



APPLICATION FOR ADMISSION: VAALPARK HIGH SCHOOL 2024

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

YES

NO

IF YES, PLEASE PROVIDE NAME _____

GRADE _____

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of Birth: _____

ID number: _____

Nationality: _____

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home language: _____

Preferred tuition language: Afrikaans English

Dexterity: Right Left

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: Formal Informal

Registered for social grant: Yes No

Receives social grant: Yes No

Media consent: Yes No

Method of transport: _____

Taxi / Bus reg no: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

FAMILY INFORMATION

Both parents Single parent divorced Single parent unmarried

Foster care Childrens home Widow / Widower

Mother deceased Father deceased Both parents deceased

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Medical aid name: _____

Telephone number: _____

Membership number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL

First registration of learner in the Free State? Yes No

Previous school: _____

Telephone number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving previous school: _____

Reason for leaving previous school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1

Select: Father Mother Other

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: Married Divorced Separated

Single Widowed Common law

Communication: Sms Email

Communication language: _____

Mobile number: _____

Home telephone number: _____

Email address: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 (continued)

Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation: _____

Full time Part time Temporary Contract
 Housewife Student Pensioner Unemployed
 Own employer professional Own employer informal

Employer: _____

Work telephone number: _____

Employer street address: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 2

Select: Father Mother Other

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: Married Divorced Separated
 Single Widowed Common law

Communication: Sms Email

Communication language: _____

Mobile number: _____

Home telephone number: _____

Email address: _____

Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation: _____

Full time Part time Temporary Contract
 Housewife Student Pensioner Unemployed
 Own employer professional Own employer informal

Employer: _____

Work telephone number: _____

Employer street address: _____

DECLARATION BY PARENT / GUARDIAN

I _____
 (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at _____ on ___ day of _____ 20 ___

Signature of parent / guardian: _____

ACCOUNTABLE PERSON'S INFORMATION

Select: Bio. parent 1 Bio. parent 2 Other

Only if "other" complete section A or B below:

SECTION A: INDIVIDUAL

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Communication: Sms Email

Communication language: _____

Mobile number: _____

Home telephone number: _____

Email address: _____

Residential address: _____

Postal address: _____

SECTION B: COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Communication language: _____

Contact number: _____

Business address: _____

Postal address: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Account type: Cheque Transmission Savings

Bank account number: _____

Account holder: _____

PLEASE READ, FILL IN AND SIGN THE NEXT PAGE!

CONTRACT WITH SCHOOL REGARDING PAYMENT

Agreement between Vaalpark High School and _____
(Name of parent / guardian) with regards to the payment of school fees.

1. Vaalpark 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.
4. Payment of school fees to Vaalpark High School will be made as follows: (Please tick the applicable block)
 - Full payment (once-off) on or before the last date as determined during the annual parent meeting.
 - Payment over 10 months.
 - Alternative arrangements will be made with the School in writing at my own responsibility and initiative.
5. I / We are aware of the application process for exemption of school fees for 2024 and if exemption is required, we will complete the relevant application form.
6. Should you wish to appeal against a decision of the Governing body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education who will at all times ensure compliance to the mentioned Acts and are obliged to follow proper legal procedures to protect the rights of both you as a parent and that of the School Governing Body.
7. Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney and client scale.
8. 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):

9. I / We the parents / guardian of _____
undertake to honour the agreement as set out above.

SIGNATURE OF PARENT / GUARDIAN: _____ **DATE:** _____

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANIZED

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 Vaalpark High 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:** _____

INDEMNITY

We, the parents / guardians of _____ (name of learner) indemnify unconditionally and without restriction Vaalpark High School and/or the shareholders of Vaalpark High School or any person employed by Vaalpark High School or any person acting on behalf of Vaalpark High School against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Vaalpark High School .

Signed at _____ on _____ day of _____ 20_____.

SIGNATURE OF PARENT / GUARDIAN: _____ .