



NICO MALAN HIGH SCHOOL

APPLICATION FOR ADMISSION

Telephone 042 2951130 Fax 086 6975661 E-mail: nicomalan@gmail.com

This form must be completed on behalf of a child, whenever admission to a school under control of the Department is sought. Completing this form does not mean your child has been admitted. All information asked for is required by the Department and must be completed by all applicants. All information will be treated as confidential.

THE FOLLOWING DOCUMENTS MUST BE ATTACH TO THIS FORM:

- Copy of learner's birth certificate / Copy of ID (17+ years)
- Latest learner report card.
- Learner's transfer form (Grade 9 - 12).
- 4 Current ID photos of learner. (Attach to Addendum page.)
- Copy of both parents' / legal guardian(s) ID.
- Proof of residence in our area. (Municipal Account)
- Valid Passport & study permit of learner. (If applicable.)
- Legal documents regarding guardianship (If applicable.)

Please initial all pages and sign where necessary.

Only complete applications will be taken into consideration.

The decision of the admission committee is final and NO interviews will be granted afterwards. Take note that this is a **FEE-PAYING** school.

The first instalment of school fees must be paid immediately after acceptance of learner.

LEARNER INFORMATION:

Date of admission required: _____ Grade: _____ Language of instruction required: AFR / ENG
 Surname: _____ Full names: _____
 Nickname: _____ Gender: M / F Race: _____ Home Language: _____
 Age: _____ (17+ Copy of ID) Date of Birth: Day _____ Month _____ Year _____ Place of birth: _____
 ID nr: _____ Citizenship: _____
If NOT a SA citizen: Passport nr: _____ Study Permit nr: _____
 Home address: _____
 City: _____ Province: _____ Cell: _____ Tel (H): _____
 Dexterity of learner: Right handed / Left handed / Ambidextrous Boarder? Yes / No (A hostel form must be completed.)
 Religion: _____ Church: _____ Deceased Parent? None / Mother / Father / Both

DETAILS OF CURRENT / PREVIOUS SCHOOL:

Name of school: _____ Tel: _____
 Address of school: _____
 City: _____ Code: _____ E-mail: _____
 Province: _____ Country: _____ Language of instruction at last school: _____
 Date of learner leaving the above mentioned school: _____ Year: _____ Grade passed: _____

SIBLINGS:

Number of children in family: _____ Position in the family (e.g. 1st): _____ Number of children attending Nico Malan: _____

Please supply names of other children in your family currently attending Nico Malan High School:

Full name and surname	Grade	Full name and surname	Grade
1)		2)	
3)		4)	

OFFICE USE:

Accession number: _____

Starting Date: _____

Admitted to grade: _____

Account number: _____

Levy: _____

SMS: _____ SAMS: _____ D6: _____

PRINCIPAL:

Approved: YES / NO

Signature: _____

Comment: _____

+ Huis Meiring: YES / NO
Lushof: _____

DISCIPLINARY HISTORY:

Has the learner been refused continuation of school attendance at any previous school? Yes / No

If so, which school: _____ Tel: _____

Please supply details: _____

Has any school taken disciplinary actions against the learner as a result of a serious misdemeanour? Yes / No

If so, which school: _____ Tel: _____

Please supply details: _____

EXTRA-MURAL ACTIVITIES IN WHICH LEARNER PARTICIPATED

SPORT:

Sport	Team / Level	Position / Item	Provincial Team	National Team	Highest Merit Award	Year

CULTURE:

Activity	Year	Highest Merit Award

LEADERSHIP POSITIONS:

Position	Year

Interest / Hobbies / Activities not offered by school(s): _____

► I hereby give permission that the above-mentioned learner may take part in the extra-mural activities and sport of this school. Yes / No

LEARNER'S MEDICAL INFORMATION:

Underline illness(es) learner has been immunised against: *tuberculosis (B.C.G.), tetanus, measles, poliomyelitis, hepatitis B.*

Important illness(es) from which the learner is suffering or has suffered (e.g. Asthma, Epilepsy, Diabetes): _____

Any physical or emotional handicaps that the school should be aware of (e.g. ADHD, deafness). **Please attach letter from doctor.**

Operation(s) pupil has had. Give date and nature of operation(s): _____

Name of Medical Aid: _____ Medical Aid number: _____

Main member: _____ Tel: _____

Name of GP: _____ City: _____ Tel: _____

Emergency Tel (Parent 1): _____ (Parent 2): _____

Emergency Tel (NOT Parent): _____ Cell: _____ Person: _____

PARENT / GUARDIAN INFORMATION:

▶ Learner resides with:
▶ Correspondence to:

Parent/Guardian 1	Parent/Guardian 2	Other
Parent/Guardian 1	Parent/Guardian 2	Other

▶ **Parent / Guardian 1:**

Title: _____ Surname: _____ Full name: _____
 ID no.: Citizenship: _____ Relationship to learner: _____
 Marital Status: Married / Unmarried / Divorced / Widow(er) Race: _____ Home Language: _____
 E-mail: _____ Cell: _____
 Tel (W): _____ Tel (H): _____ Fax: _____
 Postal address: _____ City: _____ Code: _____
 Home address: _____
 Suburb: _____ City: _____
 Occupation (Specify): _____ Employer: _____
 Work address: _____ City: _____

▶ **Parent / Guardian 2:**

Title: _____ Surname: _____ Full name: _____
 ID no.: Citizenship: _____ Relationship to learner: _____
 Marital Status: Married / Unmarried / Divorced / Widow(er) Race: _____ Home Language: _____
 E-mail: _____ Cell: _____
 Tel (W): _____ Tel (H): _____ Fax: _____
 Postal address: _____ City: _____ Code: _____
 Home address: _____
 Suburb: _____ City: _____
 Occupation (Specify): _____ Employer: _____
 Work address: _____ City: _____

▶ **OTHER (The person who undertakes to fulfil the obligations of the parent / guardian towards the learner's education at the school.)**

Title: _____ Surname: _____ Full name: _____
 ID no.: Citizenship: _____ Relationship to learner: _____
 Marital Status: Married / Unmarried / Divorced / Widow(er) Race: _____ Home Language: _____
 E-mail: _____ Cell: _____
 Tel (W): _____ Tel (H): _____ Fax: _____
 Postal address: _____ City: _____ Code: _____
 Home address: _____
 Suburb: _____ City: _____
 Occupation (Specify): _____ Employer: _____
 Work address: _____ City: _____

▶ **Please supply certified proof if any of the following questions are applicable to the learner:**

- Foster child? Yes/No • Are you the Legal guardian? Yes/No • Do you receive a social grant for the learner? Yes/No

▶ **Person handling the school fee accounts:**

(Name and Surname): _____ Signature: _____

RELIGIOUS POLICY:

▶ Please state whether you, the parent or guardian of the learner, have any objections to education based on Christian principles. Yes / No



UNDERTAKING BY PARENTS / GUARDIANS:

1. I/We hereby apply to enrol the child, whose name appears on this form, as a learner at Nico Malan High School and confirm that he/she complies with the basic criteria.
2. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the above named learner.
3. I/We undertake to adhere to the terms and conditions stipulated in this undertaking.
4. I/We understand and confirm that the Principal or any person duly authorised, will act in *loco parentis* in any matter and at any time during which I/we have entrusted our child to the care of the school.
5. I/We jointly and separately undertake to pay school fees and I/we understand the following:
 - 5.1 The annual school fee is a compulsory sum adopted by the majority of parents at the AGM.
 - 5.2 School fees are payable in advance.
 - 5.3 The Schools terms for the payment of school fees are as follows:
 - 5.3.1 Fees can be paid in full.
 - 5.3.2 Fees can be paid quarterly.
 - 5.3.3 Fees can be paid in 10 monthly equal instalments, January to October. Fees are due at the beginning of each month.
 - 5.4 In terms of family law, parents are jointly and separately liable for the payment of the school fees irrespective of maintenance and court orders which may exist between the parties.
 - 5.5 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.
 - 5.6 In terms of Section 39 of the South African Schools Act, parents are liable to pay compulsory school fees.
 - 5.7 In terms of Section 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
 - 5.8 The parties to this application undertake to pay all legal costs, including attorney client fees, collection costs and tracing fees incurred by the school in the event of the school having to take legal action for the recovery of school fees.
 - 5.9 Parents who are unable to pay school fees may apply for exemption of these fees.
 - 5.10 The school may process and keep on record any information obtained about the parents as a result of their liability for school fees.
 - 5.11 The school may conduct an enquiry and/or information search about the parents with the credit information bureau, persons acting as their agents and/or credit grantors.
 - 5.12 The school may transmit details of how the parent/s have performed in meeting their obligations in terms of their school fee obligations and share such information with other credit grantors for the purpose of making any credit risk management related decisions.
 - 5.13 If parent/s fails to meet their school fees obligations, the school may record the parent/s non performance with a credit information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.
 - 5.14 Should there be a dispute on your statement of account, please notify the Bursar in writing.
6. I/We undertake to give notice in writing of any intention to remove my/our child/ren from the school and furthermore to return any books and/or equipment belonging to the school which my/our child/ren may have in their possession.
7. I/We understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.
8. The signatory hereto hereby chooses *domicillium citandi et executandi* (official address) as indicated below. In the event of a change of address, parents are to notify the school in writing.
9. This commitment in its entirety will be valid from the day on which it is signed by the parent/guardian, to the day on which the pupil officially leaves the school.

The parent/guardian declares that he/she is the legal guardian of the child and is entitled to sign this document, and shall be bound hereto both as parent/guardian, and in his/her personal capacity.

► **ADDRESS: The signatory hereto chooses *domicilium citandi et executandi* (official address) as:**

_____ City: _____ Code: _____

DECLARATION: PARENT / GUARDIAN:

► I _____ hereby acknowledge and declare that:

- 1) I am aware of the content of the Admission Policy; Code of Conduct; Language Policy; Religious Policy and School Governing Body Constitution. (Above-mentioned documents available from school office or at www.nicomalan.co.za)
- 2) I give consent that photographs may be published on the school media forms where my child is included in school activities.
- 3) 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 designee, permission to check and confirm any of the details listed by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me as in item 7 above.

Signature: _____ Date: _____ / _____ / 20_____

ADDENDUM:

Please attach 4 current ID photos of learner to this page.

Learner: Surname: _____

Full names: _____

Nickname: _____ Date of Birth: Day _____ Month _____ Year _____

Photo 1	Photo 2
Photo 3	Photo 4

