



THE JOY OF LEARNING



THE OAKHILL SCHOLARSHIP APPLICATION FORM

CANDIDATE:

SURNAME: _____ MALE /FEMALE: _____

FIRST NAMES: _____

PREFERRED NAME: _____ DATE OF BIRTH: _____

PRESENT SCHOOL: _____ HOME LANGUAGE: _____

This application should be accompanied by a letter from the parent and include a copy of the latest school report.

PARENT /GUARDIAN:

SURNAME: _____ INITIALS: _____

RELATIONSHIP TO CANDIDATE: _____

POSTAL ADDRESS: _____

EMAIL: _____

TELEPHONE: H (_____) _____ W (_____) _____

CELL MOTHER: _____ CELL FATHER: _____

OCCUPATION: FATHER: _____

MOTHER: _____

I hereby apply for my child, the above Candidate, who is presently in Grade 7, to participate in the Oakhill Scholarship Examinations. I understand that acceptance of this application will be by invitation of the Oakhill Head.

Full Names

Signature

Date

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