



CREATIVE COMMITTED CARING

**2014 APPLICATION/ADMISSION FORM**

**Pupil Information**

CEMIS No: \_\_\_\_\_

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Male/female: \_\_\_\_\_

Date of Birth: (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

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

Grade applied for: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Parent/Guardian Information**

	Father	Mother
Surname:		
First Name(s):		
Home Address:		
Postal Code:		
Business Address:		
Home Tel:		
Business Tel:		
Cell Phone:		
Fax Number:		
E-mail Address:		
Occupation:		
Identification Number:		

**OFFICE USE ONLY**

Date of Interview					
Principal - Accept	Yes	No	Registration Paid	Yes	No
Financial - Accept	Yes	No	Letter Sent	Yes	No

INDEPENDENT CO-EDUCATIONAL HIGH SCHOOL

TELEPHONE: 021-671 8153

FAX: 021-683 5544

E-MAIL: [admin@heritagecollege.co.za](mailto:admin@heritagecollege.co.za)

225 Innam Haron Road, CLAREMONT, 7708