



MSTS

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Registration form 2021

COMPLETE WITH BLACK INK

A LEARNER INFORMATION

SURNAME: _____ NAME: _____

FIRST NAMES: _____

MALE: FEMALE:

ID NO: _____

ATTACH COPY OF BIRTH CERTIFICATE./ID

ETHNIC GROUP: _____

LEARNER'S CELL NR: _____

PRESENT GRADE: _____

LEARNER'S POSITION IN FAMILY: _____

PREVIOUS SCHOOL: _____

TOWN: _____

REASON FOR DEPARTURE: _____

TRANSFER CARD: _____

DATE OF DEPARTURE: _____

HIGHEST GRADE COMPLETED: _____ YEARS IN PRESENT GRADE: _____

ATTACH COPY OF RECENT REPORT.

FOR OFFICE USE ONLY

Admission date: _____ Admission number: _____ Account number: _____

Grade/Class: _____ Register Teacher: _____

B MEDICAL INFORMATION OF LEARNER

Medical aid: _____ Number: _____

Main member: _____

Number of dependants: _____ Blood Type: _____

Any chronic illnesses or allergies: _____

Underwent any operations? Where / Reason: _____

Is the learner using any medication at present? Name reason. _____

Doctor: _____ Dentist: _____

Telephone: _____ Telephone: _____

C DETAILS OF PARENT / GUARDIAN (Must be completed in full.)

FATHER: SURNAME: _____

MOTHER: SURNAME: _____

TITLE : _____ INITIALS: _____

TITLE : _____ INITIALS: _____

FULL NAME: _____

FULL NAME: _____

NAME: _____

NAME: _____

ID-NUMBER: _____

ID-NUMBER: _____

OCCUPATION: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER: _____

WORK ADDRESS: _____

WORK ADDRESS: _____

RESIDENTIAL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

POSTAL ADDRESS: _____

E-mail ADDRESS: _____

E-mail ADDRESS: _____

TELEPHONE: Home _____

TELEPHONE: Home _____

Work _____

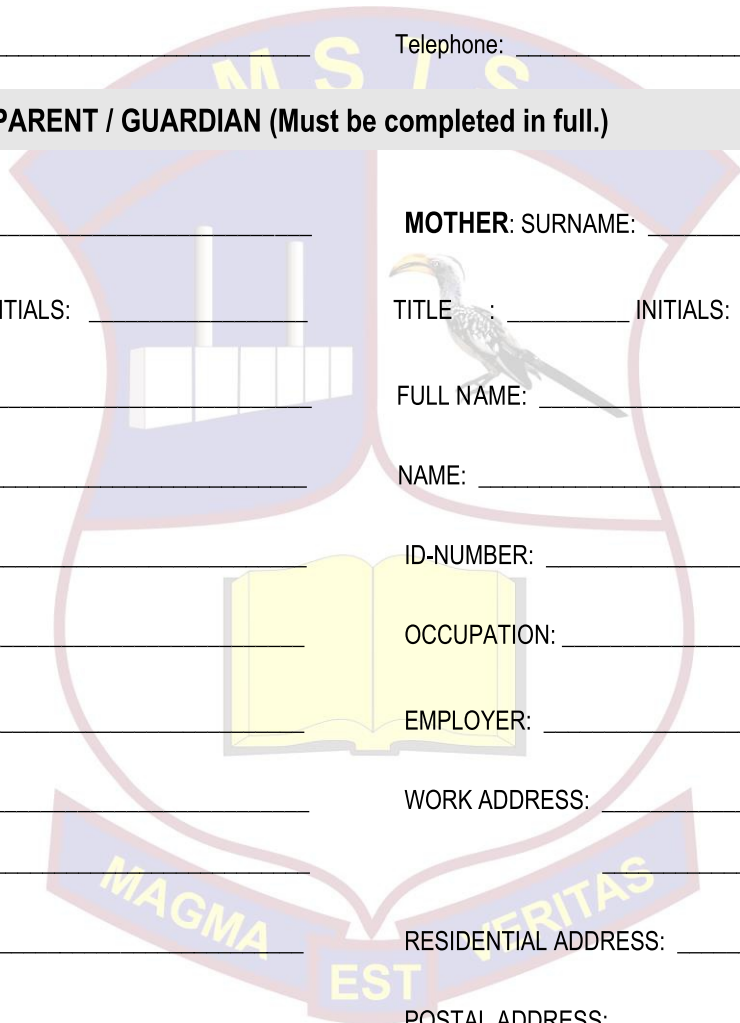
Work _____

Cell _____

Cell _____

Fax _____

Fax _____



Hobbies / Specialities: _____

Hobbies / Specialities: _____

MARITAL STATUS: _____

If the addresses of the two
Parents differ, please indicate
With which parent the pupil is living.

THIRD PARENT (only if applicable) RELATIONSHIP: (IN CASE OF EMERGENCY)

SURNAME: _____

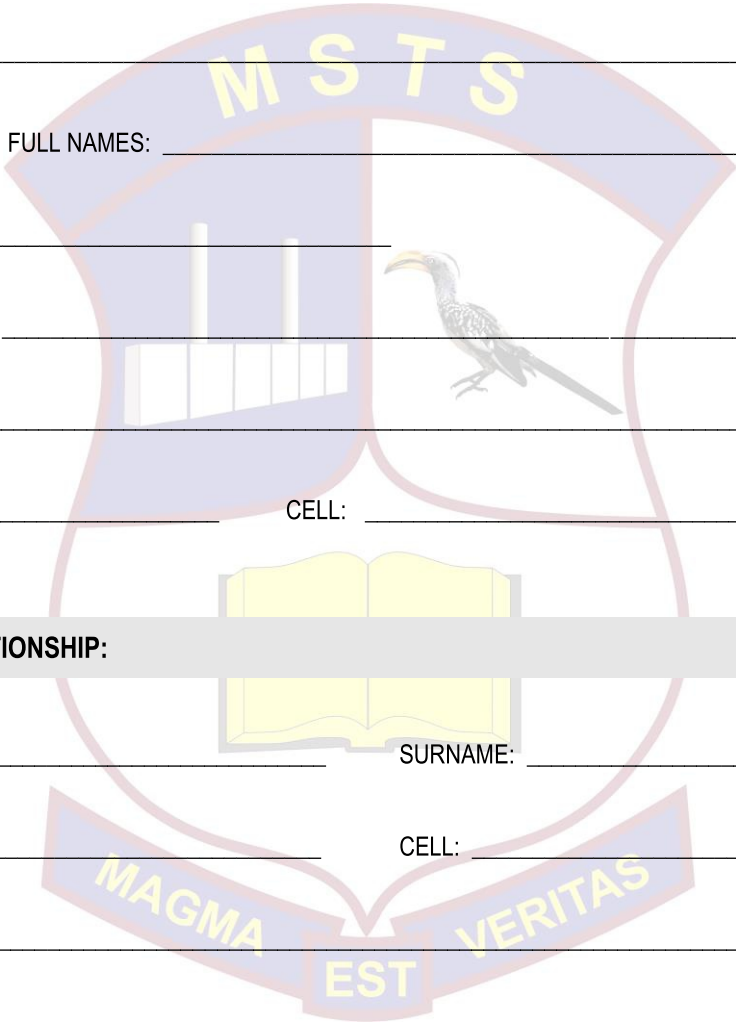
TITLE: _____ FULL NAMES: _____

ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

EMPLOYER: _____

TEL. WORK: _____ CELL: _____



NEXT OF KIN – RELATIONSHIP:

NAME: _____ SURNAME: _____

TEL: _____ CELL: _____

ADDRESS: _____

NEXT OF KIN – RELATIONSHIP:

NAME: _____ SURNAME: _____

TEL: _____ CELL: _____

ADDRESS: _____

When an emergency occurs, and none of the parents are available, this information is essential.

D METHOD OF PAYMENT: NB NO CASH WILL BE ACCEPTED AT SCHOOL FOR SECURITY REASONS. NB IF YOUR ACCOUNT IS IN ARREAS FOR 3 MONTHS IT WILL BE HANDED OVER TO THE ATTORNEYS WITHOUT NOTICE

| INDICATE YOUR CHOICE WITH A "X": | |
|--|---|
| A | Payment in full before the end of February – (deduction 5%) |
| B | x 10 Even cash payments as from the end of February |
| C | X 10 Debit order payments done monthly as from the beginning of February. Only for current account holders. |
| D | Quarterly (x 4 – UP FRONT payments) |
| E | Exemption – forms are available with registration |
| NB The first payment of your school fees must be paid with registration of the candidate. | |

PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES:

- A FATHER
- B MOTHER
- C GUARDIAN
- D OTHER

BANKING DETAILS:

Account Holder: MABALANE SELEKA
 Bank: Nedbank Lephale
 Branch Code: 144547
 Account Number: 1017 9822 52
 Ref no: Name & surname of the learner

Complete only if it differs from the information on page 1.

SURNAME: _____ FULL NAMES: _____

ID-NUMBER: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

WORK ADDRESS: _____

TELEPHONE: Home _____ Work _____

Fax _____ Cell _____

E-Mail _____

E EXTRA-MURAL ACTIVITIES

| SPORT | | | | | | | | |
|-----------------|-----------|------------|--------|-----------------|-------|---------|-------|--------|
| Name of learner | Athletics | Netball | Soccer | Drum majorettes | Rugby | Cricket | Chess | Tennis |
| | | | | | | | | |
| | | | | | | | | |
| CULTURE | | | | | | | | |
| Name of learner | Debate | Oratorical | Drama | Revue | | | | |
| | | | | | | | | |

- I hereby give my permission that my child / children may participate in all activities mentioned above and that he / she may accompany the school and all tours and outings that are organized.
- I accept / assume that all reasonable precautions will be taken to secure the safety and wellbeing of my child. I will be responsible for all medical bills if necessary when injuries occur if proper and responsible supervision were present.
- I transfer / delegate my authority as parent / guardian to the headmaster or his representative if medical or surgical procedures are deemed necessary for my child. As far as my knowledge goes he / she is physically able to participate in these activities and is in good health.
- I request you to please take note of the following: Please note, all aspects the teaching staff must have knowledge of, for example: allergies, epilepsy, etc... This information must be given in section B.

F ACTIVITIES NOT PRESENTED AT SCHOOL

Please indicate whether your child participates in any activities not presented at school.

| | | |
|--------------|------------|-----------|
| Archery | Gymnastics | Wrestling |
| Horse riding | Dance | Other |

Achievement: _____

SUBJECT CHOICES FOR GRADE 8 AND 9

Name and Surname of learner (Capital letters):

Register Class: Grade:

Grade 8 and 9: All nine (9) learning areas are **compulsory** for obtaining the GET-certificate.

SUBJECTS: Compulsory subjects: (If you chose Sepedi Home Language, you must take English First Additional language (LOLT) and if you chose English HL, you must take Afrikaans First Additional language)

| | |
|---------------------------------|--|
| SUBJECT NAME | Arts and Culture |
| Technology | Life Orientation |
| Natural Sciences | Sepedi Home Language |
| Economic and Management Studies | English First Additional Language |
| Social Sciences | OR |
| Mathematics | English Home language |
| | Afrikaans First Additional Language |

SUBJECT CHOICES FOR GRADE 10 – 12

Name and Surname of learner (Capital letters):

Compulsory subjects: (If you chose Sepedi Home Language, you must take English First Additional language (LOLT) and if you chose Eng HL, you must take Afrikaans First Additional language)

| College | Subject Name | Subject code | Only maximum seven crosses may appear in this column below of which Life Orientation is one them. |
|---|--|--------------------------|---|
| College of Human Sciences (Languages) | English Home Language | ENGHL | |
| | English First Additional Language | ENGFA | |
| | Sepedi Home Language | SEPHL | |
| | | | |
| | Afrikaans First Additional Language | AFRFA | |
| College of Science, Engineering and Technology | Mathematics | MAT | |
| | Technical Mathematics | TMAT | |
| | Physical Sciences | PHSC | |
| | Technical Sciences | TSCE | |
| | Engineering and Graphics Design | GRDS (compulsory) | X |
| LO | Life Orientation | LIFE (compulsory) | X |
| Elective subjects (choose 1) | | | |
| College of Science, Engineering and Technology | Electrical Technology(Power Systems) | ELTP | |
| | Civil Technology(Construction) | CVTC | |
| | Mechanical Technology(Welding and Metal works) | MCHT | |

Signature: _____

Learner: _____ Parents: _____

Telephone: _____ Cell phone: _____

CODE OF CONDUCT FOR LEARNERS

As a learner at MABALANE SELEKA TECHNICAL SCHOOL:

- I am committed to uphold the respect and dignity of my fellow beings.
- I will foster and promote educational excellence and strive to develop myself holistically.

I PLEDGE TO

- Respect and obey all school rules.
- Accept fair disciplinary measures.
- Care for and protect all school buildings and property.
- Be punctual and attend school regularly.
- Provide a letter from my parent / guardian explaining my absence.
- Perform my duties in class effectively and regularly.
- Accept the authority of all staff members and RCL members.
- Complete all homework, class tasks and other assignments regularly.
- Prepare thoroughly for any class test / examinations.
- Respect my teachers, non-teaching staff and fellow learners at school and outside school.
- Be neatly dressed in my school uniform and wear it with dignity.
- Assist where I can with maintenance and upgrading of my school.

I UNDERTAKE NOT TO

- Damage the property of the school.
- Be vindictive to, nor victimize or intimidate pupils or staff.
- Carry or distribute any substances prohibited by the school.
- Bring dangerous weapons to school or to school functions.
- Use abusive language.
- Practise racism and forms of discrimination.

IN CONCLUSION I PROMISE TO

- Behave myself in such a manner that I bring honour to my school at all times.
- ***Abide by the CODE OF CONDUCT of MABALANE SELEKA TECHNICAL SCHOOL***

Learner Signature

Date

I, parent / guardian of _____ take notice of the CODE OF CONDUCT.

Parent / Guardian Signature

IF LOST – YOU WILL PAY R 30- 00 FOR ANOTHER COPY