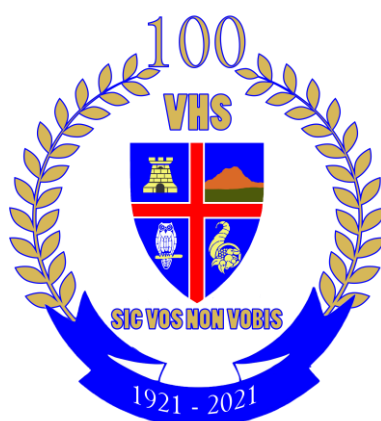


VOLKSRUST HIGH SCHOOL



Enrolment Application

**Learners who apply are not automatically accepted.
There will be a selection process after the closing date.
NO LEARNER WILL BE ADMITTED WITHOUT ID DOCUMENT OR
PASSPORT AND STUDY PERMIT**

CLOSING DATE FOR APPLICATIONS:

31 August 2022

NOTIFICATION OF SUCCESSFUL APPLICATIONS:

Before or on 30 September 2022

Name: Grade:

For office use only:

Accepted:	
Admission number:	
Grade and class:	
Placed on waiting list:	
Not accepted:	
Reason:	

ADMISSION REQUIREMENTS

The Governing Body of Volksrust High School determines that only pupils who answer to the following requirements and who accept these conditions, will be accepted as learners of the school.

1. The School rules that have been accepted by the parents, pupils and Governing Body, which will be revised from time to time, have to be obeyed diligently. The rules relate specifically to conduct, actions, appearance and school dress code.
2. Learners from the environmental feeder area of the school, will receive preference upon admission.
3. Learners must fall within the limits of age restrictions for each grade as laid down by the School's Act.
4. The compulsory tuition fees as determined by the Governing Body have to be paid regularly due to date.
5. It is expected of each parent/guardian to identify with loyalty to the character of the school.
6. Final admission remains at the discretion of the Governing Body and will be based on academic, sport and cultural achievements. The completion of the enrolment application does not necessarily mean that the pupil has been accepted into the school
7. Selection for admission will be held in **SEPTEMBER** of every year.
8. Any false information that is provided during completion of the request and admission forms will lead to disqualification of the pupil's admission.
9. The following documents are required:

Document	Included
a. Original proof of residence. (Water and lights account)	
b. Certified copies of parents' / guardian ID documents.	
c. Copy of learner's ID/ Birth Certificate.	
d. Last report – With confirmation of English H/L and Afr FAL	
e. ID photo of learner.	
f. Transfer card of previous school	
g. Copy of Medical aid card	
h. Copy of both parents' payslips	

WE OFFER A WIDE SELECTION OF SUBJECTS:

GRADE 8 AND 9:

1) Mathematics	Maths
2) Technology	Tech
3) Arts and Culture	A&C
4) Life Orientation	LO
5) Afrikaans and English	Afr & Eng
6) Natural Sciences	NS
7) Social Sciences	SS
8) Economic and Management Sciences	EMS

GRADE 10, 11 and 12:

Compulsory Subjects

- 1) Languages
Home Language
First Additional Language
- 2) Mathematics **or** Mathematical Literacy
- 3) Life Orientation

Subjects of choice:

GROUP 1	GROUP 2	GROUP 3
Physical Sciences	Agricultural Sciences	Life Sciences
Business Studies	Computer Applications Technology	Computer Applications Technology
Agricultural Technology	Physical Sciences	Geography
Information Technology	Life Sciences	Engineering Graphics and Design
Computer Applications Technology	Tourism	Accounting

APPLICATION FOR ADMISSION:**YEAR:** _____

c/o Adelaide Tambo Street en Govan Mbeki Drive
 Volksrust
 2470

Telephone: 017-735 5169/5380
 Fax: 017-735 4697
 Cel: 081 795 0223

Note: This form must be completed in full. Completion of the form does not necessarily mean that the pupil has been accepted into the school, but that he/she is interested in attending the school next year.

Grade applied for:			
Highest grade passed:		Year in which this grade was passed:	
Name of previous school:			
Address of previous school:			
Province of previous school:			

Learner information:

Surname:				Initials:		Nick Name:				
Other names:										
Date of Birth:	YYYY		MM		DD		Gender:	Male		Female
Race:				Province of residence						

ID or passport number:																			
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Pupil cell phone number:				Emergency telephone:					
				(The parent who is always available.)					
Telephone number for school SMSs:									

Home language:				Language of Instruction			
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Boarder	Yes		No		Mode of transport to school:			
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Resides with:	Mother		Father		Both		Guardian:				
Deceased parents:	Mother		Father		Both		Parents separated:	Yes		No	

Number of children in family:		Position in family (e.g.first)		
Number of other children in school:				
Name and Surname:			Grade	
Name and Surname:			Grade	

Medical Aid Name:			Medical Aid Number:		
Main Member:					
Doctor Name:			Doctor telephone Number:		
Medical condition: Diseases:	Senses:(hearing, sight)		Physical Disability:	Mental:e.g. ADD	
Left or Right handed			Religion		

Parent/Guardian Information								
Father:			Mother:			Guardian: If different from parents		
Title:			Title:			Title:		
Surname:			Surname:			Surname:		
Initials:			Initials:			Initials:		
Name:			Name:			Name:		
ID:			ID:			ID:		
Home Language:			Home Language:			Home Language:		
Race:			Race:			Race:		
Account payer:	Yes	No	Account payer:	Yes	No	Account payer:	Yes	No
Receive Correspondence:	Yes	No	Receive Correspondence:	Yes	No	Receive Correspondence:	Yes	No

Residential street address:	(If different from father's)	(If different from parents)
Code:	Code:	Code:
PO Box:	PO Box:	PO Box:
Code:	Code:	Code:

Home Telephone:	Home Telephone:	Home Telephone:
Cell Number:	Cell Number:	Cell Number:
Work Telephone Number:	Work Telephone Number:	Work Telephone Number:
E-Mail:	E-Mail:	E-Mail:
Fax Number:	Fax Number:	Fax Number:
Occupation:	Occupation:	Occupation:
Name of Employer:	Name of Employer:	Name of Employer:
Address of Employer:	Address of Employer:	Address of Employer:

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (please print): _____

Signature of Parent / Guardian: _____

Date: _____

SCHOOL FEES FOR 2023

Banking Details of Volksrust High School:

Bank: First National Bank Branch: Volksrust
Branch code: 270543 Account number: 62059155616

Important:

No payment must be made without learner's registration/account number as reference.

School fees per learner currently:	R18 000 + 10% escalation for 2023
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Payment options:

- 1. ± R2 000.00 first payment payable in addition to any school fees must be paid on or before the registration day of the current year.**
- 2. 10% discount if settled on or before registration day of the current year, should the parent/s fail to make payment as per this undertaking the full amount payable for the years school fees will be due and payable immediatly the day after registration day and the parent/s waive the discount of 10% due to his/her/their/ non-payment.**
- 3. 8% discount if settled on or before 28 February 2023, should the parent/s fail to make payment as per this undertaking the full amount payable for the years school fees will be due and payable and the parent/s waive the discount of 8% due to his/her/their/non-payment.**
- 4. 5% Discount if ten equal monthly debit orders/cash payments is arranged. First payment payable on or before 29 January 2023 and each instalment thereafter on or before the 7th of each consecutive month. Should the parent/s fail to make any one or part of these monthly instalments the full outstanding amount for the school fees will be due payable immediately.**

UNDERTAKING BY INDIVIDUAL RESPONSIBLE FOR PAYMENT OF ACCOUNT

Learner name and surname:.....Grade in 2023.....

Person responsible for payment of fees:

Father/guardian		Mother/guardian		Next of kin	
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If next of kin is responsible for payment, complete the following:

Name and surname:

Address:

Telephone no.: Relationship with learner:

In terms of section 39 of the Schools Act, it was decided, at a parents' meeting that we will charge school fees. These fees are payable before or on 29 January 2023.

However, to accommodate our parents, the following payment options were also approved:

Payment options for school admin.

	10% Discount to settle before or on 12 January 2023
	± R2 000 Compulsory first payment payable on 12 January 2023 – non-refundable
	8% Discount to settle on 28 February 2023
	5% Discount on 10 monthly debit order / stop order before the 7th day of the month. Account settle in full by 31 October 2023
	Ten monthly cash payments before the 7th day of the month. Account settle in full by 31 October 2023

I.....declare that:

1. I completed the form in full and that the particulars are correct.
2. I am aware of the amount of the annual school fees.
3. I will be held responsible for the timely payment of the fees, because of my association with Volksrust High School and accept amendments to fee structures as determined by the Governing Body from time to time.
4. I have the right, with assistance, to apply for exemption from the financial office, if I wish to.
5. I have familiarized myself with the school rules and I agree that my child/children will obey these rules at all times as determined by the Governing Body. I also agree, unconditionally, to accept steps taken by the Governing Body that may develop from the transgression of these rules.
6. I herewith choose MY DOMICILIUM CITANDI ET EXECUTANDI (place of residence where bill is made payable):

Please Note: RESIDENTIAL ADDRESS AND NOT POSTAL ADDRESS:

7. I agree to the jurisdiction of the Volksrust Magistrate's Court for any action taken against me.
8. If the debt incurred is handed over for collection, I will be liable for costs due to an attorney based on his/her own client scales, as well as tracing costs and collection commissions.
9. If I should fail or neglect to make payments due under this agreement, the principal amount with the interest will be payable immediately without any further notice.
10. If more than one person is liable for payment, the parties will be jointly and separately liable under the agreement.
11. I hereby give permission to the School to conduct a credit check on my financial affairs.

Signed at on this day of 20

Signature: Parent / Guardian / Next of kin:

LETTER OF AGREEMENT

I,

Parent/guardian of in grade

give permission that:

- Photos of my child may be used on the social media of the school and in newspapers;
- If my child behave disruptive in classes,
 - ✓ he/she will be tested for drugs.
 - ✓ he/she will be removed from the class and attend a “naughty class”. He/she will have the opportunity to do homework and study. He/she will be in this class until his/her behaviour improves.

I accept:

- Full responsibility for all damages to Volksrust High School property and equipment incurred by my child. I understand that all costs related to such damages will be added to my account at the school.
- That if my child needs to bring a cellphone to school for safety reasons, that he/she will hand it in at the office in the morning and get it after school again.
- If the cellphone is in my child’s possession, that it will be confiscated.
- My child can reclaim the phone after a penalty is payed.
- If the cellphone is used to be dishonest in tests or examinations, it will be confiscated and can only be reclaimed at the end of the year. No penalty is payable.

Signed:(Parent/Guardian)

Date:

On behalf of Volksrust High School

Name:

Designation:

Signed: Date:

EXTRA-MURAL ACTIVITIES

1. I herewith give permission to my son/daughter to take part in the activities of the school and that he/she may join excursions that are necessary for the practising of these activities.

MARK ALL APPLICABLE ITEMS

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2. Please mention any sports or cultural achievement.

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3. I accept that all reasonable precautions will be taken for the security and wellbeing of my child and that I will be held responsible for the payment of medication/hospitalisation if necessary, in case of an injury, that cannot be ascribed to the negligence of the staff.

4. I transfer my powers as parent/guardian to the Principal of the School or his representative, should medical attention or surgical procedures be necessary for my child. As fas as I know he/she is able to take part in the mentioned activities and that he/she is in good health.

5. I Request that the responsible people will be aware of the following:

PLEASE MENTION ASPECTS THAT THE TEACHING STAFF HAVE TO BE AWARE OF SUCH AS:

(Ex. Allergies, Inclination to abnormal bleeding, Epileptic attacks, Concentration problems, Hiperactive behaviour, Cronic medication, Depression, any other disorder, Etc.)

PLEASE SUBMIT ANY PROVE OF DIAGNOSES

.....

.....

.....

CONTACT PERSON IN CASE OF AN EMERGENCY

NAME:

TELEPHONE NUMBER:

RELATIONSHIP:

PARTICULARS OF PRINCIPAL MEMBER OF MEDICAL SCHEME

FULL NAME AND SURNAME:

IDENTITY NUMBER:

NAME OF MEDICAL SCHEME:

NUMBER OF MEDICAL SCHEME:

EMPLOYER:



COPY OF BACK VIEW OF MEDICAL SCHEME CARD

I HEREBY DECLARE THAT ABOVEMENTIONED INFORMATION IS CORRECT

.....
PARENT/GUARDIAN

.....
DATE