

# Uitsig High School

## EMIS – 210211

### Grade 10 - 11 Application Form

**Please note:** Placements are done on a first-come-first-served basis and are subject to the availability of space. Uitsig High School is a high pressure school with a low turnover, therefore an offer of acceptance is not guaranteed. Further note that Uitsig High School is a fee paying public school.

LEARNER'S NAME & SURNAME:										
DATE SUBMITTED:										
WAITING LIST NUMBER:										
SIBLING(S) CURRENTLY AT UITSIG HIGH SCHOOL:	YES					NO				
NAME & SURNAME OF SIBLINGS:									GRADE:	

### CHECKLIST – FOR OFFICE USE ONLY

**Certified** copies of the following documents submitted at the school or via email:

Learner's most recent school report.	
Unabridged or normal birth certificate of prospective learner.	
Identity document of the biological parent(s)/legal guardian(s)/stepparent(s).	
Death certificate of deceased parent(s).	
Proof of residence ( <b>no older than three months</b> ).	
Copy of lease agreement as well as a certified copy of the owner's ID. <b>Lease agreement is an official agreement from an estate agent.</b>	
Letter of employment – <b>only when work address was used as option of application.</b>	
<b>Non-South African Citizens:</b> Unabridged birth certificate/study permit/refugee status/passport of prospective learner.	

CLOSEST HIGH SCHOOL	YES	NO	PLACED	UNPLACED
T-NUMBER	ADMIN NUMBER		REGISTER CLASS	
COMMENTS:				

**FAMILY STATUS**

(Mark the appropriate option with an X)

Both parents	Foster care	Children's home	Recomposed family	Single parent (divorced)	Single parent (never married)	Widow / Widower
Other: (e.g. legal guardian, family member, etc. – please specify)						
Learner lives with:						
Parents deceased:	Mother		Father		None	

**LEARNER INFORMATION**

(Please complete in neat, legible PRINT)

FULL BIRTH NAMES						
SURNAME						
PREFERRED NAME						
DATE OF BIRTH						
IDENTITY NUMBER						
NATIONALITY	RSA	Other (please specify)				
PASSPORT NUMBER						
GENDER	Male	Female	Other (please specify)			
IF NOT A SOUTH AFRICAN BY BIRTH PLEASE PROVIDE THE FOLLOWING INFORMATION						
DATE OF IMMIGRATION						
PERMANENT RESIDENCE PERMIT NO						
TEMPORARY RESIDENCE PERMIT NO						
RELIGIOUS DENOMINATION						
ETHNIC GROUP	Black	Coloured	Indian	White	Other (please specify)	
HOME LANGUAGE						
CURRENT LANGUAGE OF INSTRUCTION						
DEXTERITY	Left		Right		Ambidextrous	
CELL PHONE NUMBER						
E-MAIL ADDRESS						
LEARNER TO BENEFIT FROM SCHOOL-BASED NUTRITION PROGRAMME	Yes			No		
METHOD OF TRANSPORT TO/FROM SCHOOL						
TAXI/BUS REGISTRATION NUMBER						
NAME OF DRIVER						
DRIVER'S CONTACT NUMBER						

**NEXT OF KIN INFORMATION** (Person to contact in case of emergency if parents cannot be reached. **MUST NOT BE A PARENT.**)

NAME	
CONTACT NUMBER	
ALTERNATIVE NUMBER	
RELATION	

**LEARNER HEALTH INFORMATION**

CHRONIC CONDITIONS	
ALLERGIES	
MEDICATION	

**MEDICAL AID INFORMATION**

NAME OF MEDICAL AID	
TELEPHONE NUMBER OF MEDICAL AID	
MEMBERSHIP NUMBER	
PRIMARY MEMBER	

**FAMILY DOCTOR INFORMATION**

NAME	
TELEPHONE NUMBER	
BUSINESS ADDRESS	

**CURRENT SCHOOL INFORMATION**

NAME OF SCHOOL	<input type="checkbox"/> Public school			<input type="checkbox"/> Independent school														
	TELEPHONE NUMBER	PROVINCE																
ADDRESS																		
E-MAIL																		

**LEARNER EXTRA-CURRICULAR ACTIVITIES AND ACHIEVEMENTS** (Please tick appropriate option)

ACADEMICS	Top 10 in grade		Dux Learner		Most Versatile Learner	
	Top achiever in subject (please specify subject/s)					
CULTURE	Choir	Public Speaking	Debate	Dancing	Vocals	
	Eisteddfods	Creative Writing	Drama	Poetry	Visual Arts	
LEADERSHIP	Head Boy	Head Girl	Deputy Head Boy	Deputy Head Girl	Leader	
SPORT	Athletics	Basketball	Chess	Cricket	Cross Country	
	Hockey	Netball	Rugby	Soccer	Squash	

OTHER (please specify)

**SECTION H – CORRESPONDENCE**

WHO IS TO RECEIVE SCHOOL CORRESPONDENCE?	Father	Mother	Guardian	Other (please specify)

**PARENT / GUARDIAN 1 INFORMATION**

NATURE OF RELATION (please tick the applicable box)												
BIOLOGICAL PARENT	LEGAL GUARDIAN	STEPPARENT			OTHER (please specify)							
TITLE	SURNAME											
FULL NAMES												
PREFERRED NAME												
MARITAL STATUS	Married			Divorced			Single parent			Re-married		
NATIONALITY												
IDENTITY NUMBER												
PASSPORT NUMBER												
ETHNIC GROUP	Black	Coloured	Indian	White	Other (please specify)							
HOME LANGUAGE												
COMMUNICATION PREFERENCE	SMS			email				hard copy				
CELL PHONE NUMBER												
HOME PHONE NUMBER												
E-MAIL ADDRESS												
RESIDENTIAL ADDRESS											Code	
POSTAL ADDRESS											Code	
EMPLOYMENT STATUS	Contract worker		Full-time			Home Executive		Part-time		Pensioner		
	Self-employed professional		Self-employed non-professional			Student		Temporary		Unemployed		
OCCUPATION												
EMPLOYER												
WORK TELEPHONE NUMBER												
PHYSICAL ADDRESS												

**PARENT / GUARDIAN 2 INFORMATIONN**

NATURE OF RELATION (Please tick the applicable box)																
BIOLOGICAL PARENT	LEGAL GUARDIAN		STEPPARENT			OTHER (please specify)										
TITLE			SURNAME													
FULL NAMES																
PREFERRED NAME																
MARITAL STATUS			Married			Divorced			Single parent			Re-married				
NATIONALITY																
IDENTITY NUMBER																
PASSPORT NUMBER																
ETHNIC GROUP			Black	Coloured		Indian		White		Other (please specify)						
HOME LANGUAGE																
COMMUNICATION PREFERENCE			SMS				email				hard copy					
CELL PHONE NUMBER																
HOME PHONE NUMBER																
E-MAIL ADDRESS																
RESIDENTIAL ADDRESS											Code					
POSTAL ADDRESS											Code					
EMPLOYMENT STATUS			Contract worker			Full-time			Home Executive			Part-time		Pensioner		
			Self-employed professional			Self-employed non-professional			Student			Temporary		Unemployed		
OCCUPATION																
EMPLOYER																
WORK TELEPHONE NUMBER																
PHYSICAL ADDRESS																

**INFORMATION OF PERSON ACCOUNTABLE FOR SCHOOL FEES**

BIOLOGICAL PARENT 1		BIOLOGICAL PARENT 2		LEGAL GUARDIAN		STEPPARENT		OTHER	
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**ONLY IF "OTHER", PLEASE COMPLETE SECTION (A) OR (B) BELOW**

<b>(A) INDIVIDUAL</b>									
TITLE		SURNAME							
FULL NAMES									
PREFERRED NAME									
IDENTITY NUMBER									
HOME LANGUAGE									
COMMUNICATION PREFERENCE	SMS			email			hard copy		
CELL PHONE NUMBER									
ALTERNATIVE PHONE NUMBER									
E-MAIL ADDRESS									
RESIDENTIAL ADDRESS								Code	
POSTAL ADDRESS								Code	

<b>(B) COMPANY/CLOSED CORPORATION/TRUST</b>									
NAME									
REGISTRATION NUMBER									
CONTACT NUMBER									
E-MAIL ADDRESS									
BUSINESS ADDRESS								Code	
POSTAL ADDRESS								Code	

<b>BANKING DETAILS</b>									
BANK									
BRANCH						BRANCH CODE			
ACCOUNT TYPE		Cheque		Transmission		Savings			
ACCOUNT HOLDER									
ACCOUNT NUMBER									



## SCHOOL FEES: TERMS AND CONDITIONS

To be completed by parent/person responsible for fees

### IMPORTANT:

- THIS SECTION **MUST** BE COMPLETED, EVEN IF FEES ARE TO BE PAID BY PARENTS.
- IF FEES ARE PAID BY A THIRD PARTY, A LETTER FROM THE RELEVANT COMPANY/EMBASSY/ ORGANISATION OR INDIVIDUAL ACKNOWLEDGING SUCH RESPONSIBILITY MUST ACCOMPANY THIS APPLICATION.

Agreement between Uitsig High School and (name and surname of parent/guardian) \_\_\_\_\_  
 \_\_\_\_\_ with regards to the payment of school fees.

1. Uitsig High School is a Section 21 Public School and may raise school fees in terms of the South African Schools Act (Act No. 84 of 1996) and the National Educating Policy (Act No. 27 of 1996) – National Norms and Standards of School Funding.
  2. As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said Act.
  3. Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and/or any other appropriate court order, it remains the responsibility of all persons who meet the definition of “parent” in the South African Schools Act, to pay school fees and all “parents” are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.
  4. In the event of an account being in arrears for 60+ days, the school will institute legal action against both parents, irrespective of maintenance and court orders which may exist between the parties.
  5. If parents fail to meet their school fee obligations the school may record the parent(s) non-performance with a bureau.
  6. I/We undertake to give the Governing Body notice of not less than one (1) month before removing the above learner from the school irrespective of the reasons for such removal. If such notice is given, I/we shall be entitled to a *pro rata* refund of school fees paid by us in respect of the above learner, excluding the notice term. If I/we fail to give such notice, payment in lieu of notice amounting to one month’s contribution will become payable. I/We furthermore undertake to return any books and/or equipment belonging to the school which our child may have.
  7. Should I/we fail to pay the school fees as described above, or any part thereof, or any other monies for which I/we may become liable to the school, I/we accept that I/we shall be liable for the cost of collecting such fees and monies on a scale as between attorney and client, which shall include tracing fees and collection commission, together with interest on the amount outstanding from due date to date of payment.
  8. Payment of school fees to Uitsig High School will be made as follows:  
 (Please tick the applicable block with an X)
- |   |   |
|---|---|
| A | Full payment (once-off) on or before the last date as determined during the annual parent meeting.        |
| B | Payment over 10 months.   |
| C | Alternative arrangements will be made with the school in writing at my own responsibility and initiative. |
9. I/We are aware of the application process for exemption of school fees and if exemption is required, we will complete the relevant application form.
  10. Should you wish to appeal against a decision of the School Governing Body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education who will at all times ensure compliance to the mentioned Acts and are obliged to follow proper legal procedures to protect the rights of both you as a parent and that of the School Governing Body.
  11. Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney client scale.
  12. I choose the following address as my *domicilium citandi et executandi* for delivery or serving of any notices or pleadings:

Residential address (not a postal address)

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

13. I/We the parent(s)/guardian(s) of \_\_\_\_\_ undertake to honour the agreement as set out above.

**SIGNATURE OF PARENT / GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The above is valid from the day on which it is signed by the parent/guardian to the day on which the learner officially leaves the school.

**PERMISSION/CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES**

1. I, parent/guardian of \_\_\_\_\_ hereby give permission that they may participate in all academic, sport and culture activities presented by the school in an organised manner and to participate in tests conducted by the School Based Support Team with the objective of improvement in school work and to identify any other academic issues.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners to be transported, parents/educators with valid drivers' licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and/or hospital fees if necessary in case of an injury which cannot be ascribed to the responsible personnel's gross negligence.
4. I hereby delegate my powers as parent/guardian to the principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, they are physically able to participate in any organised activities and reside in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school should any of the above information change.
7. I undertake to support my child in adherence to the Code of Conduct and the disciplinary system of Uitsig High School, as stipulated in the policy of the school.
8. I hereby confirm that the school is allowed to use appropriate imagery of my child in any publication, in any format.

**SIGNATURE OF PARENT / GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**SOUTH AFRICAN SCHOOLS ACT, NO 84 OF 1996**  
 Regulations for the exemption of parents from payment of school fees

**CHECKLIST**

**NB: Mark the applicable box with an "X"**

YES	NO

Has the principal/his representative informed you about the amount of the annual school fees to be paid?

Has the principal/his representative informed you that you are liable for the payment of school fees unless you are totally exempted from paying school fees?

Has the principal/his representative informed you about your right to apply for exemption from paying school fees?

Do you wish to apply for such exemption?

Do you wish to be assisted in making such an application?

**PLEASE NOTE:** This is merely an indication to the school and NOT an application for exemption – application forms will be available from the financial office in January.

\_\_\_\_\_  
**SIGNATURE OF PERSON RESPONSIBLE FOR SCHOOL FEES**

DATE: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PERSON RESPONSIBLE FOR SCHOOL FEES**

DATE: \_\_\_\_\_

## UITSIG HIGH SCHOOL SUBJECT CHOICES FOR GRADE 10 & 11

- If a learner **obtained less than 50% for Mathematics** in Term 1 and Term 2, they should take Mathematical Literacy.
- It is recommended that a learner does not take Physical Sciences, Information Technology, Engineering Graphics & Design or Accounting if they did not maintain an average of 50% in Mathematics in grade 8 and 9.
- Learners who consider taking **Physical Sciences** must include **Mathematics** in their subject package (Circular S1 of 2016).
- Learners who wish to take **Visual Arts** or **Dramatic Arts** will have to complete a practical entry test.

### FURTHER EDUCATION AND TRAINING PHASE

#### COMPULSORY LEARNING AREAS

(Learners continue with the additional language they had in Grades 8, 9 and or 10.)

English Home Language			
Afrikaans First Additional Language			
IsiZulu First Additional Language			
Setswana First Additional Language			
Life Orientation			
<b>CHOOSE 1</b> (Indicate your choice by making a tick [✓] in the last column.)			
Mathematics			
Mathematical Literacy			
<b>CHOICE SUBJECTS</b> (NB: Choose only 3) (Indicate your choice by making a tick [✓] in the column provided.)			
Business Studies			
Engineering Graphics & Design			
Geography			
History			
Life Sciences			
Physical Sciences ( <i>Mathematics compulsory</i> )			
Tourism			
Accounting		<u>OR</u>	Hospitality Studies
Computer Applications Technology		<u>OR</u>	Information Technology
Dramatic Arts		<u>OR</u>	Visual Arts

NAME OF LEARNER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE: PARENT

\_\_\_\_\_  
SIGNATURE: LEARNER

\_\_\_\_\_  
DATE