za))**.

Name of applicant: \_\_\_\_\_

Name of present school: \_\_\_\_\_

Grade: \_\_\_\_\_

Contact number of parents/guardian: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Contact details of the your school: Tel: \_\_\_\_\_ eMail: \_\_\_\_\_

Does the learner's academic performance reflect her capability? YES / NO

This learner's academic results fall into the TOP / MIDDLE / BOTTOM third of her grade.

Were the learner's parents involved in and/or supportive of the school's intervention programme? YES / NO Please specify: \_\_\_\_\_

Discipline:

Has any disciplinary action been taken against the learner for the following offences?

Please indicate with an X.

Disruptive in class		Books left at home		Swearing	
Insolence		Stealing		Smoking cigarettes	
Work not done		Dealing in / taking drugs		Bullying/ Fighting	
Gang-related activities		Vandalism		Late Coming	

Has the learner ever been suspended? YES / NO

Has the learner been expelled? YES / NO

Skills:

Please rate the above-mentioned learner on the following scale:

5 = excellent; 4 = good; 3 = average; 2 = weak; 1 = very weak

<b>WORK SKILLS</b>		<b>SOCIAL SKILLS</b>	
Concentration		Self-control	
Independence		Acceptance of responsibility	
Listening skills		Interaction with peers	
Following instructions		Group participation	
Task Completion		Courtesy	
Presentation of work		Behaviour	
Meeting deadlines		Respect for Superiors	
Proficiency in English		Appearance	
Proficiency in Afrikaans		Reliability	
Proficiency in Mathematics		Problem solving ability	
Study habits		Adherence to Code of Conduct	
Reading ability		Leadership Skills	

School Fees:

Are the school fees currently up to date? YES / NO If no, amount outstanding? R \_\_\_\_\_

General Information:

Any areas in which the learner has excelled:

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Any other remarks:

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Thank you for completing this form.

Principal's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

