



HOËRSKOOL NEWCASTLE HIGH SCHOOL
PRIVATE BAG X6656 Tel: 034 312 6048
NEWCASTLE 2940 Fax: 034 312 3520
e-mail: principal@newcastlehighschool.co.za
web: newcastlehighschool.co.za

PLACE
RECENT
ID/PASSP
ORT SIZE

APPLICATION FOR ADMISSION FOR 2022

(TO BE COMPLETED BY BOTH PARENTS/LEGAL GUARDIANS)

- First language of the learner at his/her current school MUST be ENGLISH HOME LANGUAGE.**
- For a child to be eligible for admission to this school, they must comply with the admissions criteria as determined by the Governing Body.
- Acceptance at Newcastle High School is NOT GUARANTEED.**
- If any facts reflected in this application form prove to be incorrect, **the School reserves the right to reject the application**, whether or not the application has been previously accepted. It is an offence to make a false statement about any item pertinent to this application, such as the age and identity of a child, place of residence, guardianship or previous academic achievement.
- By making this application for admission to the school, the learner and the parents accept that on such admission, the learner will be bound by the Code of Conduct and Regulations of the School throughout the learners' stay at the School.
- This form must be completed in full by the applicant's parent/s or legal guardian.
- Parent as defined in S.A Schools Act, No. 84 of 1996 is-
 - The parent or guardian of a learner;
 - The person legally entitled to custody of a learner; or
 - The person who undertakes to fulfil the obligations of a person referred to in paragraph (a) and (b) towards the learner's education at school.
- This application will only be processed once all relevant documentation has been received.

9. **Closing date for applications: 30 July 2021**

DATE ISSUED:

DATE RECEIVED:

LEARNER'S SURNAME: _____

LEARNER'S FIRST NAMES: _____

GRADE APPLIED FOR IN 2022: _____

PLEASE INDICATE (WITH AN X) LANGUAGE SUBJECT

CHOICE: NB: if not selected by parent/guardian, the default package of English & Afrikaans will be given to you, if accepted.

The following documents **must** be submitted with the Application:

| | |
|---------------------|--|
| ENGLISH & AFRIKAANS | |
| ENGLISH & ZULU | |

| FOR OFFICE USE ONLY | | | |
|---------------------|---|-------------------|--------------|
| 1. | Certified copy of birth certificate/I.D of learner | | |
| 2. | Certified copy of latest report | | |
| 3. | Certified copies of BOTH parents' ID | | |
| 4. | Guardianship (if necessary-copy of Court Ruling)-Certified | | |
| 5. | Electricity Account/Rates Account (latest, original) in parent's name | | |
| 6. | 1 Passport size photo of learner | | |
| 7. | Immigration Status documents (if applicable) | | |
| Admission No. | E | Accepted | Not Accepted |
| Principal Signature | | | |
| Date | | Grade 7 ave. mark | |

1. PARTICULARS OF LEARNER

| | | | | | |
|--|--|----------------|-------------|-------------|-------|
| Surname: | | First name: | | | |
| Date of Birth: | | Identity No: | | | |
| Citizenship: | | Mother tongue: | | | |
| Learner living with (place an X) | | Both parents | Mother only | Father only | other |
| Give relationship details, if other | | | | | |
| Immigrant? Yes/No. if yes, state date of entry in South Africa | | | | | |
| If not South African- Please supply Residence Permit Number | | | | | |

1.1. SCHOLASTIC

| | | | |
|---------------------------------|--|---|--|
| Current Grade: | | Name of current school | |
| Number of years at above school | | Has pupil been expelled from/refused admission to any school? | |

1.2. ASSOCIATION WITH NEWCASTLE HIGH SCHOOL

Were any siblings at this school before? Please supply details of them and years attended.

| Name & Surname | Year from | Year to |
|----------------|-----------|---------|
| 1. | | |
| 2. | | |
| 3. | | |

1.3. LEARNER PROFILE

A brief resumé of your achievements from previous school and current school year, including sporting and cultural activities.

1. Academic:

2. Leadership:

3. Other Co-Curricular:

2. PARTICULARS OF BIOLOGICAL PARENTS

Particulars of both biological parents are required. In the case of a deceased parent please indicate this on the form and a certified copy of the Death Certificate should be included.

| FATHER | MOTHER |
|---|---|
| Surname: | Surname: |
| First names: | First names: |
| I.D.Number: | I.D.Number: |
| Marital Status: Married/Single/Divorced/Widowed (Delete whichever not applicable) | Marital Status: Married/Single/Divorced/Widowed (Delete whichever not applicable) |

| FATHER | MOTHER |
|---------------------------------------|---------------------------------------|
| Residential Address (street): | Residential Address (street): |
| | |
| Number of years at above address: | Number of years at above address: |
| Postal Address: | Postal Address: |
| | |
| Home Telephone No: | Home Telephone No: |
| Cell No: | Cell No: |
| Employers /Business Name and Address: | Employers /Business Name and Address: |
| | |
| | |
| Employers/Business Telephone No: | Employers/Business Telephone No: |
| | |
| Occupation: | Occupation: |
| | |

3. PARTICULARS OF STEP-PARENTS/LEGAL GUARDIANS (if applicable)

Court rulings in respect of foster/step-parents or guardians must accompany this application.

| “FATHER” | “MOTHER” |
|---------------------------------------|---------------------------------------|
| Surname: | Surname: |
| First names: | First names: |
| I.D.Number: | I.D.Number: |
| Relationship to Learner: | Relationship to Learner: |
| Residential Address (street): | Residential Address (street): |
| | |
| | |
| Number of years at above address: | Number of years at above address: |
| Postal Address: | Postal Address: |
| | |
| | |
| Home Telephone No: | Home Telephone No: |
| Cell No: | Cell No: |
| Employers /Business Name and Address: | Employers /Business Name and Address: |
| | |
| | |
| Employers/Business Telephone No: | Employers/Business Telephone No: |
| | |
| Occupation: | Occupation: |
| | |

4. MEDICAL HISTORY

Previous illnesses (nature and seriousness), details of disabilities, allergies or other medical

conditions that the school should be aware of:

Any specific medication taken? Please list them:

If your child/ward has been vaccinated or immunised against the following diseases, indicate with a cross in the relevant square: (Immunisation against poliomyelitis and tuberculosis is compulsory).

| | | | | | |
|-----------------------|--|----------------|--|----------------------|--|
| Diphtheria | | Tetanus | | Tuberculosis | |
| Whooping cough | | Typhoid | | Poliomyelitis | |
| Medical Aid: | | | | Membership Number: | |
| Doctor: | | | | Telephone No: | |

5. DECLARATION

5.1. I _____, the legal parent/guardian of the applicant learner undertake:

- a) to furnish original, authentic documents as required;
- b) to inform the school in writing of any change of address or telephone number.

5.2. I declare that the information and documents submitted for this application are true and correct.

5.3. I acknowledge receipt of the letter accompanying this application form and have noted its contents.

5.4. I agree that all written correspondence forwarded by the school to the given postal address shall be deemed to have been received within 7 days from date of postage.

5.5. should this application be successful I undertake:

- a) to inform the school by telephone if my child has been accepted at another school on or before or else face the consequence of a non-refund of the deposit;
- b) to inform the school of any case of infectious illness in my household;
- c) to ensure that this child complies with the code of conduct and regulations of the school;
- d) to respect the tradition and character of the school and encourage my child to do the same;
- e) to ensure that this child attends organised school activities;
- f) to pay the full school fees in terms of Section 39 and 40 of the South African Schools' Act, Act No. 84 of 1996;
- g) to pay all costs incurred for damage, injury or loss caused by my child/ward to school property or any person(s)

5.6. I agree that the Principal or his/her designates may act in loco parentis in the event of any injury or accident in which my child/ward may be involved.

By signing below, I declare that I understand that the above declaration is binding on myself for this application for my child/ward.

Mother/Guardian: (Name in Full) _____

Signature: _____ Date: _____

Father/Guardian: (Name in Full) _____

Signature: _____ Date: _____