



OLD OAK ACADEMY

Application Form

Please use ADOBE ACROBAT READER to fill in the Application Form. Send the completed documentation to admin@oldoakacademy.co.za for review.

STUDENT NAME: _____ GRADE: _____

CONTACT INFORMATION	
WEBSITE	www.oldoakacademy.co.za
EMAIL	admin@oldoakacademy.co.za
FACEBOOK	@oldoakacademia
INSTAGRAM	old_oak_academia
LINKEDIN	Linkedin.com/company/oldoakacademia
CONTACT NUMBER	062 592 1664
TELEGRAM	078 051 1894



INFORMATION AND PARTICULARS

STUDENT PARTICULARS	
FULL NAME	
DATE OF BIRTH	
GENDER	
ID NUMBER	
HOME LANGUAGE	
HOME ADDRESS	
CELL NO.	
EMAIL ADDRESS	
RELIGION	

STUDENT MEDICAL	
HEALTH PROBLEMS / DISORDERS	
PSYCHOLOGICAL PROBLEMS / DISORDERS	
ALLERGIES	

PARTICULARS OF PARENT / GUARDIAN	
FULL NAME	
TITLE	
DATE OF BIRTH	
RELATION TO STUDENT	
MARITAL STATUS	
HOME LANGUAGE	
CELL NO.	
EMAIL ADDRESS	
RELIGION	
ADDRESS	
EMAIL	
OCCUPATION	
COMPANY	



PARTICULARS OF PARENT / GUARDIAN

FULL NAME	
TITLE	
DATE OF BIRTH	
RELATION TO STUDENT	
MARITAL STATUS	
HOME LANGUAGE	
CELL NO.	
TEL. HOME	
TEL. WORK	
EMAIL ADDRESS	
RELIGION	
ADDRESS	
EMAIL	
OCCUPATION	
COMPANY	

EXTRA RELEVANT INFORMATION

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WHERE DID YOU HEAR ABOUT OLD OAK ACADEMY

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SUBJECT CHOICE

LANGUAGES	
	English Home Language
	English First Additional Language
	Afrikaans Huis Taal
	Afrikaans Eerste Addisionele Taal
COMPULSORY	
	Life Orientation
SELECT ONE	
	Mathematics
	Mathematical Literacy
SELECT A MINIMUM OF THREE ELECTIVES	
	Agricultural Sciences
	Business Studies
	Computer Applications Technology
	Consumer Studies
	Engineering Graphics and Design
	Geography
	History
	Life Sciences
	Physical Sciences
	Tourism

