

HOËRSKOOL HIGH SCHOOL
WITTEBERG

Photo of learner

Private bag X24 | Bethlehem 9700 | Tel: 058 3035271 | Fax: 058 3035275

E-mail: admin@witteberghs.co.za | website: witteberghs.co.za

APPLICATION FOR ADMISSION



FULL NAMES OF LEARNER: _____

SURNAME OF LEARNER: _____

PLEASE ATTACH:

- Copy of birth certificate / ID document of learner
- Copy of latest report / academic report
- Copies of ID documents of both parents / guardians
- Medical Form
- Subject Choice

COMPLETE THIS FORM – PLEASE PRINT

Note: Please complete in full. Every alteration must be signed by the parent / guardian. A completed application form, does not guarantee that the application will be successful.

Grade applied for:		Year applied for:		Highest grade passed:	
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INFORMATION OF LEARNER:

Surname:		Initials:	
Full names:		Name called by:	
Date of birth: YYYY MM DD	Sex: Male [] Female []		
Home Language:	Race:		
Medium of tuition:	Nationality:		
ID or Passport no.:	Tel. no. (h):		
Residential address of learner:	Learner's cell number:		
	Emergency number:		
	Name & Surname:		
	Hostel Learner: Yes [] No []		
Postal code:	Province:	Religion:	
Right handed:	Left handed:		

PARTICULARS OF PREVIOUS SCHOOL:

Name of School:			
Address of School:			
Postal code:	Province:	Tel.no.:	Fax no.:

ACTIVITIES:

	PARTICIPATION IN PREVIOUS SCHOOL EG. U/13A	HIGHEST ACHIEVEMENTS	UNDERTAKE TO PARTICIPATE IN THESE EVENTS AT WITTEBERG HIGH SCHOOL
Athletics (name items)			
Rugby			
Cricket			
Netball			
Hockey			
Tennis			
Golf			
Debate			
Orators			
Drama			
Choir			
State other sport codes that learner participates in		HIGHEST ACHIEVEMENT:	

PARTICULARS OF FAMILY:

Number of children in the home:	Learner's position in the home (e.g. 1 st , 2 nd , 3 rd):
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GIVE PARTICULARS OF BROTHERS AND SISTERS IN WITTEBERG HIGH SCHOOL:

Name:	Grade:
Name:	Grade:
Name:	Grade:

INFORMATION OF FATHER / GUARDIAN:

Title:	Initials:	Surname:
Full names:		
Name called by:		Home language:
Date of birth:		ID Number:
Residential address:		
		Postal code:
Postal address:		
		Postal code:
Tel.no. (h):	Tel.no.: (w)	Cell number:
E-mail address:		
Relationship learner and guardian:		Marital status:
Profession:		Employer:

INFORMATION OF MOTHER / GUARDIAN:

Title:	Initials:	Surname:
Full names:		
Name called by:		Home language:
Date of birth:		ID Number:
Residential address:		
		Postal code:
Postal address:		
		Postal code:
Tel.no. (h):	Tel.no.(w):	Cell number.:
E-mail address		
Relationship learner and guardian:		Marital Status:
Profession:		Employer:

Parent/Guardian responsible for school fees:

- Witteberg High School functions in terms of the South African Schools Act, Act 84 of 1996 (hereafter referred to as the Act) as an Article 21 school.
- Section 40(1) of the Act determines that both biological parents are liable for the payment of school fees that are determined according to Section 39.
- Section 41(1) of the Act determines that a Public School can enforce the payment of school fees from parents accountable by Section 40, through legal practice.
- According to Section 39(1) of the Act, a Budget Meeting will be held annually where the school fees for the following year shall be determined.

At the beginning of each academic year all parents / guardians must enter into an epistolary agreement with Witteberg High School regarding the chosen method of payment of school fees.

DECLARATION, UNDERTAKING AND CONSENT

I, the undersigned, the legal parent/guardian of the learner, declare:

1. That all the information given in this form, and all documentation attached hereto, are to the best of my knowledge, correct and complete;
2. That I ascertained myself of the full contents of the school's admission policy, language policy and code of conduct on the grounds of which admission is granted;
3. That I understand and accept that admission of the particular learner, is subject to the binding undertaking given by me in paragraph 2 hereunder.
4. That I will notify the school in writing and within a reasonable time, of any change of address or of any fundamental fact that may concern the school attendance of the learner;
5. That I will notify the school immediately in writing of any infectious disease that the learner, or any other person in the home of which I am a part of, might have;
6. That I will take every reasonable step to ensure that the learner attend school on all the relevant days;
7. That I will, at all times, take reasonable steps to ensure that the particular learner is committed to the school's code of conduct;
8. That I will take the learner out of school if I have obtained admission on the grounds of fundamental misrepresentation, or if preliminary admission was not confirmed;
9. That the learner's language rights will be exercised according to the school's language policy;
10. That the learner may take part in all the approved extra mural activities of the school, including tours and outings of an educational nature.
11. **Permission:** I the undersigned, parent/guardian, hereby grant permission that my child may appear on the social media platforms of Witteberg High School. I also grant permission that my personal information as herein provided, may be used in terms of the **PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013 (POPI)**. Yes No
12. I, the undersigned, **undertake to pay** the school fees as follows:

Monthly		Quarterly		Half-yearly		Annually	
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I hereby declare that, to my knowledge, the above-mentioned information provided, is accurate and correct.

Name of parent / guardian (print): _____

Signature of parent / guardian: _____

Date: _____



MEDICAL FORM

LEARNER INFORMATION

Full Name: _____
Surname: _____ Tel. Number: _____
ID number: _____ Grade: _____ Age: _____
Allergies: _____
State Patient: Yes or No: _____ Use of Medication: _____

MEDICAL INFORMATION

Name of Medical aid: _____
Medical aid number: _____
Full name of primary member as registered at medical aid: _____
ID number of primary member: _____
Employer of primary member: _____ Tel. number of employer: _____
Address of employer: _____
_____ Code: _____

CONTACT DETAILS OF PARENT/GUARDIAN:

Full name: _____
Surname: _____
ID No.: _____
Tel.: _____
Cell.: _____
Email: _____

ATTACH A COPY OF THE FOLLOWING:

ID of Learner
ID of Main member
Medical aid card

Signature of Parent/Guardian _____