



HOËRSKOOL ELSPARK

TEL: 011-893-2013/4

WWW.HSELSPARK.CO.ZA

APPLICATION FOR ADMISSION

REMINDER:

**GRADE 10 - 12 LEARNERS MUST FILL IN
A SUBJECT CHOICE FORM**

**2 X ID PHOTOS
of Learner
COMPULSORY**

FOR OFFICIAL USE	
DATE RECEIVED	
WAITING LIST NO	
ADMISSION NO	
FAMILY CODE	

APPLYING FOR GRADE:
YEAR:

ALL SECTIONS on the application must be completed in full and IN CAPITAL LETTERS

Incomplete Information/Incomplete Required Attachments will result in returning the application to the parent which will delay the registration of the learner

LEARNER DETAILS

Learner's SURNAME:						
Learner's NAME as per Birth Certificate:						
Identity Number:		Race		Gender	M/F	Religion
Learner Resides With:	Both Parents	Father	Mother	Guardian		
Physical Address: (Where learner lives)						
Home Language:			Other Language:			
Is Hoërskool Elspark the NEAREST school to your home?			Yes/No			
CURRENT Grade:			CURRENT School:			
CURRENT School Address:						
CURRENT School Tel. No. :						
CURRENT School Email Address:						
BIOLOGICAL FATHER		STEPFATHER		GUARDIAN		
Surname:						
Name:						
Mr./Dr./Prof. :			Cell. No. :			
ID Number:			Email Address:			
Postal Address:						
Employer:						
Work Address:						
Occupation:						
Work Tel. No. :			Work Email Address:			
Physical Home Address:						
Home Phone Number:			Marital Status:			

BIOLOGICAL MOTHER		STEPMOTHER		GUARDIAN		
Surname:						
Name:						
Mrs./Dr./Prof. :			<u>Cell. No. :</u>			
ID Number:			<u>Email Address:</u>			
Postal Address:						
Employer:						
Work Address:						
Occupation:						
Work Tel. No. :			<u>Work Email Address:</u>			
Physical Home Address:						
Home Phone Number:			<u>Marital Status:</u>			
BIOLOGICAL FATHER OR MOTHER IF NOT STATED ABOVE: (PLEASE ATTACH SWORN AFFIDAVIT)						
Surname:						
Name:						
Mr./Mrs./Dr./Prof. :			<u>Cell. No. :</u>			
ID Number:			<u>Email Address:</u>			
Postal Address:						
Employer:						
Work Address:						
Occupation:						
Work Tel. No. :			<u>Work Email Address:</u>			
Physical Home Address:						
Home Phone Number:						
Reason why learner does not reside with parent:						
IF THERE ARE NO BIOLOGICAL PARENTS: PLEASE GIVE DETAILS OF WHO IS RESPONSIBLE FOR FEES						
Surname:						
Name:						
Mr./Mrs./Dr./Prof. :			<u>Cell. No. :</u>			
ID Number:			<u>Email Address:</u>			
Postal Address:						
Employer:						
Work Address:						
Occupation:						
Work Tel. No. :			<u>Work Email Address:</u>			
Physical Home Address:						
Home Phone Number:			<u>Relationship to Learner:</u>			
Parents Deceased?						
Fees paid by Trust:		Yes/No	<u>Name of Trust:</u>			
Contact Person:			<u>Tel. No. :</u>			
Email Address:						

NAME BROTHERS AND SISTERS CURRENTLY ATTENDING HOËRSKOOL ELSPARK:
 (Please provide proof of sibling relationship eg. Admission Number/Family Code)

NAME & SURNAME	SCHOOL & GRADE	ADMISSION NO/ FAMILY CODE	RELATIONSHIP

I/We _____ accept full responsibility of school fees.

I/We declare that the above particulars are true and correct, and that I have read and understood the contents.

Mother Signature: _____ Father Signature: _____

Guardian Signature: _____ Date: _____

MEDICAL DETAILS OF LEARNER	
Disabilities:	
Allergies:	
Name of Medical Aid:	Name of Doctor:
Main Member Details:	Tel. No. of Doctor:
Member Number:	
Emergency Contact (Parent) Name:	Emergency (Friend/Relative) Name:
Emergency Contact (Parent) Cell No:	Emergency (Friend/Relative) Cell No:
Emergency Contact Relation to Learner :	Emergency (Friend/Relative) Relation to Learner :
<i>(SAME ADDRESS AS THE LEARNER)</i>	<i>(DIFFERENT ADDRESS AS THE LEARNER)</i>

IT IS EXPECTED OF EVERY LEARNER TO PARTICIPATE IN AT LEAST ONE SUMMER AND ONE WINTER CO-CURRICULAR ACTIVITY. PLEASE TICK ACTIVITIES THAT THE LEARNER WILL BE INVOLVED IN AND GIVE TEAM/LEVEL ATTAINED

PREVIOUSLY

Athletics:	<input type="checkbox"/>
Cricket:	<input type="checkbox"/>
Rugby:	<input type="checkbox"/>
Hockey:	<input type="checkbox"/>
Netball:	<input type="checkbox"/>
Cross Country:	<input type="checkbox"/>

Chess:	<input type="checkbox"/>
Archery:	<input type="checkbox"/>
Soccer:	<input type="checkbox"/>
Eisteddfod/ Drama:	<input type="checkbox"/>
Other Sport:	<input type="checkbox"/>

NOTE: IF SUCCESSFUL, THE APPLICANT MAY ONLY STUDY SUBJECTS OFFERED AT THIS SCHOOL.

THIS APPLICATION MUST BE ACCOMPANIED BY:

1. One certified copy of the learner's **Unabridged Birth Certificate**/ Certified Passport copy of learner's **Passport** if not a South African resident.
2. One certified copy of ID/ Passport/ Refugee Permit/ Asylum Seeker Permit/ Permanent Residence Permit/ Study Permit/ Work Permit for **PARENT/S** not older than 3 months.
3. Two ID photos of the learner. (If you refrain to provide us with these photos the application form will be declined.)
4. Last Available **End of Year Report COPY**. New grade 8 's **remember** Final Grade 7 Report **COPY** before schools close during December.
5. Latest Academic Results (Report) from current school.
6. Proof of Residence:
OWNER:
Ekurhuleni Statement in the name of the parent not older than 3 months or Transfer deeds not older than 3 months.
TENANT/RENTER:
 - a) Copy of full Lease Agreement, signed by the landlord and tenant. Bearing the full physical residential address.
 - b) Rental proof of payment in the name of the applicant parent, with full physical residential address not older than 3 months.
 - c) Statement/Invoice in the name of the applicant parent, bearing the full physical residential address, not older than 3 months.
7. Proof of Employment; can be an Employment Letter on the company letterhead or a Pay slip not older than 3 months.
8. If either one or both parents are deceased please provide a certified copy of the Death Certificate.
9. Certified Copy of both sides of the Medical Aid Card. (If applicable).
10. Please provide proof of sibling relationship (brother or sister) of learner/s attending Hoërskool Elspark in the form of the **Admission Number/Family Code** on the school statement.
11. If you are a **SINGLE PARENT**, please provide the school with a **Police Affidavit** stating that you are a single parent.

SUBJECT CHOICES:

- 1.) Grade 8 & 9 Learners: **ALL SUBJECTS ARE COMPULSARY**
- 2.) Grade 10 to 12 Learners: **MARK YOUR SUBJECTS ON THE SUBJECT CHOICE FORM PROVIDED**



HOËRSKOOL ELSPARK

Addendum to Application Form

SOUTH AFRICAN SCHOOLS ACT NO. 84, 1996

- 1.) Provides Regulations for the Exemption of Parents from the payment of school fees.
- 2.) PLEASE NOTE: Parent's liability for payment of school fees according to this act:-
40. (1) A parent is liable to pay the school fees determined in terms of section 39 unless or to the extent that he or she has been exempted from payment in terms of this Act.

MAKE AN **X** IN THE APPROPRIATE BOX

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Did the principal/his delegate inform you of the annual amount of school fees? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Did the principal/his delegate inform you that you are liable for the payment of school fees unless you are entirely exempted? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Did the principal/his delegate inform you of your right to apply for exemption from the school fees? (EXEMPTION = "NOT LIABLE /ACCOUNTABLE FOR") | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you want to apply for such <u>exemption</u> ? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you need help with such application? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Did the principal/his delegate provide you with the form (Appendix B) for application for exemption? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. <u>Debit Order</u> Form Completed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Debit orders automate the payment process, ensuring timely and regular payments without the need for manual intervention each month.

NAME OF PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES ("PARENT 1") & CELL PHONE NUMBER

Name and Surname:

Cell Phone Number:

Name of Principal
MR. J.C. VISSER

Signature of Principal

Name of Parent

Signature of Parent

Date



HOËRSKOOL ELSPARK

BRIEF CURRICULUM VITAE OF LEARNER

(TO BE COMPLETED BY LEARNER IN HIS/HER OWN HANDWRITING)

NAME:	AGE:	DATE OF BIRTH:
TELEPHONE NUMBERS:		
ADDRESS:		
EDUCATION:		
SCHOOLS ATTENDED:		
LEADERSHIP POSITIONS:		
ACADEMIC ACHIEVEMENTS: (Last Two Years Only)		
SPORTS & SPORTING ACHIEVEMENTS: (Last Two Years Only)		
SOCIAL/COMMUNITY ACTIVITIES & ACHIEVEMENTS: (If Any: Last Two Years Only)		
CULTURE & CULTURAL ACHIEVEMENTS:		