Attach ID photo here

**SOUTH AFRICAN COLLEGE HIGH SCHOOL**

Newlands Ave, Newlands 7700 | Private Bag Newlands 7725

Tel: +27(0)21-689-4164 | Fax: +27 (0)21-685-2669

Email: [innesi@sacollege.org.za](mailto:innesi@sacollege.org.za)

www.sacollege.org.za

**APPLICATION FOR ADMISSION – Closing date is 15 March 2019**

|  |  |  |
| --- | --- | --- |
| **Name of Learner:** | **John Smith** | |
| **Grade applying for:** | **9** | |
| **Year applying for:** | **2020** | |
| **Application for:**  ***(Tick applicable boxes)*** | **DAY SCHOLAR** |  |
| **BOARDER – RosedaleGr10 -G12** |  |
| **BOARDER – MichaelisGr8 – Gr9** |  |

Please read the Admission Policy of South African College High School (the “**School**”) before submitting this application form. Once submitted, your application form will be processed in accordance with the School’s Admission Policy.

**Please complete all sections of this application form using capital letters and submit it together with all supporting documents to the School on or before the relevant closing date.**

**Please complete a separate application for each child for whom admission is required.**

Please contact the Headmaster’s Office should you have any queries or require assistance with the completion of this application.

|  |  |
| --- | --- |
| Headmaster | MrB Grant |
| Secretary in the Admission’s Office | Irene Innes |
| Telephone Number | 0216894164 ext 107 |
| Fax Number | 0216852669 |
| Email Address | [**innesi@sacollege.org.za**](mailto:innesi@sacollege.org.za) |
| Postal Address | Private Bag  Newlands  7725 |
| Physical Address | Newlands Avenue  Newlands  7700 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY:** | | | | | |
| **RECEIVED ON:** |  | | **APPLICATION RECEIVED BY:** |  | |
| **REFERENCE NUMBER:** |  | | **NECESSARY DOCUMENTS RECEIVED:** | **YES** | **NO** |
| **APPLICATION STATUS:** | **SUCCESSFUL** | | **OFFER STATUS:**  **(applicable to successful applicants only)** | **ACCEPTED** | **DECLINED** |
| **UNSUCCESSFUL** | |
| **DEPOSIT RECEIVED:**  **(applicable when offer accepted)** | **YES** | **NO** | **RECEIPT NUMBER:** |  | |

**SECTION A: PERSONAL INFORMATION OF THE LEARNER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Learner’s Surname : Smith** | | **Learner’s First Name(s) : John** | | |
| **(THE “LEARNER”)** | | | | |
| **Identity Number** | **857452** | **Current Age** | **19** | |
| **Gender** | **Male** | **Age in Year of Admission** | **2019** | |
| **Date of Birth** | **22/05/2002** | **Place of Birth** | | **Johannesburg** |
| **Home Language** | **Afrikaans** | **Preferred Language for Learning and Teaching** | | **English** |
| **Nationality** | **South African** | **Citizenship** | | **SA** |
| **Date of Arrival in SA** | **1990** | **Religion** | | **Christian** |
| **Current School** | **Alphedale High School** | **Current Grade** | **9** | |
| **Previous School** | **British International Preparatory School** | **Number of Siblings** | **2** | |
| **Siblings currently at South African College High School** | **Name:**  **Jeny** | **Grade:**  **6** | **Age:**  **11** | |
| **Name:**  **Johnas** | **Grade:**  **3** | **Age:**  **5** | |

***Important: Please attach the following to this application form:***

* ***A copy of the learner’s birth certificate (or proof that application has been made to the Department of Home Affairs or the relevant authority for a birth certificate where no birth certificate is immediately available)***
* ***The original transfer certificate from the last school that the learner attended at the date of this application. Should the transfer card be unavailable, the applicant must provide the School with one of the following:***
  + ***The latest original report card (or equivalent document) issued by the previous school; or***
  + ***A written affidavit of the parent signed before a Commissioner of Oaths (stating the reason for not having a transfer card and the grade the learner attended at the previous school)***
* ***If the learner is not a South African citizen, a certified copy of any permit or the like permitting the learner to live in South Africa (or proof that formal steps have been taken to legalise the learner’s stay in South Africa where the relevant permit is not immediately available)***

**THE LEARNER’S ACADEMIC PERFORMANCE**

Please fill in the most recent marks/assessment ratings.

|  |  |
| --- | --- |
| **Mathematics** | **85** |
| **English** | **80** |
| **Aggregate** | **A** |
| **Academic Awards** | **A** |

**THE LEARNER’S PARTICIPATION IN SPORTING ACTIVITIES**

Please include below details of the sporting in which the learner is currently involved, as well as details of any sporting achievements of which the learner is proud.

|  |  |
| --- | --- |
| **Sporting Activities and Achievements** |  |

It is compulsory for learners admitted to the School to participate in sporting activities. Learners will only be excused from participating in sporting activities for valid medical reasons.

**THE LEARNER’S PARTICIPATION IN CULTURAL ACTIVITIES**

Please include below details of the cultural activities in which the learner is currently involved, as well as details of any cultural achievements of which the learner is proud.

|  |  |
| --- | --- |
| **Cultural Activities and Achievements** |  |

It is compulsory for learners admitted to the School to participate in cultural activities unless. Learners will only be excused from participating in cultural activities for valid reasons.

**THE LEARNER’S PARTICIPATION IN SERVICE ACTIVITIES**

Please include below details of the service activities in which the learner is currently involved, as well as details of any service achievements of which the learner is proud.

|  |  |
| --- | --- |
| **Service Activities and Achievements** |  |

It is compulsory for learners admitted to the School to participate in service activities unless. Learners will only be excused from participating in service activities for valid reasons.

**THE LEARNER’S LEADERSHIP EXPERIENCE**

Please include below details of the leadership gained by the learner to date, as well as details of any leadership achievements of which the learner is proud.

|  |  |
| --- | --- |
| **Leadership Experience and Achievements** |  |

**THE LEARNER’S PARTICIPATION IN RELIGIOUS ACTIVITIES**

Please include below details of the religious activities in which the learner is currently involved.

|  |  |
| --- | --- |
| **Religious Activities** |  |

Please indicate below whether you would have any objections to the learner participating in religious activities at school and, if so, please detail your objections.

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have any objections to the learner participating in religious activities at school?** | | **YES** | **NO** |
| **If YES, please explain your objections** |  | | |

**SECTION B: MEDICAL INFORMATION OF THE LEARNER**

**WHICH OF THE FOLLOWING ILLNESSES HAS THE LEARNER BEEN IMMUNISED AGAINST?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Polio** |  | **Diphtheria** |  |
| **Measles** |  | **Tetanus** |  |
| **Tuberculosis** |  | **Hepatitis B** |  |

***Important:Immunisation against these illnesses is compulsory before the learner attends any school. Please attach proof of immunisation to your admission application.***

|  |  |  |  |
| --- | --- | --- | --- |
| **MEDICAL AID DETAILS FOR THE LEARNER** | | | |
| **Member’s Name** |  | **Name of Medical Aid Scheme** |  |
| **Membership Number** |  | **Name of Medical Aid Plan** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DOCTOR’S DETAILS** | | **EMERGENCY CONTACT PERSON**  **(IF PARENTS ARE NOT AVAILABLE)** | |
| **Doctor’s Full Name** |  | **Full Name** |  |
| **Telephone Number** |  | **Relationship to the Learner** |  |
| **Doctor’s Cell Number** |  | **Home Telephone Number** |  |
|  |  | **Cell Number** |  |
|  |  | **Work Telephone Number** |  |
|  |  |  |  |

| **MEDICAL DETAILS OF THE LEARNER** | |
| --- | --- |
| ***Please disclose full details of any medical information concerning the learner that the School should be aware of below:*** | |
| **Allergies** |  |
| **Recent Injuries** |  |
| **Routine Medication** |  |
| **Previous Operations** |  |
| **Current Medical Problems** |  |
| **Learning Disabilities** |  |
| **Other Medical Conditions** |  |

**WHO DOES THE LEARNER LIVE WITH?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mother** |  | **Father** |  | **Sponsor** |  |
| **Guardian** |  | **Grandparent** |  | **Other** *(please specify)* |  |
| **Residential Address of the Learner:** | | | | | |

**IF ADMITTED TO THE SCHOOL AS A DAY SCHOLAR, HOW WOULD THE LEARNER TRAVEL TO/FROM THE SCHOOL?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Walking** |  | **Car / Lift Club** |  | **Public Train** |  |
| **Bicycle** |  | **Public Bus or Taxi** |  | **Other** *(please specify)* |  |
| **Not applicable** |  |

**How far would the learner have to travel to get to and from school each day?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Less than 5km** |  | **Between 5km and 15km** |  | **Between 15km and 25km** |  | **More than 25km** |  |
| **Not applicable** |  |

**IF YOU WISH FOR THE LEARNER TO BE ADMITTED AS A BOARDER IN ONE OF THE SCHOOL’S HOSTELS, PLEASE MOTIVATE WHY THE LEARNER REQUIRES HOSTEL ACCOMODATION:**

|  |  |  |
| --- | --- | --- |
| **Motivation for Hostel Accommodation** |  | |
| **Not applicable** |  |

**SECTION C: PERSONAL INFORMATION OF THE LEARNER’S PARENTS / GUARDIANS**

| **PARENT 1** | | | | | **PARENT 2** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title and Initials:** |  | | | | **Title and Initial:** |  | | | |
| **First Name(s):** |  | | | | **First Name(s):** |  | | | |
| **Surname:** |  | | | | **Surname:** |  | | | |
| **Marital Status** | **Single** |  | **Divorced** |  | **Marital Status** | **Single** |  | **Divorced** |  |
| **Married** |  | **Remarried** |  | **Married** |  | **Remarried** |  |
| **If remarried, please provide step-parent’s details below.** | | | | **If remarried, please provide step-parent’s details below.** | | | |
| **Home Telephone Number** |  | | | | **Home Telephone Number** |  | | | |
| **Cell Phone Number** |  | | | | **Cell Phone Number** |  | | | |
| **Email Address** |  | | | | **Email Address** |  | | | |
| **Occupation** |  | | | | **Occupation** |  | | | |
| **Details of Employer** |  | | | | **Details of Employer** |  | | | |
| **Work Telephone Number** |  | | | | **Work Telephone Number** |  | | | |
| **ID Number** |  | | | | **ID Number** |  | | | |
| **Residential Address** | **Postal Code** | | | | **Residential Address** | **Postal Code** | | | |
| **Postal Address**  **(if different to Residential Address)** | **Postal Code:** | | | | **Postal Address**  **(if different to Residential Address)** | **Postal Code:** | | | |

| **STEP-PARENT 1 (MARRIED TO PARENT 1)** | | **STEP-PARENT 2 (MARRIED TO PARENT 2)** | |
| --- | --- | --- | --- |
| **Title and Initials** |  | **Title and Initials** |  |
| **First Name(s)** |  | **First name** |  |
| **Surname** |  | **Surname** |  |
| **Gender** |  | **Gender** |  |
| **ID Number** |  | **ID Number** |  |
| **Home Telephone Number** |  | **Home Telephone Number** |  |
| **Cell Phone Number** |  | **Cell Phone Number** |  |
| **Occupation** |  | **Occupation** |  |
| **Details of Employer** |  | **Details of Employer** |  |
| **Work Telephone Number** |  | **Work Telephone Number** |  |
| **Email Address** |  | **Email Address** |  |
| **Fax Number** |  | **Fax Number** |  |

***Important: Please attach the following to your admission application:***

* ***A copy of the ID documents for the learner’s parents (and step-parents, if applicable)***
* ***Proof of ALL residential address(es) indicated above, including the residential address of the learner (e.g. a copy of a title deed, an existing lease agreement, or a utility bill or bank statement not older than 3 months).***

**THE FOLLOWING SECTION MUST BE COMPLETED FOR THE GUARDIAN(S) OF THE LEARNER (IF APPLICABLE):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GUARDIAN 1** | | | **GUARDIAN 2** | | |
| **Surname** |  | | **Surname** |  | |
| **First Name(s)** |  | | **First Name(s)** |  | |
| **Gender** |  | | **Gender** |  | |
| **Title and Initials** |  | | **Title and Initials** |  | |
| **ID Number** |  | | **ID Number** |  | |
| **Home Telephone Number** |  | | **Home Telephone Number** |  | |
| **Cell Phone Number** |  | | **Cell Phone Number** |  | |
| **Occupation** |  | | **Occupation** |  | |
| **Details of Employer** |  | | **Details of Employer** |  | |
| **Work Telephone Number** |  | | **Work Telephone Number** |  | |
| **Email Address** |  | | **Email Address** |  | |
| **Fax Number** |  | | **Fax Number** |  | |
| **Relationship to the Learner** | **Guardian** |  | **Relationship to the Learner** | **Guardian** |  |
| **Grandparent** |  | **Grandparent** |  |
| **Foster Parent** |  | **Foster Parent** |  |
| **Other:** *(please specify)* |  | **Other:** *(please specify)* |  |

***Important: Please attach the following to your admission application:***

* ***A copy of the ID documents for the learner’s guardian (if applicable)***
* ***Proof of ALL residential address(es) indicated above, including the residential address of the learner (e.g. a copy of a title deed, an existing lease agreement, or a utility bill or bank statement not older than 3 months).***

**IF THE LEARNER IS ADMITTED TO THE SCHOOL, WHO SHOULD RECEIVE THE SCHOOL REPORT?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mother** |  | **Father** |  | **Sponsor** |  |
| **Guardian** |  | **Grandparent** |  | **Other** *(please specify)* |  |

**IF THE LEARNER IS ADMITTED TO THE SCHOOL, WHO SHOULD RECEIVE CORRESPONDENCE FROM THE SCHOOL (INCLUDING NOTICES AND FEES ACCOUNT)?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mother** |  | **Father** |  | **Sponsor** |  |
| **Guardian** |  | **Grandparent** |  | **Other** *(please specify)* |  |

**SECTION D: SCHOOL FEES**

Please note that SACS is a Fee-paying school. You have the right to enroll your son at a Non-Fee paying school. However, if you choose **NOT** to take the option from the State to enroll your child at a **Non-fee** paying School, but choose to enroll your son at SACS, a **Fee-paying** School, you accept the obligation to pay the school fee.

The annual school fees payable for 2019 are as follows:

|  |  |
| --- | --- |
| **GRADE 8**  **GRADE 9-12**  **BOARDING** | R 47 150per annum  R45 350 per annum  R49 450 000 per annum |

Please note that the annual school fees payable to the School may increase annually.

|  |  |
| --- | --- |
| **SCHOOL FEES** | |
| **Please indicate who will be responsible for paying the annual school fees (name and signature). Please note that both parents are liable for the payment of school fees.** | **Parent 1** |
| **Parent 2** |
| **Guardian 1** |
| **Guardian 2** |
| **Sponsor** |

|  |  |  |  |
| --- | --- | --- | --- |
| **\* PERSONAL DETAILS OF THE SPONSOR** | | | |
| **Surname** |  | **First Name(s)** |  |
| **Title and Initials** |  | **Gender** |  |
| **ID / Passport Number** |  | **Cell Phone Number** |  |
| **Home Telephone Number** |  | **Home Address** |  |
| **Preferred Postal Address** | **Postal Code:** | **Fax Number** |  |
| **Email Address** |  | **Work Telephone Number** |  |

***Important: Please attach the following to your admission application:***

* ***A copy of the ID documents for the sponsor responsible for paying the annual school fees (if applicable)***
* ***Proof of the residential address of the sponsor (e.g. a copy of a title deed, an existing lease agreement, or a utility bill or bank statement not older than 3 months).***

**SECTION E: DECLARATION BY PARENTS / GUARDIANS OF THE LEARNER**

I/We the undersigned parent(s)/guardian(s) of the learner:

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

**FULL NAME OF LEARNER**

I/we do hereby confirm and declare the following:

1. I/We have received a copy of the School’s Admission Policy and have carefully considered and understand its contents, including but not limited to the admission criteria that will be applied and the processes that will be followed by the School;
2. I/We have the legal authority to sign and submit this application and consider the School’s Admission Policy and the commitments made in this application to be binding on me/us personally;
3. The information and documents provided as part of this this application are true and correct;
4. I/We understand that the School reserves the right to verify all information supplied in this application and reserves its rights to take legal action against any applicant who intentionally provides false information and documentation;
5. I/We agree to the School undertaking a credit check with any credit bureau and to provide any personal information to a credit bureau for this purpose;
6. I/We understand that submission of this application does not guarantee that the learner will be admitted to the School and that all applications for admission received by the School will be considered in terms of the School’s Admission Policy. I/We understand that it is our responsibility to apply to other schools to ensure that the learner is accommodated elsewhere should he/she not be admitted to the School;
7. I/We understand and accept that I/we are responsible for ensuring that the learner has been immunized against the following communicable diseases before he/she attends school: Polio, Measles, Tuberculosis, Diphtheria, Tetanus and Hepatitis B;
8. Should this application be successful and the learner be admitted to the School (which I/we understand and accept is not a guarantee):
   1. I/We accept that the responsibility for paying the annual school fees rests with me/us and hereby undertake to pay in full the annual school fees determined by the governing body of the School and agreed to by the parent body at the annual budget meeting (which fees are set out above);
   2. I/We understand and accept that we are liable to pay compulsory school fees and the School may enforce payment of such fees in terms of the South African Schools Act. Should the School enforce payment of any outstanding school fees and need to take legal action to recover these fees, I/we hereby undertake to pay all legal costs incurred by the School in this regard (including but not limited to attorney/client fees);
   3. I/We acknowledge and accept the authority of the Headmaster and educators employed at the School and authorise the Headmaster (or his delegate) to act in *loco parentis* while the learner is involved in school-related activities, which authority shall include butshall not be limited to granting consent for medical treatment in the case of an emergency where all reasonable efforts to contact the learner’s parents have been made;
   4. I/We shall ensure that the learner attends school regularly; shall ensure that the learner is able to get to and from school; and shall notify the Schoolin writing should the learner be absent from school for any reason. I/We understand and accept that a doctor’s certificate may be required in some instances where the learner is absent from school;
   5. I/We hereby agree to ensure that the learner abides by the School’s code of conduct and any rules which underpin the code of conduct (including but not limited to all amendments to the code of conduct and/or rules that are made from time to time);
   6. I/We accept that the School cannot be held liable for any loss or damage to a learner’s property;
   7. I/We accept that I/we shall be held liable to the School for the cost of repairing any damage to the School’s property caused by the learner; and
   8. I/We shall give the Headmaster of the School at least one school term’s notice, in writing, in the event the learner leaving the School. In addition, I/we undertake to return all text books and other property belonging to the School before the learner leaves the School.

**This done and signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(place)*on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(month) \_\_\_*\_\_\_ *(year).***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **PARENT 1 / GUARDIAN 1** |  | **PARENT 2 / GUARDIAN 2** |  | **SPONSOR RESPONSIBLE FOR THE PAYMENT OF SCHOOL FEES *(if applicable)*** |

**SECTION F: DECLARATION BY PARENTS/GUARDIANS REGARDING EXEMPTIONS FROM PAYMENT OF ANNUAL SCHOOL FEES**

*(Please mark with a cross in the applicable box)*

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Do you wish to apply for an exemption from paying school fees?** | **YES** | **NO** |
| **2** | **Do you wish to be assisted in applying for an exemption from paying school fees?** | **YES** | **NO** |
| **3** | **Do you require a copy of the *Regulations for the Exemption of Parents from the Payment of School Fees* published in terms of the South African Schools Act (which sets out the formulae to apply when determining whether an applicant qualifies for a fee exemption)?** | **YES** | **NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME OF THE HEADMASTER** |  | **SIGNATURE OF THE HEADMASTER** | **DATE:** |
| **FULL NAME OF PARENT 1 / GUARDIAN 1** |  | **SIGNATURE OF PARENT 2 / GUARDIAN 2** | **DATE:** |
| **FULL NAME OF PARENT 2 / GUARDIAN 2** |  | **SIGNATURE OF PARENT 2 / GUARDIAN 2** | **DATE:** |
| **SCHOOL STAMP** | **DATE:** |