

WENDYWOOD HIGH SCHOOL

43 Lotus Street, Gallo Manor PO Box 291, Gallo Manor, 2052 Tel 011 802-4160 Fax 011 804-3333 www.wendywoodhigh.co.za; wendywoodhigh@gmail.com

APPLICATION FOR RE-ADMISSION FOR 2021

Please complete and return to the school as soon as possible, before 16 October 2020

1. Learner's name and Surname

2.	Learner's grade this year, 2020	Class
3.	I/We wish to apply for re-admission to Wendywood High School in 2021 (Please cross applicable block) NO	
	he answer to (3) is Yes , then the following m ords. It is important that we have your current	nust be completed in order that we can update our nt information on record.
If t	he answer is No a Transfer Card will be prep	ared for your child at the end of this year.
	re-enrolment fee of R2500 (two thousand, fives, must be paid to the school by 31 October 2	e hundred rand), which will be credited to school 2020 .
4.	Parent / Guardian details (Please print)	
FA	THER / GUARDIAN	MOTHER / CO-GUARDIAN
Su	rname	Surname
Fir	st names	First names
I.D	number	I.D. number
Но	me address	Home address
Pos	stal address	Postal address
	Code	Code
Но	me tel number	Home tel number
Ce	ll phone no.	Cell phone no.
E-r	nail	E-mail
Em	nployer	Employer
Wo	ork address	Work address
Wo	ork tel number	Work tel number
Fax	x number	Fax number
5.	Medical Aid details. Fund name	Tel no
Na	me of main member	Your child is dependant code
	ne undersigned hereby give Wendywood H cord should they deem it necessary.	ligh School permission to confirm my credit
Pa	rent / Guardian sign Pri	nt name Date
Co	-signed by 2 nd parent Prin	nt name Date