

PLEASE EMAIL THE FORM TO klopper1@ufs.ac.za

SCHOOL FAX NUMBER:

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udent number:																			
Il name and surname:																			
FACULTY OF HEALTH SCIENCES SCHOOL OF NURSING Extramural activities (Only Grade 11 & 12) Are/were you head boy/girl of your school? Are/were you deputy head boy/girl of your school?										- Indicate with an X				Yes		No			
Are/were you a school			prefec	i?															
Are/were you a class Are/were your parents			e UFS	?													-		
Are/were your parents	s perso	onnel me	embers	of the l	JFS?														
Sport activities (ONLY GRADE 11 & 12)					Participation only							Provincial colours			SA colours				
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Cultural activities (ONLY GRADE 11 & 12)						Participation I			Leadership Achi			niever	evements						
																			_
PRINCIPAL'S SIGNATURE (Certified a true and correct account of the candidate's achievements. Applicable to Grade 12 learners only.)											OFFICIAL SCHOOL STAMP (applicable to Grade 12 learners only)								
NAME OF SCHOOL:			**************************************																
PROVINCE:																			
URBAN:			<u> </u>	<u> </u>				<u> </u>	<u> </u>	<u>.i</u>				<u></u>			<u> </u>		
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