


Ref:	DO NOT REPRODUCE (COPY) THIS FORM. DO NOT FAX OR EMAIL THIS FORM BACK TO THE SCHOOL									
Accepted	Y	N	WL	Sign:	Grade:	Date:				
	ESHOWE HIGH SCHOOL									
	PRELIMINARY APPLICATION FORM									
Private Bag X526 ESHOWE 3815			TEL: 035 – 474 2117/8 FAX: 035 – 474 1444 E-mail: ehs@ehskzn.co.za							

THIS APPLICATION DOES NOT GUARANTEE THE APPLICANT A SPACE IN ESHOWE HIGH SCHOOL FOR THE COMING YEAR.

PLEASE PRINT CLEARLY

NOTE: 1. THIS APPLICATION MAY BE CONSIDERED INVALID IF ALL INFORMATION IS NOT SUPPLIED OR FALSE INFORMATION IS SUPPLIED.

2. On acceptance of applicant, a **COMPREHENSIVE APPLICATION** form will need to be completed.
3. The following documents must be submitted with this application, if any document/s is/are outstanding the application will be invalid:
 - 3.1 Certified copy of the Unabridged Birth Certificate/ Birth Certificate/ ID Document.
 - 3.2 Certified copy of your **Term two (2) 2023 school report**. No other report will be acceptable.
 - 3.3 Proof of physical (residential) address (e.g. Water / Electricity / Telephone account etc.)
 - 3.4 Certified copies of both parents Identity Document, if one of the parents are deceased proof must be attached. An affidavit must be provided for the parent/s whose information is not provided.
 - 3.5 Immunisation Card
 - 3.6 Study Permit for foreign learners/ Temporary or Permanent Residence Permit
 - 3.7 R120.00 admin fee on submission of application to cover administration costs plus a High School readiness assessment.
 - 3.8 Please complete application form in **BLACK INK**.

Year of Admission:	2024		Grade to be entered:		Date of Application:						
Child's Surname:						Do you require boarding?	Y	N			
Child's Full Names:											
						Date of Birth (Year/month/day)					
ID/Passport No.:						Present Age:					
Home Language:						Gender:	Female		Male		
Race (please indicate with a X)	A	C	W	I	Other	Is your child a S.A. Citizen?	Y	N			
School presently attending:						Present Grade:					
Has the learner ever been expelled, refused admission or suspended from another School (s) ?							Y	N			
If so, give name(s) of the school(s):											
Has the learner ever been expelled, refused admission to or from another School's Hostel (s) ?							Y	N			
If so, give name(s) of the School's Hostel:											
Do you owe fees at any other school?	Y	N	Do you owe fees at any Boarding Establishment?	Y	N						
RESIDENTIAL DETAILS OF LEARNER (PLEASE COMPLETE ONLY IF DIFFERENT FROM PARENTS / GUARDIANS):											
Surname of adult in charge:											
First names:											
Telephone No's.:	Work:		Home:		Cell:						
Address:									Code:		
ONLY GRADE 8 & 9 APPLICANTS: Please indicate your choice of First Additional Language (FAL) .											
AFRIKAANS FAL			ISIZULU FAL								

ONLY GRADE 10 & 11 APPLICANTS:

The subject packages available are detailed in the Subject Choice Form. Please complete the form and submit it with your application.

NB:

- Applications for Grade 10 and 11 for which a subject choice form is not completed will **not** be considered.
- Learners from other schools who are admitted to Eshowe High School in Grade 10 or 11 are limited to the packages that still have space to accommodate them.

WHO WILL BE RESPONSIBLE FOR FEES, PLEASE INDICATE E.G. FATHER, MOTHER, GRANDMOTHER, GRANDFATHER, ETC.																									
NOTE: Parents are required to contribute to the school fees in terms of section 39 and 40 of the South African Schools' Act, Act No. 84 of 1996 and to take full responsibility for any and all school and or hostel fees which may become due and payable as a result of their child attending Eshowe High School.																									
SCHOOL AND HOSTEL FEES ARE DUE IN ADVANCE AND ARREAR FEES MAY INCUR INTEREST AT THE RATE OF 2% PER MONTH ON OVERDUE AMOUNTS.																									
COMPLETE BOTH PARENTS/GUARDIANS DETAILS EVEN IF DIVORCED/NOT MARRIED (SINGLE)																									
M=Mother F=Father A=Aunt U=Uncle GM=Grandmother GF=Grandfather S=Sister B=Brother																									
If your relationship to learner is not mentioned please attach a detailed letter explaining the matter.																									
M	F	A	U	GM	GF	S	B	Please tick your relationship to learner:										M	F	A	U	GM	GF	S	B
								Who will be responsible for the learner?																	
								Prof/Dr/Mr/Mrs/Miss																	
								Marital status																	
								Surname																	
								Full names																	
								Preferred name																	
								ID/Passport No.																	
								Postal Address																	
								Physical Address																	
								Occupation																	
								Employer																	
								Gross Income																	
								Work Address																	
								Work Tel. No.																	
								Fax No.																	
								Home Tel. No.																	
								Cell Phone No.																	
								E-mail																	
								Salary No.																	

PLEASE INDICATE ALL SIBLINGS WHO YOU PAY FEES FOR, EVEN IF THE SIBLING/S IS/ARE AT ESHOWE HIGH SCHOOL.											
LEARNER						INDICATE RELATIONSHIP TO PARENT (X)					
NAME	SURNAME	GR	NAME OF SCHOOL	SCHOOL FEES	TEL NO	BIOLOGICAL / ADOPTED	FOSTER	STEP CHILD	GRAND CHILD	OTHER	
Is the applicant (learner being applied for), a child or sibling of a past pupil of Eshowe High School? If yes, please furnish name and year below:										Y	N
NAME and SURNAME OF PAST PUPIL							Final Year of past pupil at Eshowe High School				

SIGNATURE OF PARENT 1 / GUARDIAN 1

DATE

SIGNATURE OF PARENT 2 / GUARDIAN 2

DATE