



# APPLICATION FOR ADMISSION - 2024

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes

No

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

DATE: 25 MAY 2023

### LEARNER INFORMATION

**LEARNER**

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

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

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

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

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

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

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

Gender:  Male  Female

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

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

Learner's language preference: \_\_\_\_\_

Dexterity:  Left  Right  Both

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

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

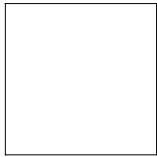
Admission date: \_\_\_\_\_

Grade in 2024 : \_\_\_\_\_

Years in grade for 2024 : \_\_\_\_\_

Years in phase for 2024 : \_\_\_\_\_

Pre-primary education attended:  Formal  Informal  
 Other: \_\_\_\_\_

Attach learner photo: 

Method of transport: \_\_\_\_\_

Taxi/Bus registration number: \_\_\_\_\_

Name of driver: \_\_\_\_\_

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

### NEXT OF KIN INFORMATION

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

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

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

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

### OFFICE USE ONLY

Family code: \_\_\_\_\_

Register class: \_\_\_\_\_

Admission number: \_\_\_\_\_

Waiting list:  A  B

Number on waiting list: \_\_\_\_\_

ID copy:

Application fee:

Proof of residence:

Birth certificate:

Clinic card:

### 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

### LEARNER HEALTH INFORMATION

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

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

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

### MEDICAL AID INFORMATION

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

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

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

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

### FAMILY DOCTOR INFORMATION

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

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

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

### INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Mpumalanga:  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: \_\_\_\_\_

**BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION**

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

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

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

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

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

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

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

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

Communication preference:  SMS  E-mail  Mail  
 By hand

Comm language: \_\_\_\_\_

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

Home tel: \_\_\_\_\_

Fax: \_\_\_\_\_

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

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

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

Occupation status:  Own Employer Professional  
 Own Employer Non-Professional  
 House wife  Part time  
 Contract worker  Pensioner  
 Student  Temporary  
 Full time  Unemployed

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

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

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

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

Is the learner living with this parent?  Yes  No

**BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION**

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

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

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

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

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

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

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

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

Communication preference:  SMS  E-mail  Mail  
 By hand

Comm language: \_\_\_\_\_

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

Home tel: \_\_\_\_\_

Fax: \_\_\_\_\_

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

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

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

Occupation status:  Own Employer Professional  
 Own Employer Non-Professional  
 House wife  Part time  
 Contract worker  Pensioner  
 Student  Temporary  
 Full time  Unemployed

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

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

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

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

Is the learner living with this parent?  Yes  No

**ACCOUNTABLE PERSON'S INFORMATION** Biological Parent 1 Biological Parent 2 Other

Only if 'Other', please complete section A or B below:

**A) INDIVIDUAL**

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

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

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

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

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

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

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

Communication preference:  SMS  E-mail  Mail  
 By hand

Comm language: \_\_\_\_\_

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

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

Fax number: \_\_\_\_\_

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

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

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

Postal Code: \_\_\_\_\_

**B) COMPANY / CLOSED CORPORATION / TRUST**

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

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

Registration number: \_\_\_\_\_

Comm language: \_\_\_\_\_

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

Fax number: \_\_\_\_\_

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

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

**BANKING DETAILS**

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch code: \_\_\_\_\_

Account type:  Cheque  Transmission  Savings

Bank account number: \_\_\_\_\_

Account holder: \_\_\_\_\_

**CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT****SCHOOL FEES STRUCTURE FOR 2024****ANNUAL REGISTRATION FEE:**

Grade R - Grade 1: R 1600.00 (incl. stationery - not books) &amp; Grade 2 - 7: R 900.00

**PER MONTH (JANUARY TILL NOVEMBER)**

Grade R: R 2 350.00      Grade 1 - 2: R 2 550.00      Grade 3 - 7: R 2 950.00

**PER TERM (LESS 2,5% DISCOUNT ALREADY APPLIED)**

Grade R: R 6 300.00      Grade 1 - 2: R 6 840.00      Grade 3 - 7: R 7 910.00

**PER SEMESTER (LESS 5% DISCOUNT ALREADY APPLIED)**

Grade R: R 12 280.00      Grade 1 - 2: R 13 325.00      Grade 3 - 7: R 15 410.00

**PER ANNUM (LESS 7,5% DISCOUNT ALREADY APPLIED)**

Grade R: R 23 910.00      Grade 1 - 2: R 25 950.00      Grade 3 - 7: R 30 020.00

**AFTER CARE (FULL WEEK)**

Grade 1 - 7      Monthly: R700.00      Per Term: R1880.00      Per Semester: R3660.00      Per Annum: R7120.00

**FEE AGREEMENT:****SCHOOL FEES CAN BE PAID IN THE FOLLOWING WAYS:**

1. Monthly: Salaries received month-end: School fees are to be paid in full in advance from January to November (eg beginning of January for January's fees). School fees need to be paid before the 7th of the month. Salaries received on the 15th of the month: School fees need to be paid in full by the 22th of the month.
2. Per Term: (2,5% discount on school fees) If you choose to pay per term, the term invoice needs to be settled within 7 calendar days. The billing schedule for term based school fees are as follows: 01 January 2024 - invoice is due by the 07 January 2024. 01 April 2024 - invoice is due by the 07 April 2024. 01 July 2024 - invoice is due by the 07 July 2024. 01 October 2024 - invoice is due by the 07 October 2024.
3. Per Semester: (5% discount on school fees) If you choose to pay per semester, the semester invoice needs to be settled within 7 calendar days. The billing schedule for semester based school fees are as follows: 01 January 2024 - invoice is due by the 07 January 2024. 01 July 2024 - invoice is due by the 07 July 2024.
4. Per Year: (7,5% discount on school fees) If you choose to pay per year, the school fees needs to be paid in full within the first week of the new school year, otherwise the discount falls away and your account will be charged with the monthly fee.

Annual Registration fee: Is payable for new students on registration and by old students every year at the end of November in order to ensure a place in the school for the following year. Registration fees are non-refundable!

**OPTION FORM - I WISH TO BE INVOICED AS FOLLOWS (PLEASE TICK BOX 1, 2, 3 OR 4):**

- Per Month  
 Per Term  
 Per Semester  
 Per Annum

**PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES**

1. I, parent / guardian of \_\_\_\_\_ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Highlands Private School as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

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