

# LAWSON BROWN HIGH SCHOOL

Illingworth Street, Millard Grange, Port Elizabeth, 6001

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## APPLICATION FOR ADMISSION 2021

|                        |                      |                             |
|------------------------|----------------------|-----------------------------|
| Book No:               | Camp Fee Pd Rcpt No: | Adv. School Fee Pd Rcpt No: |
| <b>Office use only</b> | Date received        | Grade                       |
| Accepted               | Not Accepted         | Interview Requested         |
| Admission date         | Admin No             | Incomplete Documentation    |

|                            |   |   |   |    |    |    |
|----------------------------|---|---|---|----|----|----|
| <b>Colour ID<br/>Photo</b> | <b>NB This form must be completed in full.</b>                                    |   |   |    |    |    |
|                            | Grade applying for:   | 8 | 9 | 10 | 11 | 12 |
|                            | <b>CLOSING DATE FOR ALL APPLICATIONS:<br/>THURSDAY 12th MARCH 2020 AT 2:00 PM</b> |   |   |    |    |    |

### 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:

|   |                          |
|---|--------------------------|
| <b>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.</b> |                          |
| AFRIKAANS FIRST ADDITIONAL LANGUAGE   | <input type="checkbox"/> |
| ISIXHOSA HOME LANGUAGE  | <input type="checkbox"/> |

**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**

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

**Biological Mother or Legal Guardian**

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

### Details of person responsible for school fees if not the Father or Mother.

#### 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.**

**ALL DOCUMENTS TO BE CERTIFIED COPIES.**

#### **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 R2000 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 R1765 for the camp fee & Starter Pack. R1315 will be refunded if learner is withdrawn after being accepted.

