



GAUTENG DEPARTMENT OF EDUCATION

The Glen High School

Office use only	
Pastel	
SASAMS	
ACT	
D6	

Telephone: (012) 348 8625
 c/o Garstfontein Road and Corobay Avenue
 Waterkloof Glen
 Pretoria
 E-mail: admissions@theglenhighschool.co.za
www.theglenhighschool.co.za

P.O Box 35073
 Menlo Park
 0102
 South Africa

LEARNER PROFILE INFORMATION

GRADE 10, 11 and 12

LEARNER DETAILS

Application Date	YYYY	MM	DD	Admin No. (OFFICE USE ONLY):				
Surname				Initials				
First Names				Date of Birth	YYYY	MM	DD	
Second Name				Gender	M		F	
Third Name				Population Group	B	W	I	C
SA Citizen?	Y	N	If no, please specify country of origin:					
ID/Passport Number								

RESIDENTIAL AND CONTACT DETAILS

Physical Home Address		Home Tel.	
		Emergency Tel.	
		Learner Cell phone	
City/Suburb		Learner Email	
Code			

Brothers and sisters at the school (Past and Present): NOT COUSINS, NIECES or NEPHEWS

NAME	CLASS	AGE	CLAN

PARENT DETAILS

DETAILS	PARENT 1			PARENT 2		
Title (Mr/Ms/Dr/etc)						
Initials						
Surname						
First Name						
Gender	M	F		M	F	
Home Language						
Race						
Date of birth	YYYY	MM	DD	YYYY	MM	DD
ID/Passport number						
Residential Address						
City/Suburb						
Code						
Occupation						
Employer						
Tel Number (Home)						
Tel Number (Work)						
Cell phone Number						
Email						
Relationship to learner:						
Marital Status						
Learner lives with this parent?	Yes	No		Yes	No	

I/We undertake to abide by the rules of the School as contained in the current Prospectus and in Circulars to Parents which are published from time to time.

I/We accept that in any information provided by me/us in this document is inaccurate or incorrect, this application will not be considered.

Date
Parent 1
Parent 2