

# APPLICATION FORM 2020



Carefully read through and FULLY complete all the fields below.

**PERSONAL INFORMATION**

Full Names & Surname: \_\_\_\_\_

ID number: \_\_\_\_\_ Gender: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Additional number: \_\_\_\_\_

Email: \_\_\_\_\_

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

HOME ADDRESS (House No./Flat No., Flat name, Street name, Suburb/Extension, Main Location/Town/City, Code):  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACADEMIC (SCHOOL) INFORMATION**

**MAIN SUBJECTS:**

	(%) Dec G 11	(%) Jun G 12	(%) Dec G 12
Home Lang.: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Add. Lang.: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maths Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Career Choice: 1 \_\_\_\_\_  
 2 \_\_\_\_\_

**OTHER SUBJECTS:**

	(%) Dec G 11	(%) Jun G 12	(%) Dec G 12
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LEADERSHIP INFORMATION**

Indicate in which areas you have been a leader (indicate position):

School: \_\_\_\_\_

Church: \_\_\_\_\_

Sports: \_\_\_\_\_

Community: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Who else in your family has been to college / university: \_\_\_\_\_  
 \_\_\_\_\_

What are your interests / hobbies? \_\_\_\_\_

Sport / Cultural ? \_\_\_\_\_

