Supporting Documents Checklist

- All forms must be **completed using BLACK PEN**
- **All sections must be fully completed** — no blank spaces
- **All required signatures** must be provided in the correct places

The following needs to be submitted:

Supporting Documents copies required

- ☐ Passport or ID-size photograph of the learner
- ☐ Learner Unabridge Birth Certificate
- ☐ Most **recent** report of learner
- ☐ Parents'/ Guardians' ID document/Passport or Death Certificate, for **non-South African**: Diplomatic Visa/ Asylum or Refugee permit
- ☐ **Valid Study Permit** (for non- South African learners)
- ☐ Proof of residence for **both** parents (if different addresses)
- ☐ Proof of employer address on a letter head (work address)
- ☐ Medical Aid
- ☐ Proof of legal guardianship (**valid court order**) if not the biological parents of the learner

- **No application forms will be accepted if any documents are missing**
- **No copies will be made at the school** – please prepare all copies in advance
- **Please treat security and administrative staff with respect –** they are assisting in ensuring an orderly process

GAUTENG DEPARTMENT OF EDUCATION

The Glen High School

Office use only	
Pastel	
SASAMS	
ACT	
D6	

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

P.O Box 35073
Menlo Park
0102
South Africa

LEARNER PROFILE INFORMATION

GRADE 9

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	
Primary School Name				Population Group	A	C	I	W
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/GUARDIAN DETAILS

DETAILS	PARENT/ GUARDIAN 1		PARENT / GUARDIAN 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 (Please Print clear)				
Relationship to learner:				
Marital Status				
Learner lives with this parent?	Yes	No	Yes	No

The Glen High School offers Afrikaans, Sepedi and isiZulu as First Additional Languages. Please indicate your child's SUBJECT CHOICE:	Afrikaans First Additional Language	
	Sepedi First Additional Language	
	isiZulu First Additional Language	

I/We undertake to abide by the rules of the School as contained in the current Prospectus and in Circulars to Parents / Guardian 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 / Guardian 1	Parent / Guardian 2

GAUTENG DEPARTMENT OF EDUCATION

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South Africa

FAL SUBJECT CHOICE

Dear Parent

Please be advised that The Glen High School offers a choice of three possible languages to be taken at **First Additional Language (FAL)** level.

Kindly select **one** of the following options for your child to take as their First Additional Language by ticking the appropriate box below:

☐ Afrikaans FAL

☐ IsiZulu FAL

☐ Sepedi FAL

Name and Surname of Learner: _____

Name and Surname of Parent/Guardian: _____

Date: _____

Parent/Guardian Contact Number: _____

Parent/Guardian Signature: _____