



# NEW HANOVER PREPARATORY SCHOOL

## Application Form

Please ensure all sections of this form are completed and the required documents, are attached before submission, otherwise the application cannot be processed.

### PUPIL'S DETAILS:

Pupil's Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Male / Female: \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID No. \_\_\_\_\_

Place of Birth\* \_\_\_\_\_ *\*Please attach a copy of the learners birth certificate*

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Race: \_\_\_\_\_

Home Language: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Proposed year of entry \_\_\_\_\_ Grade \_\_\_\_\_

Does your family have any connection with New Hanover? YES / NO

If yes, please give details, relationship and house. (Rietbok / Duiker) and years at NHP:

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### Please complete the table below in full:

Pupil's Current School	
Pupil's Present Grade	
Name of Headmaster	
School Telephone	
School E-mail	
Name of School Bursar	
Bursar's E-mail	

Initial: \_\_\_\_\_

Father / Guardian

Mother / Guardian



FOSTERING SELF GROWTH IN THE FORMATIVE YEARS  
Christian Faith, Sense of Self, Integrity & Sense of Belonging

- Dalton road • New Hanover • 3230 • P O Box 55 • New Hanover • 3230 • Tel: 071 670 7142
- Email: [admin@newhanover.co.za](mailto:admin@newhanover.co.za) • [www.newhanover.co.za](http://www.newhanover.co.za)





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Has your child undergone any educational assessments (by a psychologist, occupational therapist, remedial teachers, etc.) in his/her school career? YES / NO

If yes, please specify \_\_\_\_\_

*\*Please provide copies of assessments with your application.*

## PARENT / GAURDIAN'S DETAILS:

Father/Guardian's Details		Mother/Guardian's Details	
Surname		Surname	
First Names		First Names	
Title		Title	
Marital Status		Marital Status	
ID Number		ID Number	
Does the pupil reside with you?		Does the pupil reside with you?	
Residential Address		Residential Address	
City			
Code			
Home Telephone		Home Telephone	
Cell phone		Cell phone	
E-mail Address		E-mail Address	
Next of Kin		Next of Kin	
Contact Number		Contact Number	
Occupation		Occupation	
Employer Name		Employer Name	
Telephone		Telephone	
Address		Address	

Initial: \_\_\_\_\_

Father / Guardian

Mother / Guardian



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## Details of person responsible for payment of account:

Title, Initials, Name, Surname / Entity	
Relationship to Pupil	
ID Number	
Cell phone	
Telephone	
Address	
City	Post Code:
E-mail Address	

## Both Parents/Guardians to sign this form:

Father/Guardian: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Witness: Full Name \_\_\_\_\_ Signature: \_\_\_\_\_



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