



Smoker Mark X	Yes ☹️	No 😊
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### 3. PARENT/GUARDIAN DETAILS

Father / Mother / Guardian / Responsible Person

Surname		Initials	
Title Nickname		I.D. Nr	
Residential Address		Postal Address	
Phone Number		Occupation	
		email	
		email	

### 4. PERSON RESPONSIBLE FOR PAYMENT OF FEES

Surname		Intitials	
Title Nickname		I.D. Nr	
Residential Address		Postal Address	



**ATTACH THE FOLLOWING:**

1. Copy of Matric Certificate or latest school report
2. At least two testimonials (from school or pastor/minister)
3. Full-length photo of the applicant

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Applicant's Signature  
Date

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Responsible Person's Signature