



**HOËRSKOOL
VRYHEID
HIGH SCHOOL**

FAMILY NO.	ADMISSION NO.
OFFICE USE ONLY	OFFICE USE ONLY

NAME OF LEARNER: _____

PREVIOUS SCHOOL: _____

GRADE APPLIED FOR: _____

PASSPORT
PHOTO

**APPLICATION FOR ADMISSION 2025
SCHOOL & HOSTEL**

This application must be completed by the parent/legal guardian and returned to the school before 12:00 on 31 JULY 2024. NO LATE ENTRIES WILL BE ACCEPTED.

- Your application is dealt with according to the Admission Policy which has been approved by the Department of Education.
- False or incomplete information on this application will lead to automatic rejection.
- Completing this application does not guarantee admission to the school and it is the responsibility of the parent/legal guardian to apply at other schools as well, to avoid disappointment.
- Residential address is the address of the biological parents or the legal guardian. The details thereof must correspond with the municipal account/bank statement in their name. If not, a sworn affidavit stating the reasons must be included with proof of residential address.
- Vryheid High has no feeder school, therefore no acceptance will be guaranteed.
- Email/faxes/posted or copies of application forms will be rejected.
- Classes are equipped and monitored by CCTV.
- Once the form with the attached documents is handed in at reception it becomes Vryheid High Schools property.
- By signing this page, the parent/guardian acknowledges that they and his/her child has read and understood the content of the code of conduct.

I undertake to submit the following documents with the application and understand that no application will be accepted without the following documents. Outstanding documents or any documents where the information changed during the previous year, must accompany the form. If the parents' surnames differ in the ID documents, a marriage certificate must be attached.

- ❖ **Certified** copy of child's **UNABRIDGED** birth certificate (Certificate shows child, father and mother)
- ❖ Passport size photo
- ❖ Latest school report (2024)
- ❖ Transfer card (Gr 9 – Gr 12)
- ❖ Copy of achievement/s (Sport / Academic)
- ❖ Proof of residence - Certified copy of mother and father's bank statement, with the physical address on it. NO letter of the Councillor will be accepted.
- ❖ Copy of medical aid card (front & back)
- ❖ Copy of SASSA card (if applicable)
- ❖ **Certified** copy of BOTH parents' / guardians identity documents. If parent/s deceased attach certified Death Certificate/s.
- ❖ If guardian, documents as proof of legal guardianship (either testament or judgement from court of law)

We parents / guardians have read and understood the content of this page.

Father Signature: _____

Date: _____

Mother Signature: _____

Date: _____

I (Mr / Mrs) _____ the father / mother / legal guardian applies for admission to:

Vryheid High School

Hostel

Initial: Father _____ Mother _____

LEARNER LIVES WITH (Mark with a X)

Biological father & Biological mother	Mother (Status) Ex: Divorced / Widow	Father (Status) Ex: Divorced / Widower	Biological mother & stepfather	Biological father & stepmother	Grandfather and/or Grandmother	Father or Mother deceased	Other family member (Specify)

BROTHERS OR/AND SISTERS IN VRYHEID HIGH SCHOOL (Name & Grade)

a) Name and Surname: _____ Grade _____

b) Name and Surname: _____ Grade _____

LEARNER INFORMATION

FULL NAMES				
SURNAME				
PREFERRED NAME				
DATE OF BIRTH				
ID NUMBER				
NATIONALITY	RSA	OTHER		
PASSPORT NUMBER				
GENDER	MALE	FEMALE		
RELIGION				
ETHNIC GROUP White/Black/African/Coloured/ Asian/Indian/Other				
COUNTRY OF RESIDENCE				
PROVINCE OF RESIDENCE				
SPORT- & CULTURE PARTICIPATION				
HOME LANGUAGE	AFR	ENG	ZULU	OTHER
LEARNER'S LANGUAGE PREFERENCE	AFRIKAANS	ENGELS		
DEXTERITY (Left / Right)				
LEARNER MOBILE NUMBER				
LEARNER E-MAIL ADDRESS				
PRE-PRIMARY EDUCATION ATTENDED	FORMAL	INFORMAL	OTHER	
REGISTERED FOR SOCIAL GRANT	YES	NO		
RECEIVES SOCIAL GRANT	YES	NO		
SASSA NUMBER				

FIRST REGISTRATION OF LEARNER IN KWAZULU NATAL	YES	NO	
DID LEARNER ATTEND SCHOOL LAST YEAR	YES	NO	
IF YES, IN WHICH PROVINCE/COUNTRY			
PREVIOUS SCHOOL			
TELEPHONE NUMBER			
ADDRESS OF SCHOOL			
PROVINCE			
HIGHEST GRADE IN PREVIOUS SCHOOL			
REASON FOR LEAVING THE SCHOOL			
MEDICAL AID NAME			
MEDICAL AID NUMBER			
PRIMARY MEMBER			
CHRONIC DISEASES			
ALLERGIES			
MEDICATION			
FAMILY DOCTOR			
TELEPHONE NUMBER			
ADDRESS OF DOCTOR			
METHOD OF TRANSPORT	PRIVATE	TAXI	BUS
KM FROM SCHOOL			
ROUTE			

Initial: Father _____ Mother _____

NEXT OF KIN INFORMATION IN CASE OF AN EMERGENCY

Relation to the learner: (Circle please) Brother / Sister / Grandfather / Grandmother / Uncle / Aunt / Neighbour / Friend / Other (specify): _____		
NAME & SURNAME		
PHYSICAL ADDRESS		
PHONE NUMBER (W):	PHONE NUMBER (H):	MOBILE NUMBER:

TEACHING DISABILITY INFORMATION (Attach medical certificate)

Make an X in the box if any of the following apply to your child:

Attention deficit disorder	
Specific learning disabilities / dyslexia	
Behaviour disorder	
Other (Specify)	

Epilepsy	
Hearing impaired	
Partially sighted / low vision / colour blind	

FAMILY INFORMATION

INFORMATION	FATHER / GUARDIAN	MOTHER / GUARDIAN
TITLE		
FULL NAMES		
SURNAME		
ID NUMBER		
ETHNIC GROUP (White/Black/African/Coloured/ Asian/Indian/Other)		
RELATION TO LEARNER (Stepfather, Stepmother, Grandfather, Grandmother etc.)		
MARITAL STATUS (Married, Divorced, Widow, Widower etc.)		
TELEPHONE NUMBER (H)		
CELL NUMBER		
E-MAIL ADDRESS (Block letters)		
POSTAL ADDRESS (Home)		
PHYSICAL ADDRESS (Home)		
OCCUPATION		
EMPLOYER (Business name)		
TELEPHONE NUMBER (W)		
BUSINESS / EMPLOYER ADDRESS		

Initial: Father _____ Mother _____

INFORMATION OF PERSON WHO MUST RECEIVE THE ACCOUNT

Relation to the learner: (Circle please) Father / Mother / Stepfather / Stepmother / Grandfather / Grandmother / Uncle / Aunt / Foster parent / Other (Specify) _____		
TITLE, INTITIAL & SURNAME		
FULL NAMES		
ID NUMBER		
PHYSICAL ADDRESS (Home)		
POSTAL ADDRESS (Home)		
OCCUPATION		
NAME OF EMPLOYER (Name of business)		
EMPLOYER PHYSICAL ADDRESS		
EMPLOYER POSTAL ADDRESS		
TELEPHONE	WORK:	HOME:
	CELL NUMBER:	FAX:
E-MAIL ADDRESS (Block letters)		

COMMUNICATION INFORMATION (to whom are documents and sms / e-mail sent to):

RELATION TO LEARNER	
TITLE, INITIALS & SURNAME	
FULL NAMES	
MOBILE NUMBER	
E-MAIL ADDRESS (Block letters)	
POSTAL ADDRESS	

Initial: Father_____ Mother_____

TUITION FEES: SCHOOL

Vryheid High School are a school fee paying school (Quintile 5) Section 21(c).

In accordance with the South African Schools Act, both parents of a learner in a particular school are legally obligated to pay the prescribed school fees. School fees are determined annually by the elected Governing Body, after an annual budget has been calculated for the following year. These fees include manuals, copying, supplies and other necessities. Vryheid High School is a Section 21 Public School and may exact school fees in terms of the South African Schools Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) – National Norms and Standards of School Funding.

Take note that selected parents may qualify for partial or full exemption from the payment of school fees according to annual **gross** income of both parents. Complete and detailed information regarding the criteria, application procedure, and the sliding scale according to which the abovementioned is calculated, can be obtained from the school office and the applications must be submitted at the school office annually **before 28 February 2025**. Parents are responsible for the payment of all approved school fees until the application for exemption has been approved.

Unless parents choose the option to pay once-off, the full balance of the prescribed annual school fees is payable before or on the last day of February. In the event of parents opting for monthly instalments as specified on page 6, a minimum of 10 equal monthly payments are payable, which are due from January. Option for quarterly instalments as specified on page 6, a maximum of 4 equal payments are payable i.e. January, April, July and October.

Although a reasonable term for the payment of school fees is granted, the full amount is due and payable in the event of a parent defaulting on payment. This means that the full amount due for the year, including interest, will be handed over to the school's legal representatives for collection.

If a parent would like to appeal against the decision of the Governing Body with respect to the exemption from school fees, this can be done at the Head of Department of Education, who is bound by the above mentioned Law to follow and apply the correct legal processes to protect the interests of the parent, as well as the interests of the Governing Body.

There will be no discrimination against a learner on the grounds of defaulting on the payment of school fees by the parents, but parents must take note of the following:

In the event of outstanding school fees being handed over to the school's legal representatives for collection, we agree to the following:

We accept responsibility for payment of all legal costs incurred by the school in terms of the scale of the legal representatives and clients, as well as the payment of collection commission as billed by the school's legal representation. We hereby agree that in such an event, an amount equal to the monthly payments may be debited monthly from our/my salary or wage.

It is expressly agreed that the school will be entitled to use any payment made for such debits or outstanding fees according to their sole discretion.

(a) _____
Signature of Father

Date

(b) _____
Signature of Mother

Date

Application for a discount on tuition fees:

YES / NO

NB: If YES, take note that the application must be submitted to the school by 28 February 2025.

Initial: Father _____ Mother _____

DECLARATION OF AGREEMENT: SCHOOL (ALL LEARNERS)

METHOD OF PAYMENT (Select one of the following four options. Complete only the information for the selected option in the space provided.)

I prefer to receive my account by email.

YES / NO

Email address: _____

(1) **OPTION 1: ONCE-OFF PAYMENT**

I undertake to pay the total school fees before 28 February 2025.

Signature: Father _____

Signature: Mother _____

(2) **OPTION 2: MONTHLY PAYMENT**

I would like to take this opportunity to pay the outstanding school fees in 10 equal instalments from January 2025 to October 2025.

Signature: Father _____

Signature: Mother _____

(3) **OPTION 3: QUARTERLY PAYMENT**

I would like to take this opportunity to pay the outstanding school fees quarterly (4 equal instalments) i.e. January, April, July and October 2025.

Signature: Father _____

Signature: Mother _____

(4) **OPTION 4: CONTINUATION OF CURRENT DEBIT ORDER**

I have already used a debit order to settle my account with Vryheid High School and would like to continue it in accordance with the above options 1 and 2.

Signature: Father _____

Signature: Mother _____

1. I acknowledge that an example of Vryheid High School’s constitution is available for perusal during school hours.
2. I agree to subject myself to the conditions of the school’s constitution and disciplinary system.
3. If a learner does not have medical cover, medical cover must be applied for at Vryheid High School.
4. I acknowledge that all tour fees are payable by myself and are not included in school fees. Tour fees are payable in full before a learner departs for the tour.
5. I declare that all the information provided in this application is true and correct and that this document will be the basis on which the abovementioned learner is accepted as a learner of Vryheid High School.

DISCLAIMER

1. I hereby give permission for the said learner to participate in extracurricular activities such as sports and culture, as well as excursions and tours.
2. I give permission for my child to be transported by a public bus company approved by the school management. If only a small group of learners have to be transported, parents / teachers with legal driving licenses can be asked to transport learners.
3. I accept that all reasonable precautions will be taken for his / her safety and that I will be responsible for the payment of medical and hospital bills (if applicable) in the event of injuries not attributed to the negligence of the responsible person. (Your child is already covered by ONE Emergency Insurance.)
4. I transfer my powers as a parent to the head of the school or its representative if medical treatment or surgical intervention for my child may be necessary.
5. I confirm that all medical information provided in Section: Learner Information of this form is accurate and complete. This information may be used in any emergency.
6. I undertake to notify the school if any of the above information changes.
7. As far as I am aware, he / she is physically able to participate in the mentioned activities.

I, the undersigned, hereby accept the conditions as set out herein.

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

INITIALS & SURNAME OF FATHER

SIGNATURE

INITIALS & SURNAME OF MOTHER

SIGNATURE

Initial: Father _____ Mother _____

DECLARATION OF AGREEMENT: HOSTEL (HOSTEL LEARNERS ONLY)

METHOD OF PAYMENT (Select one of the following three options. Complete only the information for the selected option in the space provided.)

I prefer to receive my account by email.

YES / NO

Email address: _____

(1) **OPTION 1: DEPOSIT AND MONTHLY INSTALMENTS**

I undertake to pay the total deposit of R7 000-00 (Seven Thousand Rand) on or before the day that the school starts in January 2025. The remainder outstanding hostel fees must be paid in 8 equal instalments from March 2025 to October 2025.

Signature: Father _____

Signature: Mother _____

(2) **OPTION 2: ONCE OFF PAYMENT**

I undertake to pay the total hostel fees before 31 January 2025.

Signature: Father _____

Signature: Mother _____

(3) **OPTION 3: CONTINUATION OF CURRENT DEBIT ORDER**

I have already used a debit order to settle my account with Vryheid High School and would like to continue closely in accordance with the above options 1 and 2.

Signature: Father _____

Signature: Mother _____

IMPORTANT - HOSTEL

1. Application for residence by learners who live 20km and further outside Vryheid town will be preferred.
2. This form **MUST** be completed by the parent or legal guardian.
3. In terms of regulations, accommodation fees are payable **monthly in advance**.
4. The Governing Body is authorized to deny the readmission of any child at the beginning of a term, if there are outstanding fees.
5. A separate form must be completed in respect of each child.
6. Parents must give at least **one month's** written notice if they want to take a child out of the residence. If this does not happen the parents are held responsible for the residence fees for that month.
7. I hereby certify that the information provided in this form is correct to the best of my knowledge.
8. I undertake to notify the principal of the school and the Superintendent immediately if my address changes or if there is any other change in my circumstance for the payment of the prescribed fee. In terms of regulations, accommodation fees are payable **monthly in advance**.
9. I take note of the code of conduct for the residence and understand that my child is subject to the residence penalty system.
10. I accept full and sole responsibility for the payment of the prescribed fees. In terms of regulations, accommodation fees are payable **monthly in advance**.
11. All collection costs, including attorneys and own client costs, will be payable and claimable should the residence continue with collection steps.
12. I am clearly aware that hostel fees are payable in advance.
 - If this statement is completed by a married lady, please indicate whether you are married in community of property, or not.

YES / NO

13. I, the undersigned, hereby accept responsibility for any medical expenses incurred by staff of Vryheid High School, or by any medical practice that has been entered into for the physical well-being of the above pupil.

14. No discount can be granted on residence fees.

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

INITIALS & SURNAME OF FATHER

SIGNATURE

INITIALS & SURNAME OF MOTHER

SIGNATURE

Initial: Father _____ Mother _____