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|  |  |  |  **APPLICATION FOR ADMISSION** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Grade applied for: |   |  | Highest grade passed: |   |   |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Year when passed: |   |   |  | Accession No: |   |   |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **LEARNER INFORMATION:** |  |  |  |  |  |  |  |

|  |
| --- |
| Surname: |
| Full Names: |
| Nick Name: |
| Date of Birth: | Gender: |
| Identification or Passport no: | Race: |
| Country of Residence: | Citizen: |
| Province: |  |
| Home Address: | Postal Address: |
| Home Telephone: | Emergency Telephone: |
| Learner Cell: | Learner Email Address: |
| Home Language: | Preferred Language of Instruction: |
|

|  |  |
| --- | --- |
| Yes | No |

Boarder:  | Boarder Admission no: |
| Parent(s) deceased?

|  |  |  |
| --- | --- | --- |
| Mother | Father | Both |

 | Mode of transport: |
| Religion: | Brother and/or sister already in school: |

**PREVIOUS SCHOOL INFORMATION:**

|  |
| --- |
| Name of previous school: |
| Previous school address:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Code: |  | Province: |  | Country: |  |

 |

**LEARNER MEDICAL INFORMATION:**

|  |  |
| --- | --- |
| Medical aid number: | Medical aid name: |
| Medical aid main member: | Doctor name: |
| Doctor’s address: | Doctor’s telephone number: |
| Medical condition: | Special problems requiring counselling: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- | --- | --- | --- | --- |
| Dexterity of learner: | Right Handed |  | Left Handed |  | Ambidextrous |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reg. Social Grant: | Yes |  | No |  |
| Rec: Social Grant: | Yes |  | No |  |

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|  |
| --- |
| **If the learner is accepted, the following documents must be submitted to the school:****1. Copy of birth certificate 4. Proof of address****2. Progress Report from Previous School 5. Passport size photo****3. Transfer letter from Previous School 6. Copy of medical card** |

**PARENT/ GUARDIAN INFORMATION:**

**DETAILS OF PARENTS/GUARDIAN WITH WHOM LEARNER LIVES:**

**FATHER/ GUARDIAN:**

|  |
| --- |
| Surname: |
| Initials: | First Names: |
| Title: Mr. □ Mrs. □ Ms. □ Dr. □ Prof. □ Ds. □ Adv. □ |
|  | Race: |
| Identification or passport no: | Home language: |
| Residential Address: | Postal Address:  |
| Occupation: | Employer: |
| Home Telephone: | Work Telephone. |
| Cell Number: | E-mail Address: |
| Marital status: | Relationship to learner: |

**MOTHER/ GUARDIAN:**

|  |
| --- |
| Surname: |
| Initials: | Full Names: |
| Title: Mr. □ Mrs. □ Miss. □ Dr. □ Prof. □ Ds. □ Adv. □ |
|  | Race: |
| Identification or passport no: | Home language: |
| Physical Address: | Postal Address:  |
| Occupation: | Employer: |
| Home Telephone: | Work Telephone: |
| Cell number: | E-mail address: |
| Marital status: | Relationship to learner: |

**DETAILS OF PERSON RESPONSIBLE FOR SCHOOL FEES :**

|  |
| --- |
| Surname: |
| Initials: | Full names: |
| Title: Mr. □ Mrs. □ Miss. □ Dr. □ Prof. □ Ds. □ Adv. □ |
| Gender: | Race: |
| Identification or passport no: | Home language: |
| Residential Address: | Postal Address:  |
| Occupation: | Employer: |
| Home Telephone: | Work Telephone: |
| Cell Number: | E-mail Address: |
| Relationship to learner: |

**FINANCES:**

Mark choice of payment using a cross.

(*Note: You can get fees and banking details at the shool’s office.)*

**SCHOOL FEES AND HOSTEL FEES** (**Hostel Fees are strictly payable in advance**)**:**

- 10% Discount on full payment before 28 February. □

 (These options is for **school fees only**.)

- Monthly (Monthly in advance before the 7th of each month. Last □

 payment before 7 October.)

- Debitorder . (Monthly in advance before the 7th of each month.) □

 - Quarterly. (First day of each quarter.) □

- Grain delivery: NWK Accountno. X040512HSS, before the 7th of September. □

 (*If you choose this option, u must provide us with a waybill.)*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby undertake to meet my financial responsi-

bilities towards Hoërskool Sannieshof and will be held responsible for all legal costs if I fail my responsibilities..

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of person responsible for payment of fees)

**ADMISSION REQUIREMENTS:**

The understated admission requirements is in accord with the mission and objectives of the school as determined by the SA Schools Act. The principal as exective manager, must apply this accordingly.

1. The prescribed application form for admission of a learner must be completed by his/her parents or official

 guardian.

2. Learners age must be within the right age group for the grade – see below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GR. 8** | **GR. 9** | **GR. 10** | **GR. 11** | **GR. 12** |
| 15 years | 16 years | 17 years | 18 years | 20 years |

3. Admission is subject to the learners proven academic level and satisfactory behaviour from his/her previous

 school.

4**. IMPORTANT:** The following documentation must be submitted with the completed application form:

* **Cerified copy of last report.**
* **Certified copy of ID or birth certificate.**
* **Transfer certificate.**
* **Proof of address.**
* **Passport size foto.**
* **Copy of medical card.**

5. Applicants and their parents/ guardians must complete the following binding documents when enrolling:

* Code of conduct
* Drug and weapon policy
* Indemnity form
* Agreement

6. The minimum fees must be paid at enrolment.

7. Before admission the parent/ guardian must sign an agreement to recognise the mission, objectives and policy of

 the school, which falls under the acceptence of the admission requirements and submission to disciplinary mea-

 sures and/ all other internal school measures.

**INDEMNITY FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/ guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(full name, surname and ID) hereby give permission that he/she may participate in any activity organised by the school of attend as spectator.

Permission and indemnity are specifically granted for transport by vehicle.

I convey my authority as parent, for the duration of the activity, to the principal of the school or his representative, should my child need medical/ surgical treatment.

I request the responsible person to look out for the following:

(*Mention any details in connection with your child’s health or any activities in which he/she may not participate*.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information needed in case of medical emergency:**

1. Name and address of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of medical aid : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Force number (SAPD. Defence force etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Residential address of parent/ guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Name and address of contact person if parents are not available

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. I accept that all reasonable precautions will be taken for the safety and welfare of my child and that I will be held

 responsible for the payment of medical and/or hospital bill, if applicable.

.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/ GUARDIAN DATE

**DECLARATION BY PARENT/ GUARDIAN:**

I/ Our/ My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that:

1. I/We accept and will respect the mission and objectives of the school.

2. I/We accept the admission requirements and submit to the code of conduct and disciplinary measures as

 stipulated in the schools code of conduct.

3. I/ We accept all the steps that may arise from trespassing of the code of conduct.

4. I/We pledge that we will submit to conversation with the principal, departmental heads, teachers & learners

 council as the persons in authority.

5. I/We accept syllabus content teached and the standards set in all evaluation.

6. I/We undertake to honour our financial commitments as decided yearly by the governingbody.

7. I/We declare that all information supplied in this document is complete and correct.

8. That I/We shall inform the school of any change in address.

9. That I/We shall remove my/our child from school if admission was gained by a human misconception.

SIGNED AT SANNIESHOF ON THIS \_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Father/Guardian Signature of Mother/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Learner

**ADMISSION TO HOSTEL**:

(Only for prospective boarders)

I, the undersigned parent / guardian of the above learner declare that the information provided, is to the best of my knowledge and correct and undertakes to:

a) provide at least one quarter in advance written notice if I intend to take my child out of the hostel.
b) pay the affordable accommodation, as stipulated in the annual budget, quarterly in advance.
c) ensure that my child subject himself/herself to the code of conduct and rules of the hostel and all

 applicable sentencing as set out in the code of conduct for boarders.
d) the hostel staff act in loco parentis for all learners in the hostel and is authorized to act as such in all

 emergency, medical and other cases.
e) the school and hostel does not accept liability for any loss or damage of personal belongings of

 boarders.
f) inform the responsible officer immediately of any change in my marital status and / or home and

 work address.

**TRANSPORT:**

I am aware of the fact that the hostel are closed during weekends and school holidays and I am therefore responsible to transport my child at own expense to and from the hostel.

**WEEKEND PERMISSION:**

a) If your child want to go to any person for the weekend, including the persons mentioned in the record of signing

 in and -out, you must provide a written (or sms) permission.
b) The person that collects your child, must personally sign him/her in and out.
c) The staff take no responsibility if a student is signed out by one of the persons mentioned in the record

 of signing in or –out or as arranged in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Parent / Guardian Date

