



Sedert 1955

HOËRSKOOL DIE WILGE / DIE WILGE HIGH SCHOOL  
LSEN / LSOB

Tel. No: (018) 290 6587/8 Skool/School  
Faks/Fax: (018) 290 5287 Skool/School  
Tel No: (018) 290 5732 Koshuis/Hostel  
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Email: [diewilge@lantic.net](mailto:diewilge@lantic.net)

Privaatsak/Private Bag X1006  
Rocherstraat 10/ 10 Rocher Street  
POTCHEFSTROOM  
2520

REGISTRATION FORM : YEAR \_\_\_\_\_

Surname:		Name:	
Pet Name:		Date of Birth:	
ID Number::		Admission No.:	
LSEN NO.:		Preferred Language of instruction:	
		English      Afrikaans	
Sex:	Male      Female	Home Language:	
Boarder:	YES      NO	Dexterity of Learner	
		Right Handed      Left Handed	
Social Grant:	YES      NO	Previous School:	
Race:		Deceased:	Mother      Father      Both
Religion:			

OTHER CHILDREN IN THIS SCHOOL:

Name	Surname	Sex	Grade
		Male      Female	Gr.:

PARENT / GUARDIAN INFORMATION		OTHER CONTACT PERSON	
Title:		Title:	
Initials:		Initials:	
Name:		Name:	
Surname:		Surname:	
ID Number:		ID Number:	
Married Status:		Married Status:	
Job:		Job:	
Employer:		Employer:	
Work Tel:		Work Tel:	
Home Tel:		Home Tel:	
Cell:		Cell:	
E-mail:		E-mail:	
Relationship with Learner:		Relationship to Learner:	

Physical Address:	Postal Address:

MEDICAL INFORMATION			
Doctor		Doctor telephone	
Medical Aid:		Medical Aid Nr:	
Main Member:			

PERSON RESPONSIBLE FOR ACCOUNT:			
Surname:		Full Names:	
ID-Number:			
Street Address:		Code:	
Postal Address:		Code:	
Job:		Employer:	
Home Tel.:		Work Tel.:	Cell:

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE