

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 2025

Please complete and return to the school as soon as possible, before 31 July 2024

1. Learner's name and Surname

2.	Learner's grade this year, 2024	Class
3.	I/We wish to apply for re-admission to W	Vendywood High School in 2025 (Please cross applicable block) YES NO
	he answer to (3) is Yes , then the following mords. It is important that we have your current	oust be completed in order that we can update our not 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 R3500 (Three thousand, food fees, must be paid to the school by 30 No	• •
4.	Parent / Guardian details (Please print)	
<u>FA</u>	THER / GUARDIAN	MOTHER / CO-GUARDIAN
Su	rname	Surname
Fir	st names	First names
I.D	0. number	I.D. number
Но	me address	Home address
Po	stal address	Postal address
	Code	Code
Ho	me tel number	Home tel number
Се	ll phone no.	Cell phone no.
E-1	mail	E-mail
En	nployer	Employer
W	ork address	Work address
W	ork tel number	Work tel number
Fa	x number	Fax number
5.	Medical Aid details. Fund name	Tel no
Na	me of main member	Your child is dependant code
	he undersigned hereby give Wendywood Ecord should they deem it necessary.	ligh School permission to confirm my credit
Pa	rent / Guardian sign Pri	int name Date
Co	o-signed by 2 nd parent Pri	nt name Date