



SWELLENDAM HIGH SCHOOL ADMISSION FORM

The handing in of this admission form does not guarantee your child's admission to the school. Parents are adviced to apply for admission at the school closest to your residential address. To qualify for admission the following conditions must be complied to.

ADMISSION NUMBER

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ATTACHED TO THIS FORM THE FOLLOWING DOCUMENTS:

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1.	Copy of child's certificate of birth. – Unabridged if only 1 parent's ID is available. - CERTIFIED	
2.	CERTIFIED Copies of parents/ guardians ID documents	
3.	CERTIFIED Copy of most recent Municipal – account or proof of residential address.	
4.	CERTIFIED Learner's most recent school raport.	
5.	CERTIFIED Legal forms regarding foster care.	
6.	In the case of an immigrant, copies of parents' visa, passport, residential permit and study permit of learner.	
7.	Recent ID photo attached to admission form.	
8.	Form completed by learner.	

ENSURE THAT ALL FORMS ATTACHED TO THE ADMISSION FORM ARE SIGNED, ALL PAGES MUST BE INITIALED AND SIGNED BY BOTH PARENTS/ GUARDIANS AND THE LEARNER.

1.	Admission form completed in full.	
2.	Addendum A	
3.	Contract between Swellendam High School and parents/guardians.	
4.	Indemnity form	
6.	Form completed and signed by learner.	
7.	Signed Admission policy	
8.	Completed and signed Code of Conduct	

You will be notified regarding an interview.

Incomplete forms will not be accepted.

ADMISSION TO GRADE:		DATE:	
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Under Section 39 of the South African Schools Act needy parents may apply for a subsidy for school fees. Subsidies will be awarded according to an approved sliding scale.

Applications for Exemption of school fees take place annually from **1-20 November** for the following school year and are only available during the afore mentioned period. No late applications will be allowed. Applications are available at the Finance office and will only be given to applicants not learners. Applicants must hand in applications in person, at which time an appointment for an interview with the governing body will be organised. If you would like to apply for Exemption of School Fees in the current school year certified proof of a change in your financial circumstances must be given.

Any application for Exemption or partial Exemption of school fees will be dealt with in accordance with the financial decision of the school. The Governing Body has the final decision taking power regarding the application.

LEARNER INFORMATION

SURNAME: NAME:

FULL NAMES:

LEARNER'S RESIDENTIAL ADDRESS:

GENDER:	MALE		FEMALE			
HOME LANGUAGE:	AFRIKAANS		ENGLISH		XHOSA	OTHER (Specify)

DATE OF BIRTH:

D	D	M	M	J	J	J	J

ID NUMBER:

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COUNTRY OF BIRTH		Date of arrival in SA		SA CITIZENSHIP	YES	NO
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PREVIOUS SCHOOL: DATE OF DEPARTURE:

HIGHEST GRADE PASSED: REASON FOR LEAVING:

Any brother(s) or sister(s) in Swellendam High	YES	NO	FIRST NAME	SURNAME	GRADE

Does learner receive a Government Grant?	YES		NO		Hostel residence	YES		NO	
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EMERGENCY NUMBER

NAME & RELATIONSHIP:

TELEPHONE NUMBER:

INFORMATION OF DOCTOR AND MEDICAL AID

DOCTOR'S NAME		TELEPHONE NUMBER	
NAME OF MEDICAL AID	MEDICAL AID NUMBER	TELEPHONE NUMBER	

**BIOLOGICAL PARENT/GUARDIAN-INFORMATION
 BIOLOGICAL FATHER**

Prof./Dr./Rev./Mr./:

Full First names and Surname:

ID-Number

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Occupation:

Employer's name and address:

Marital Status:

Married		Single		Divorced		Widower		Remarried	
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Residential Address:
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Postal Address:
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Telephone: (Home) (Work)

Cell Phone: E-mail:

BIOLOGICAL MOTHER

Prof./Dr./Rev./Mrs./Ms.:

Full First names and Surname:

ID-Number

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Occupation:

Employer's name and address:
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Marital Status:

Married		Single		Divorced		Widow		Remarried	
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Residential Address:
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Postal Address:
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Telephone: (Home) (Work)

Cell Phone: E-mail:

STEPFATHER/ -MOTHER/ GUARDIAN (If applicable)

Prof./Dr./Rev./Mr./Mrs./Ms.:

Full First names and Surname:

ID-Number

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Occupation:

Employer's name and address:
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Marital Status:

Married		Single		Divorced		Widow(er)		Remarried	
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Residential Address:
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Postal Address:
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Telephone: (Home) (Work)

Cell Phone: E-mail:

PERSON RESPONSIBLE FOR ACCOUNT

Prof./Dr./Rev./Mr./Mrs./Ms.:

Full First names and Surname:

ID-Number

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Occupation:

Employer's name and address:

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Relation to learner:

Father		Mother		Guardian		Other (Specify)	
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Residential Address:

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Postal Address:

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Telephone: (Home) (Work)

Cell phone: E-mail:

SIGNATURE: _____

WHO DOES THE LEARNER RESIDE WITH							
BOTH PARENTS		FATHER		MOTHER		LEGAL GUARDIAN	OTHER (Specify)
ANNUAL AMOUNT OF SCHOOLFEES PAID AT PRESENT SCHOOL							

CONFIDENTIAL INFORMATION REGARDING LEARNER							
HEALTH:	Excellent		Good		Average		Poor
Does the learner take chronic medicine	YES	NO	If YES, Specify				
Any Operations			Mark the illness learner has been inoculated for				
			Tetanus DT		Kinkhoes DPT		
			Hemo-phile		Klem-in-die-kaak		
			German measles		Masels		
			Tuberculosse BCG		Pampoentjies		
			Witseerkeel		Poliomiëlitis		
Mark illnesses learner have had			Masels	Kinkhoes	Waterpokkies	Pampoentjies	

EXTRA CURRICULAR/ RELIGIOUS ACTIVITIES			
Religion			
Do you have any objection to your child participating in religious activities?	YES		NO
If YES, specify reasons			

ADDENDUM A

Parents are reminded that school fees should be paid in advance. When a parent fails to pay an instalment before 7 February, such a parent can be held responsible for the whole school year's school fees and can also be handed over to the attorneys for the full amount. (For any uncertainties please contact Mrs Olivier at the financial office.)

(School fees for 2020 is R15 400)

I hereby undertake to pay the fees as indicated below:

1. Once off payment before or on 7 February	
2. Four quarterly payments	
3. Two payments half yearly before or on 7 February and 31 July.	
4. 10 or 11 Monthly payments.	
5. I am going to apply for partial/ full exemption and will therefor personally organise the necessary arrangements between 1-20 November.	

We, the undersigned parent(s) or guardian(s) of (learner's name), declare that all information given is correct.

We take note that BOTH parents/guardians are responsible for the payment of school fees.

We commit to the above mentioned responsibility and the payment of all school fees as set out and which will be charged from time to time.

Signed at _____ on the _____ day of _____ (month) _____ (year).

Signature: Father/Guardian

Signature: Mother/Guardian

ID no: _____

ID no: _____

NB: The Governingbody of Swellendam High School requires that both parents sign the contract.

**CONTRACT BETWEEN
SWELLENDAM HIGH SCHOOL
AND
THE PARENTS/GUARDIANS
OF THE LEARNERS**

Full names and surname of father/guardian

Full names and surname of mother/guardian

The conditions below as established by the Governing Body apply to Swellendam High School.

1. Both parents/guardians undertake joint or separately, to pay the school fees of the learner, as determined by the Governing Body.
2. Take note: In accordance with Education Policy, the paying of school fees at public schools is compulsory and by enrolling your child in this school, you accept jointly or separately liability for such school fees, regardless who enrolls the learner.
3. It is the responsibility of the parent(s)/guardian(s) to ensure the payment of school fees reach the school before or on the date of payment.
4. School fees can be paid monthly in advance, over a period of 10 or 11 months.
5. If the school is forced to give an attorney instructions to collect school fees from parent(s)/guardian(s), the parent(s)/guardian(s) will be held accountable for paying all attorney- and client fees which might occur in the process of collecting school fees as well as the liability of collection fees.
6. There is a scheme by which parents may apply to receive a school-(not government) grant in cases where the gross annual income of parents/guardians is less than the level established by the WCED. The closing date for all applications in this regard is 20 November of the previous school year. Please contact the school for more information.

I hereby identify myself with the above mentioned school policy and I the parent/guardian of _____ undertake to support my child by taking responsibility for my responsibilities in this regard.

SIGNATURE OF PARENT/GUARDIAN

DATE

SWELLENDAM HIGH SCHOOL: INDEMNITY FORM

I, the undersigned,

_____ *(complete: Full names and surname of parent/guardian)*

in my capacity of parent/guardian of

_____ *(complete: Full names and surname of child)*

Medical aid: _____ Medical aid no.: _____
declare the following:

1. Above mentioned child is an enrolled learner of Swellendam High School;
2. I hereby give permission for the above mentioned learner my partake in camps/tours/outing and other activities organized by the school and that he/she may take part in organized sport;
3. I also give permission for the above mentioned learner to be transported by car or bus or other vehicles to and from activities;
4. I exclude the principal, the Education Department, the Governing Body, the Educators of the school, as well as the driver of any vehicle in which my child might be transported of any liability for damages incurred or which might result (directly or indirectly) from the activities mentioned in paragraph 2, except where such liability results from deliberate conduct or gross negligence by such a person, body or institution.
5. In as far as an accident covered by insurance of which ever nature will this idemnity only be valid to the extent of the childs damage not reimbursed by insurance. This indemnity will be valid as long as my child is a registered learner of this school.

Signed by me at _____ on this _____ day of

_____ 20____

SIGNATURE OF PARENT/GUARDIAN

(For Office use only)

DECISION REGARDING ADMISSION OF LEARNER

It is hereby declared that (learner's name) meets the minimum age requirements to a public school and that his/her latest exam rapport has been found true. His/her admission to grade has been approved.

Remarks:
.....

Principals Signature: Date:

OR

It is hereby declared that (learner's name) has been refused admission to grade because of the following reason(s):

(Cross out that which is not applicable)

- He/she does not meet the minimum age requirements for admission to a public school.
- He/she did not pass grade
- Other reason(s):

.....
.....

Remarks:
.....

Principal's signature: Date:

CODE OF CONDUCT

Agreement regarding the disciplinary system of Swellendam High School

We, as parent (s) / guardian (s) of _____
(learner's name), accept the code of conduct of the Swellendam High School and have familiarized ourselves with the contents thereof. We support fully the rules as they will contribute to a healthy academic environment and maximize the academic development of all learners. If my child is found to have transgressed any of the rules, I/we shall support the appropriate disciplinary measures taken against him/her

I, _____, as a pupil of the Swellendam High School, have read the code of conduct / disciplinary procedures and hereby accept the punishment that would be imposed on me if I were to be found guilty of transgressing any of the stated _____ rules.

ADMISSIONS POLICY

Herewith we accept the Admissions Policy of Swellendam High School and will adhere to the stipulated guidelines as presented therein.

D6 COMMUNICATOR

I herewith also pledge to download the d6 Communicator on my cellphone or computer since all the correspondence with parents happens via this channel.

LANGUAGE POLICY

I hereby acknowledge and accept that Swellendam High School is a **SINGLE MEDIUM (Afrikaans)** school.

SCHOOLBAG

Herewith I/we undertake to purchase the correct schoolbag at the school's clothing store.

By signing this document, I undertake to adhere to the rules and regulations as stipulated in and with regards to the Code of Conduct, Admissions Policy, D6 Communicator, Language Policy and the Schoolbag.

Signature: Father/Guardian

Signature: Mother/Guardian

Signature: Learner

