



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
Faks/Fax: (018) 290 6244 Koshuis/Hostel
Email: 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:			

TRANSPORT

Please MARK with a X: BUS TAXI CAR BICYCLE OTHER

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:			

Is your child ALLERGIC? YES: NO:
Please state for what: _____

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