

Uitsig High School

EMIS – 210211

Grade 9 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:					TIME SUBMITTED:					
WAITING LIST NUMBER:										
SIBLING(S) CURRENTLY AT UITSIG HIGH SCHOOL:					YES					NO
NAME & SURNAME OF SIBLINGS CURRENTLY AT UITSIG HIGH SCHOOL:									GRADE:	

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 (no older than three months).	
Copy of the lease agreement as well as a certified copy of the owner's ID. The lease agreement is an official agreement from an estate agent.	
Letter of employment – only when work address was used as an option of application.	
Non-South African Citizens: 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:	Both parents	Mother	Father	Guardian	Family member	Other: (please specify)
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 (if applicable)											
GENDER	Male		Female		Other (please specify)						
RELIGIOUS DENOMINATION											
ETHNIC GROUP	Black	Coloured	Indian	White	Other (please specify)						
HOME LANGUAGE											
CURRENT LANGUAGE OF INSTRUCTION											
CURRENT FIRST ADDITIONAL LANGUAGE											
DEXTERITY	Left			Right			Ambidextrous				
CELL PHONE NUMBER											
E-MAIL ADDRESS											

IF NOT A SOUTH AFRICAN BY BIRTH PLEASE PROVIDE THE FOLLOWING INFORMATION

DATE OF IMMIGRATION	
PERMANENT RESIDENCE PERMIT NO	
TEMPORARY RESIDENCE PERMIT NO	

Dr G.F. Maré

Ms L. Lindeque (Deputy Principal) / Mr J.D. Labuschagne (Deputy Principal)

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	Customary	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 (specify)										
TITLE				SURNAME									
FULL NAMES													
PREFERRED NAME													
MARITAL STATUS				Married	Divorced	Single parent	Customary	Re-married					
NATIONALITY													
IDENTITY NUMBER													
PASSPORT NUMBER													
ETHNIC GROUP				Black	Coloured	Indian	White	Other (please specify)					
HOME LANGUAGE													
COMMUNICATION PREFERENCE				SMS			email			by hand			
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		STEPARENT		OTHER	
---------------------	--	---------------------	--	----------------	--	-----------	--	-------	--

ONLY IF "**OTHER**", PLEASE COMPLETE SECTION (A) OR (B) BELOW

(A) INDIVIDUAL									
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) COMPANY/CLOSED CORPORATION/TRUST									
NAME									
REGISTRATION NUMBER									
CONTACT NUMBER									
E-MAIL ADDRESS									
BUSINESS ADDRESS								Code	
POSTAL ADDRESS								Code	

BANKING DETAILS									
BANK									
BRANCH						BRANCH CODE			
ACCOUNT TYPE	Cheque		Transmission			Savings			
ACCOUNT HOLDER									
ACCOUNT NUMBER									

SCHOOL FEES: TERMS AND CONDITIONS
To be completed by the 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 settlement 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 that 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 that 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 the 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 11 months.
C	Alternative arrangements will be made with the school in writing at my 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 with 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.

<p>PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORTS, AND CULTURE ACTIVITIES</p>

- 1. I, parent/guardian of _____ hereby permit that they may participate in all academic, sports and cultural activities presented by the school in an organized 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 for 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 driver’s licenses may be asked to transport them.
- 3. I accept that all reasonable precautions will be taken for the safety and well-being 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 that 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 organized 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 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 an 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 THE PERSON RESPONSIBLE FOR SCHOOL FEES

DATE: _____

SIGNATURE OF THE PERSON RESPONSIBLE FOR SCHOOL FEES

DATE: _____

GRADE 9 SUBJECTS

GENERAL EDUCATION AND TRAINING PHASE

COMPULSORY LEARNING AREAS

English Home Language		✓
Afrikaans First Additional Language	Please note: Learners cannot choose their additional language. They keep the language they had from grade 1 to grade 8. Please tick (✓) the applicable box.	
IsiZulu First Additional Language		
Setswana First Additional Language		
Mathematics		✓
Natural Sciences		✓
Creative Arts		✓
Social Sciences		✓
Economic & Management Sciences		✓
Life Orientation		✓
Technology		✓

ENRICHMENT SUBJECTS

Engineering Graphics & Design	✓
Computer Applications Technology	✓
Accounting	✓