

# HOËRSKOOL WITTEBERG HIGH SCHOOL

## APPLICATION FOR ADMISSION

PLEASE COMPLETE WITH A BLACK PEN



ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes  No

PHOTO OF LEARNER

Name of other learner(s) and Gr: \_\_\_\_\_

Relation to learner: \_\_\_\_\_

### LEARNER INFORMATION

Grade applied for: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Religious denomination: \_\_\_\_\_

Gender: Male  Female

Ethnic group: \_\_\_\_\_

Home language: \_\_\_\_\_

Preferred tuition language: \_\_\_\_\_

Dexterity: Left  Right  Both

Learner mobile number: \_\_\_\_\_

Learner e-mail address: \_\_\_\_\_

Admission date: \_\_\_\_\_

Media consent: Yes  No

Do you want to apply for hostel residence: Yes  No

*Please complete the hostel application form if yes.*

### NEXT OF KIN INFORMATION

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Alternative contact number: \_\_\_\_\_

Relation: \_\_\_\_\_

### LEARNER HEALTH INFORMATION

Chronic diseases: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

### MEDICAL AID INFORMATION

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Member number: \_\_\_\_\_

Primary member: \_\_\_\_\_

### OFFICE USE ONLY

Family code: \_\_\_\_\_ Waiting list:  A  B

Register class: \_\_\_\_\_ Number on waiting list: \_\_\_\_\_

Admission number: \_\_\_\_\_ Parents ID copy:

Registration date: \_\_\_\_\_ Report card:

Admission date: \_\_\_\_\_ Birth Certificate:

Medical Form:

### FAMILY INFORMATION

Family status:  Both parents  Single parent - Unmarried

Foster care  Childrens home  Single parent - Divorced

Other  Re-composed  Widow/Widower

Parents deceased:  Mother  Father  None

### FAMILY DOCTOR INFORMATION

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Business address: \_\_\_\_\_

### INFORMATION OF PREVIOUS SCHOOL

First registration of learner in Free State:  Yes  No

Learner attended school last year:  Yes  No

If yes, in which Province/Country: \_\_\_\_\_

Previous school: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_

Highest grade in previous school: \_\_\_\_\_

Reason for leaving the school: \_\_\_\_\_

### EXTRACURRICULAR ACTIVITIES

As a learner, I undertake to participate in the following activities. Indicate where applicable and, if any achievements have been attained, please specify.

Athletics:  \_\_\_\_\_ Golf:  \_\_\_\_\_

(list items) Rugby:  \_\_\_\_\_ Debate:  \_\_\_\_\_

Cricket:  \_\_\_\_\_ Orators:  \_\_\_\_\_

Netball:  \_\_\_\_\_ Drama:  \_\_\_\_\_

Hockey:  \_\_\_\_\_ Choir:  \_\_\_\_\_

Tennis:  \_\_\_\_\_ Other:  \_\_\_\_\_

**BIOLOGICAL PARENT / LEGAL GUARDIAN INFORMATION (1)**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home Language: \_\_\_\_\_

Marital Status:  Single  Common law marriage  
 Divorced  Married  Engaged  
 Separated  Widowed

Communication language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is the learner living with this parent?  Yes  No

Relationship to learner: \_\_\_\_\_

Residential address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation status:  Own Employer Professional  
 Own Employer Non-Professional  
 House wife  Pensioner  
 Contract worker  Temporary  
 Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BIOLOGICAL PARENT / LEGAL GUARDIAN INFORMATION (2)**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home Language: \_\_\_\_\_

Marital Status:  Single  Common law marriage  
 Divorced  Married  Engaged  
 Separated  Widowed

Communication language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is the learner living with this parent?  Yes  No

Relationship to learner: \_\_\_\_\_

Residential address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation status:  Own Employer Professional  
 Own Employer Non-Professional  
 House wife  Pensioner  
 Contract worker  Temporary  
 Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSON ACCOUNTABLE FOR PAYMENT**

Biological parent /Guardian (1)     Biological parent /Guardian (2)

**CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT**

Agreement between WITTEBERG HIGH SCHOOL and \_\_\_\_\_ (Name of parent / guardian)  
with regards to the payment of school fees.

1. WITTEBERG HIGH SCHOOL is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) - National norms and standards of School Funding.

2. As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said Act.

3. Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner. (Please attach the court order to the application, if applicable.)

4. Payment of school fees to WITTEBERG HIGH SCHOOL will be made as follows:

(Please tick the appropriate box)

- Once-off before 28 February**
- Quarterly**
- Monthly**
- Half-yearly**

5. 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.

6. Should payments of school fees be in arrears, I shall be accountable for the payment of fees and interest that may arise in the effort to collect the fees on an attorney and client scale.

7. I choose the following address as my domicilium citandi et executandi for delivery or serving of any notices or pleadings.

Residential address (Not a postal address):

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

8. I/ We the parents / guardian of \_\_\_\_\_ undertake to honour the agreement as set out above.

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

## DECLARATION, UNDERTAKING AND CONSENT

1. I, the parent/guardian of \_\_\_\_\_, hereby give consent for him/her to participate in all academic, sports, and cultural activities organised by the school. I also give consent for him/her to undertake tests administered by the school support team for the purpose of academic assistance or identification of learning challenges.
2. I grant permission for my child to be transported by a public bus company approved by the school management. In cases where only a small group of learners needs transport, parents/teachers with valid driver's licenses may be asked to transport learners.
3. I acknowledge that all reasonable precautions will be taken for the safety and well-being of my child, and that I will be held responsible for payment of medical and/or hospital bills, if applicable, in the event of injury not attributable to the gross negligence of responsible staff.
4. I delegate my authority as parent/guardian to the Head of the school, or his/her representative, should medical or surgical treatment for my child be necessary. To the best of my knowledge, my child is physically able to participate in any organised activities and is in good health.
5. I confirm that all medical information provided in the "Learner Information" section of this form is accurate and complete. This information may be used in any emergency situation.
6. I undertake to inform the school should any of the above information change.
7. I undertake to support my child in complying with the Code of Conduct and disciplinary system of WITTEBERG HIGH SCHOOL as set out in the School Policy.
8. I undertake to have thoroughly familiarised myself with the full content of the school's admission policy, code of conduct, and language policy, upon which admission is granted.
9. I hereby confirm that any images or recordings of my child may be used in any school publications, in any format, and that my personal information, as provided to the school, may be processed and used in accordance with the **Protection of Personal Information Act 4 of 2013 (POPI)**.

Name of parent / guardian (print): \_\_\_\_\_

Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# HOËRSKOOL WITTEBERG HIGH SCHOOL MEDICAL FORM

PLEASE COMPLETE WITH A BLACK PEN

## LEARNER INFORMATION

Full name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

ID number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Medication: \_\_\_\_\_

State patient:  Yes  No

## MEDICAL INFORMATION

Name of medical aid: \_\_\_\_\_

Member number: \_\_\_\_\_

Full names of main member: \_\_\_\_\_

ID number of main member: \_\_\_\_\_

Employer of main member: \_\_\_\_\_

Contact number of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

## CONTACT DETAILS OF PARENT/GUARDIAN

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

ID number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Alternative contact number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Attach the following copies:

- ID of learner
- ID of main member
- Medical aid card

Name of parent: \_\_\_\_\_

Signature of parent: \_\_\_\_\_