



# ADMISSION FORM : PAROW HIGH SCHOOL



INCOMPLETE FORMS WILL NOT BE ACCEPTED

ALL CERTIFIED DOCUMENTS (see page 9) MUST ACCOMPANY THIS FORM

Date form issued:	Date completed form received:
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## SECTION A: Particulars of Learner

Surname:		Full First Name(s):	
Date of Birth:		Known As:	
Identity No:		Gender:	<input type="checkbox"/> Male / <input type="checkbox"/> Female
Population Group:		Religion:	
Home Language:		Medium of instruction	Eng <input type="checkbox"/> Afr <input type="checkbox"/>
Learner's Current Residential Address:			
Name of Present School & Contact Number:			
Province:		Present Grade:	
Country of Birth:		Date of Immigration:	
Citizenship:		<b>If NOT a South African, please provide info below:</b>	
Permanent Residence Permit No:		Temporary Residence Permit No:	

## Any current/old Parow HS learners in the family (brothers, sisters, parents)?

NAME AND SURNAME	RELATIONSHIP	GRADE	YEAR

## SECTION B: Particulars of Learner Transport - How does your child get to school?

MODE OF TRANSPORT:	DISTANCE TRAVELLED	AREA COMING FROM	COST PER MONTH/DAY
On foot:			
By van / bakkie:			
By buses / taxis:			
By bicycle:			
Other:			
TRANSPORT OWNER INFORMATION			
Surname and Initials:			
Contact No:			

It is the parent's responsibility to supply correct information and to notify the school should transport information be changed.

**SCHOOL FEES ARE COMPULSORY**

MEDICAL DETAILS OF LEARNER		
EMERGENCY CONTACT (other than parents):		
	Tel. no:	
	Cell no:	

MEDICAL HISTORY OF LEARNER		
Allergies:		
Routine Medication:		
Recent Injuries:		
Previous Operations:		
Existing Medical Problems:		
Please indicate any appropriate information below. <b>Failure to do so may result in your application being withdrawn:</b>		
Learning disabilities:		
Social disabilities:		
Immunization: Y/N Tuberculosis (BCG)	Poliomyelitis Y/N	
Diphtheria Y/N	Haemophilus Influenza Type B (HIB) Y/N	
Whooping Cough (DT) Y/N	Tetanus (DPT) Y/N	

MEDICAL AID DETAILS			
Member's Name:		Medical Aid: eg Fedhealth	
Membership no:		Specific Plan: eg Maxima	

CORRESPONDENCE			
Please indicate who is to receive the school report.	Father	Mother	Guardian
Please indicate who is to receive the fees account.	Father	Mother	Guardian

WHO DOES THE LEARNER RESIDE WITH?					
Father	Mother	Guardian	Grandparent	Sponsor	Other (specify)

DETAILS OF BIOLOGICAL FATHER										
SURNAME:								Title:		
FIRST NAMES:										
Identity no:					e-mail:					
Marital status:	Married:		Divorced:		Single:		Re-married:			
Home phone no:					Cell no:					
Business number:					Fax no:					
Physical address:								Postal code:		
Postal address: If different to above:										
Name of Employer:	<b>(If parent is a teacher, please state the name of the school)</b>									
Occupation:										

DETAILS OF BIOLOGICAL MOTHER										
SURNAME:								Title:		
FIRST NAMES:										
Identity no:					e-mail:					
Marital status:	Married:		Divorce		Single:		Re-married:			
Home phone no:					Cell no:					
Business number:					Fax no:					
Physical address:								Postal code:		
Postal address: If different to above:										
Name of Employer:	<b>(If parent is a teacher, please state the name of the school)</b>									
Occupation:										
HOW MARRIED?										
Ante-Nuptial Contract	Community of Property	Customary	Hindu/Moslem	Other						

**If re-married, complete stepfather's / stepmother's details on page 4**

DETAILS OF STEPFATHER/STEPMOTHER			
SURNAME:		Title:	
FIRST NAMES:			
Identity no:		e-mail:	
Home phone no:		Cell no:	
Business number:		Fax no:	
Physical address:			Postal code:
Postal address: If different to above:			
Name of Employer:	<b>(If stepparent is a teacher, please state the name of the school)</b>		
Occupation:			

DETAILS OF GUARDIAN(attach proof of court order) / SPONSOR			
SURNAME:			
FIRST NAMES:			
Identity no:		e-mail:	
Marital status:	Married:	Divorced:	
Home phone no:		Cell no:	
Business number:		Fax no:	
Physical address:			
Postal address: If different to above:			
Name of Employer:	<b>(If guardian/sponsor is a teacher, please state the name of the school)</b>		
Occupation:			

RELATIONSHIP TO LEARNER:			
Guardian	Grandparent	Foster Parent	Other:

## UNDERTAKING TO PAY STATUTORY OBLIGATION

1. I /We hereby apply to have the child whose name appears on this form as a learner at PAROW HIGH SCHOOL.
2. I /We hereby certify that I / we are the biological/ adoptive parents and that I/we have legal custody and / or legal guardianship in respect of the above named learner.
3. We take note and understand the following:
  - a. School fees are payable in advance and are due on the first day of school.
  - b. The payment options are as follows:

	TICK
Fees can be paid in full (Yearly)	
Fees can be paid off in 10 monthly equal instalments (Monthly)	

- c. If school fees are paid in full on or before the 2 April 2022 then a 10% discount will be deducted from your annual school fees.
  - d. If parents are in arrear with one instalment then the full amount becomes due and payable immediately.
  - e. **Biological/adoptive parents are jointly and severally liable for the payment of the school fees irrespective of their marital status.**
  - f. In the event of non payment of school fees the school will institute legal action against both parents irrespective of maintenance and court orders which may exist between the parties.
  - g. **In terms of Section 39 of the South African Schools Act, parents are liable to pay compulsory school Fees. This is a statutory obligation.**
  - h. **In terms of Section 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.**
  - i. **In the event of the school having to take legal action for the recovery of school fee, all legal costs, including attorney / client fees and collection costs incurred by the school will be charged to the parent's account**
  - j. If Parents/s fail to meet their school fee obligations the school may record the Parent/s non performance with a bureau.
4. I/We undertake to give notice in writing of any intention to remove my/our child from the school and furthermore to return any books and/or equipment belonging to the school which our child may have.
5. Unless you instruct the School expressly and in writing to the contrary, your consent is given for the School to:
  - i. collect, store and process information about you and any Third Party or divorced or separated Parent responsible for payment of any or all amounts owing in school fees
  - ii. collect, store and process names, contact details and information relating to yourself and your Child, and to such information being made available to other parents/guardians, staff or responsible persons engaged or authorised by the School for School-related purposes to the extent required for the purpose of managing relationships between the School, parents/guardians, and current learners as well as providing references and communicating with the body of former learners;
  - iii. include photographs, with or without name, of your Child in School publications, or in press releases to celebrate the School's or your Child's activities, achievements or successes;
  - iv. supply information and a reference in respect of your Child to any educational institution which you propose your Child may attend. We will take care to ensure that all information

that is supplied relating to your Child is accurate and any opinion given on his/her ability, aptitude and character is fair. However, the School cannot be liable for any loss you or your Child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or report given by us; and

- 6. The School may not distribute or otherwise publish any of your personal information in its possession, unless you give your consent, in writing, to the School that it may do so. Should this be the case, the School may only distribute or otherwise publish the information specified in your consent to the people and for the purpose stated in your written consent
- 7. The signatory hereto hereby chooses domicillium citandi et executandi as indicated below. In the event of a change of address, parents are to notify the school in writing.

ADDRESS: The signatory hereto hereby chooses domicillium citandi et executandi (official address) as:

.....

- 8. 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.

**DECLARATION : PARENT 1**

I .....hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me and the school reserves the right to cancel the registration.

Signed on this ..... day of ..... 20.....

.....  
SIGNATURE

**DECLARATION : PARENT 2**

I .....hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me and the school reserves the right to cancel the registration.

Signed on this ..... day of ..... 20.....

.....  
SIGNATURE

## LEADERSHIP, CULTURE AND SPORT DURING PREVIOUS YEARS

### LEADERSHIP (MARK WITH X)

HEAD BOY / HEAD GIRL	DEPUTY HEAD BOY / GIRL	PREFECT	RCL
SPORT CAPTAIN	OTHER : SPECIFY		

### CULTURE

EISTEDFODD	CHOIR	BAND	ART
CHESS	SOCIETIES: SPECIFY		

### SPORT

SPORT (SCHOOL)	TEAM	PROVINCIAL /SA	LEADERSHIP
1.			
2.			
3.			
4.			
SPORT (OTHER THAN SCHOOL)			
1.			
2.			
3.			
4.			

## SUBJECT CHOICE FOR GRADE 10 – 12

### Compulsory subjects:

1. English First Language/ First Additional Language
2. Afrikaans Huistaal/ Afrikaans Eerste Addisionele Taal
3. Mathematics / Mathematical Literacy
4. Life Orientation

### Choose three subjects:

1. Life Sciences		6. Computer Applications Technology	
2. Physical Science		7. Economics	
3. Business Studies		8. Tourism	
4. Accounting		9. Drama	
5. Consumer Studies			

# ANNEXURE A PAROW HIGH SCHOOL

<h2>Learner Commitment</h2>
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I, ....., a prospective learner at Parow High School, understand the rules and their implications and hereby commit to:

- |   |
|---|
| <ul style="list-style-type: none"><li>• Abide by the Code of Conduct and Disciplinary System.</li><li>• Behave in a courteous and considerate manner and respect other learners, the LRC, all members of staff and visitors to the School.</li><li>• Treat everyone with respect regardless of differences in culture, religion, ability, race, gender, age, sexual orientation or social class.</li><li>• Take responsibility for my education by attending school regularly and punctually and completing all my assessment tasks on time.</li><li>• Cooperate with my teachers and other school staff.</li><li>• Assist in making the school a safe place for all.</li><li>• Seek help if I need it.</li><li>• Let the school know if I feel my rights have been infringed, or if I experience any other difficulty.</li></ul> |
|---|

.....  
LEARNER

.....  
PARENT/GUARDIAN

.....  
DATE



**FOR OFFICE USE**

**CERTIFIED documents** for VERIFICATION must be submitted.

1.	Certified copy of unabridged birth certificate / study visa / refugee status / passport	
2.	Recent I.D. size photograph of the child.	
3.	Most recent school report	
4.	Clinic card with relevant immunisations.	
5.	Proof of online application with WCED	
6.	Proof of residence parent/sponsor– rates, water, electricity account – <b>not a P.O. Box number.</b>	
7.	Copy of medical aid membership card (if applicable).	
8.	Identity Documents of both parents/guardians/sponsors.	
9.	In the case of deceased parent(s) – a Death Certificate is required.	
10.	In the case of Legal Guardianship/Adoption – copies of legal documents produced by the Courts are required.	
11.	The final divorce decree and agreement (if applicable)	
12.	The maintenance order (if applicable)	

**RECOMMENDATIONS**

MOTIVATION: YES  NO  \_\_\_\_\_  
(COMPULSORY)


Completed by:

Name	Signature	Date
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**DECISION**

ADMISSION ALLOWED? YES  NO

Reason for rejection:

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Principal:

Name	Signature	Date
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<b>ADMISSION NUMBER:</b>

<b>FAMILY CODE:</b>