

Scalina into Higher Heights

STUDENT INFORMATION				
SURNAME	FIRST NAMES		NATIONALITY	DATE OF BIRTH
PHYSICAL ADDRESS (PLOT NUMBER)			POSTAL ADDRESS	
CLASS / GRADE OF THE STUDENT:				
PARENT INFORMATION				
PARENT 1 NAME	RELATIONSHIP		CELL PHONE (INDICATE WHATSAPP LINE)	
PARENT 2 NAME	RELATIONSHIP		CELL PHONE (INDICATE WHATSAPP LINE)	
PLACE OF WORK	PERSONAL EMAIL		OTHER DETAILS	
SUBJECT INFORMATION				
LOWER PRIMARY (FULL TIME) STANDARD 1-4 Mathematics, English, CAPA, Environmental Science, Cultural Studies, Setswana*				
UPPER PRIMARY (FULL TIME) STANDARD 5-7 Setswana*, English, Mathematics, Social Studies, Science, Agriculture, RME, Computer Awareness				
FOR PART TIME STUDIES				
CLASS / GRADE LEVEL		SUBJECTS TO BE TUTORED		

Parent / Guardian Signature......Name.....

NB: For the application to be processed

- 1. Registration fee must be paid.
- 2. ID / Passport Copy of the parent.