


Ref	DO NOT REPRODUCE (COPY) THIS FORM. DO NOT FAX OR EMAIL THIS FORM BACK TO THE SCHOOL													
Accepted	YS	YH	N	WL	Sign		Grade		Date		Admin		Pastel	



ESHOWE HIGH SCHOOL APPLICATION FORM

Private Bag X526
ESHOWE
3815

TEL: 035 474 2117/8
FAX: 035 004 0129
E-mail: ehs@ehskzn.co.za

THIS APPLICATION DOES NOT GUARANTEE THE APPLICANT A SPACE IN ESHOWE HIGH SCHOOL

PLEASE PRINT CLEARLY

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

2. The following documents must be submitted with this application, if any document/s is/are outstanding the application will be invalid:

- 2.1 Certified copy** of the Unabridged Birth Certificate/ Birth Certificate/ ID Document.
 - 2.2 Certified copy** of your **Term two (2) 2024 school report**. No other report will be acceptable.
 - 2.3 Proof** of physical (residential) address (e.g. Water / Electricity / Telephone account etc.)
 - 2.4 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.**
 - 2.5 Immunisation Card**
 - 2.6 Study Permit for foreign learners/ Temporary or Permanent Residence Permit**
 - 2.7 Subject Choice Form** for applications in Grade 10 & 11
 - 2.8 R150.00** admin fee on submission of application to cover administration costs plus a High School readiness assessment.
- 3. Please complete application form in BLACK INK.**
- 4. When multiple options are provided ring/circle only 1. EG Learner is male:** Gender: Male Female

Learner Personal Details																
Year of Admission	2025			Grade to be entered		Current Grade		Date Of Application	Y	Y	Y	Y	M	M	D	D
Child's Surname												Do you require boarding	Yes	No		
Child's Full Names:																
Date of Birth	Y	Y	Y	Y	M	M	D	D	Gender	Male	Female	Current Age				
Population Group / Race	African/Black		Coloured	White	Indian	Asian	Other									
Citizenship of child	South African Citizen			Non South African Citizen			Asylum Seeker									
Child's ID Number																
Reason if no ID is provided	Applied for ID		Not Available			Other										
Study Permit Number (non SA Citizen)								Study Permit expiry date	Y	Y	Y	Y	M	M	D	D
Child's Country of Origin							Child's Province of Residence									

Address where the learner will be living during the school year & contact details for the given address													
Physical Address													
City/Suburb							Area Code						
Home Phone Number							Emergency Contact Phone Number						
Emergency Contact First name							Emergency Contact Surname						
Emergency Contact Relationship to learner	Guardian	Mother	Father	Step Parent	Foster Parent	Grand Parent	Uncle	Aunt	Sibling	Friend	Other		
Learner Cell phone Number							Learner Email Address						

ONLY GRADE 8 & 9 APPLICANTS: Please indicate your choice of First Additional Language (FAL) .			
AFRIKAANS FAL	ISIZULU FAL		

Additional Learner Details							
Home Language		Learner's preferred language of instruction		Language of instruction at Eshowe High School	ENGLISH		
How will the learner Primarily get to school every day?	Walk 0-2km	Walk 2-5km	Walk 5-10km	Walk 10km+	Bicycle	Motor Car	Motor Cycle
	Taxi	Employer Bus	Govt Bus Transport Scheme	Hostel	Train	Private Bus Transport	
Deceased (no longer alive) Parents	Only Mother Deceased		Only Father Deceased		Both parents deceased		
Learner's Religion/Denomination							
Sibling (brother/sister) or Parent is a past pupil of Eshowe High School:	Yes	No					
If Yes:	Name & Surname of past pupil				Final Year of past pupil at Eshowe High School		
	Sports House Of past pupil	Shepstone		Pearson		Chelmsford	

Previous Enrolment/School Details of Learner						
Previous School Was	Eshowe High School	None	Other School in KZN	Other School not in KZN	Other School outside South Africa	Unknown
Province of previous School				Country of Previous School		
Year that the learner attended the previous school	Y	Y	Y	Y	Name Of Previous School	
Physical Address of Previous School						
Area/postal Code		Telephone Number of previous School				

Medical Details of Learner					
Medical Aid Number				Medical Aid Name	
Main Medical Aid Member					
Doctor's Name				Doctor's Tel Number	
Doctor's Address					
Clinic / Hospital Name					
Account/Ref for Hospital/Clinic				Telephone number For Hospital/Clinic	
Dexterity of Learner	Left Handed	Right Handed	Ambidextrous (left & right Handed)		
Learner Medical Conditions / Medications that the School should be aware of (diabetes, allergies, epilepsy, asthma, heart conditions etc)					

Social Grants information					
Registration		Receiving			Grant Number
Child Support	Yes	No	Child Support	Yes	No
Disability (18+)	Yes	No	Disability (18+)	Yes	No
Foster Child	Yes	No	Foster Child	Yes	No
Care-Dependency	Yes	No	Care-Dependency	Yes	No

Parent Information																	
COMPLETE BOTH PARENTS/GUARDIANS DETAILS EVEN IF DIVORCED/NOT MARRIED (SINGLE)																	
If your relationship to the learner is not mentioned below please attach a detailed letter explaining the matter																	
Mother	Father	Aunt	Uncle	Relationship to Learner	Mother	Father	Aunt	Uncle	Grand-mother	Grand-father	Sister	Brother					
Grand-mother	Grand-father	Sister	Brother		Grand-mother	Grand-father	Sister	Brother									
				Title (Prof/Dr/Mr/Mrs/Miss)													
				Marital status													
				Surname													
				Full names													
Male		Female		Gender	Male		Female										
				Home Language													
				Population Group / Race													
Y	Y	Y	Y	M	M	D	D	Date Of Birth		Y	Y	Y	Y	M	M	D	D
								ID Number									
								Passport Number - if Non SA Citizen									
				Postal Address													
City/Suburb					City/Suburb												
Code					Code												
				Residential Address													
City/Suburb					City/Suburb												
Code					Code												
				Occupation													
				Employer													
				Name of Institution													
								Gross Income									
				Work Address													
								Work Phone Number									
								Salary Number / Persal Number / Employee Code									
								Home Tel. No.									
								Cell Phone No.									
				E-mail address													
Yes		No		Learner Resides/lives with Parent	Yes		No										
				Please indicate which Parent/Guardian will be responsible for school/hostel fees with a ✓ OR If the person responsible for fees is not one of the parents listed above please complete the section labelled Alternative Account Payer details on page 4													
Please Note: School and hostel fees are due in advance and arrear fees may incur interest at the rate of 2% per month on overdue amounts.																	

Alternative Account Payer Details																						
Surname																						
Full Names																						
ID Number												Passport Number if non SA Citizen										
Home Address																						
	City/Suburb							Code														
Postal Address																						
	City/Suburb							Code														
Home Phone Number												Work Phone Number										
Cell Phone Number												Gross Income										
Email Address																						
Employer																						
Name Of Institution																						
Occupation							Salary Number / Persal Number / Employee Code															

Please indicate all siblings who you pay fees for, even if the sibling/s is/are at Eshowe High School.											
Learner						Relationship to parent (Indicate with a ✓)					
Name	Surname	Grade	Name Of School	School Fees	Phone Number	Biological	Foster/ Adopted	Step Child	Grand Child	Other	

Do you owe fees at any other school?	Yes	No	Do you owe fees at any other Boarding Establishment?	Yes	No
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If The learner is accepted: the following documentation must be provided when the learner arrives on the first official school day of the new year	
1	2 Certified Copies of the UNABRIDGED Birth Certificate (Apply at the Department of Home Affairs, it takes up to 3 months to receive)
2	Transfer Card from the previous school
3	Certified copy of year-end report for the previous year
4	Legal proof of guardianship if it is not your child or if the parents are divorced/deceased

I (Full names) _____

The parent/Guardian of (Child's full names) _____

Hereby declare that:

1. I/We understand that the medium of the school is English and that my/our child/ward should be able to understand, write and read the English language and that a proficiency test could be given if there is any doubt of his/her ability to cope with instruction in the English language.
2. We hereby apply to have the child whose name appears on this form as a learner at **ESHOWE HIGH SCHOOL** and confirm that he/she complies with the basic criteria.
3. I/We certify that I/we have legal custody and/or guardianship in respect of the above named learner.
- 4. I/We undertake to adhere to the school rules and disciplinary code that may be made from time to time.**
5. 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 my/our child to the care of the school.
- 6. The information submitted in this form is the truth. I/We understand that if I/we have withheld or provided misleading information in the completion of this document my/our child may be removed from the school.**
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. I/We undertake to reimburse the school for any damage to school property that may be caused by my/our child.**
- 9. 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 my/our child may have.**
10. I/We agree that my/our child be permitted to undertake group Edumetric and Psychometric tests which have been approved by the Director of Education.
11. I/We agree that if my/our child is over the compulsory school-going age (15 years) he/she will attend school regularly and will only be absent for medical reasons.
12. I/We accept the responsibility of the pupil's transport to and from the school.
13. I/We undertake to inform the Principal of my/our child's/children's absence from school. Parents/guardians declare that they are prepared to produce a doctor's certificate if and when required.
14. I/We undertake to support the school's constitution and policy of admission, as defined and implemented by the Governing Body of the school.
15. I/We understand that smoking in school uniform and the abuse of any drug or alcoholic beverages is an infringement of the critical school rules and will not under any circumstances be tolerated.
16. The signatory hereto chooses the official address as indicated below as their chosen domicilium citandi. In the event of a change of address, parents are to notify the school in writing.
17. 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
18. I/We jointly and severally undertake to pay the required school fees. In terms of Section 39 of the South African Schools Act, the parties to this form are liable to pay compulsory school fees. In terms of Section 40 of the South African Schools Act, the school may enforce the payment of these compulsory fees. The parties to this application, undertake to pay all legal costs, including attorney / client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees. Fees are due and payable at the end of each month. If payment is not received by the 7th of each month, the school reserves the right to charge interest on all overdue accounts at the rate of 2.00% per month. Parents who are unable to pay school fees may apply for exemption of these fees.
19. I/We undertake to purchase all necessary stationery and uniform so as to enable my/our child / ward to take part in the educational, cultural and sporting programme of the school.
20. I/We declare that I/we are the legal guardian of the child and is entitles to sign this document, and shall be bound hereto both as parents/ guardians, and in his/her personal capacity.

CONSENT / INDEMNITY:

I, the undersigned parent / guardian, hereby give my consent for my child / ward referred to in Section A to take part in any and all activities of the school, whether conducted on the school premises or extramurally, including, but not limited to: games, sports, tours and excursions of general, vocational educational, historical or scientific interest.

I fully understand and accept that all such activities shall be undertaken at my child's / ward's own risk, and I undertake, on behalf of myself, my spouse, my executors and my aforesaid child / ward to indemnify, hold harmless and absolve the Department, the School Governing Body, the Principal / Rector and his / her staff against and from any or all claims whatsoever, which may arise in connection with any loss or damage to the person or property of my aforesaid child / ward in the course of such activities.

The signatory hereto chooses this residential address as their chosen domicilium citandi for notices as follows:

.....
SIGNATURE OF PARENT 1 / GUARDIAN 1

.....
DATE

.....
SIGNATURE OF PARENT 2 / GUARDIAN 2

.....
DATE