

Krugersdorp High School



K.H.S. SCHOOL DATE STAMP

RECENT I.D.
PHOTOGRAPH

Cornelius Moll Street, Monument Extension, Krugersdorp
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APPLICATION FOR ADMISSION TO BOYS'/GIRLS' PRIVATE RESIDENCE : 2026

FOR OFFICE USE ONLY :

Date of receipt of Application : _____

Date of acceptance into Residence : _____

Residence Account No : _____

FC : _____

School : _____

Approval: Res. Master : _____

Acceptance : _____

- This form is to be handed in to the admissions' office at Krugersdorp High School: Monday to Friday between 08:00 and 13:30 or email: LSPILLER@KRUGERSDORPHIGH.CO.ZA
- Please do **NOT** hand in the form at your child's current school.
- Please note that your acceptance into K.H.S. is dependent on a successful residence application. Should your circumstance change and the learner leaves the K.H.S. residence they may forfeit their school placement.

Learner name : _____

Present Grade : _____ **CIRCLE:**
Weekly or Termly Boarder

N.B. As the residence is privatised, this form must be completed **IN FULL** by the applicant/parent(s)/guardian/foster parent(s), handed back to the school and must include the following:

1. Certified copy of I.D. documents of both parents/guardians/sponsors.
2. One recent I.D. photograph of the child.
3. A certified **COPY** of the latest school report. The latest school report must be furnished if accepted.
4. A **CERTIFIED COPY** of birth certificate/I.D. document of the child.
5. **Immigrants: CERTIFIED** copies of study permits/passports/permanent residence documents
6. Certified Legal documents for Foster parents/Legal guardianship (if applicable).
7. A copy of the **MOST RECENT** water and lights account of official applicants.
8. **In the case of a rent/lease agreement, full details of landlord (name, address and telephone number) must be supplied.**
9. A copy of main member of Medical Aid's I.D. document and copy of Medical Aid Card. (**Certified**)
10. A copy your latest current school fee statement.
11. An **original** recent payslip of **both** parents / guardians/ applicants.
12. Three months bank statements (**Original – bank stamped**).
13. **If self-employed**, a letter from an auditor must also be included **IN RESPECT OF BOTH PARENTS/SPONSORS/GUARDIANS**. Three months personal bank statements and six months business bank statements (**Original – bank stamped**).
14. If child is sponsored by any person, Company, Trust or Guardian Fund, all documentation in this regard to be **HANDED IN** with the application form.

**WHERE POSSIBLE, PLEASE INCLUDE A TESTIMONIAL FROM CURRENT SCHOOL /
PREVIOUS SCHOOL.**

To be completed by the APPLICANT enrolling the child.

N.B.

**THE APPLICANT WILL BE RESPONSIBLE FOR PAYMENT OF RESIDENCE FEES.
FEES ARE PAYABLE ON A TERMLY BASIS, IN ADVANCE.
MONTHLY PAYMENTS BY DEBIT ORDER ONLY.**

The applicant(s) is/are the parent(s) / legal guardian(s) / foster parent(s) / sponsor(s) of the learner. (Circle the appropriate category.)

I/We, the applicant(s), _____, I.D. number : _____
_____, I.D. number : _____

do hereby apply for the admission of _____ (full name of learner) to be
admitted to the Krugersdorp High School

BOYS'

GIRLS'

Residence. (Select block for appropriate
response).

1. PARTICULARS OF LEARNER

SURNAME	
FIRST NAMES	
GENDER	
DATE OF BIRTH	
LEARNER I.D.	
PRESENT SCHOOL	
PRESENT GRADE	
CURRENT SCHOOL TEL. NO.	
RESIDENTIAL ADDRESS OF LEARNER	
CELL NO. AND EMAIL ADDRESS	

DOMESTIC BACKGROUND: Own Parents / Parents Separated / Parents Divorced / Father Deceased / Mother Deceased / Father remarried / Mother remarried / Foster Parent(s) / Legal Guardian (Circle that which is applicable)
This information will help us understand the factors which may influence your child's performance at school. It will be treated in the strictest confidence. **In the case of foster parents/legal guardianship, a copy of legal documentation is required.**

LEARNER RESIDES WITH:

Mother	Father	Both Parents	Guardian	Foster parents	Sponsor
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Have you made any previous applications to K.H.S.? _____

Did / Do you have any siblings (brothers / sisters only) attending K.H.S.?

NAME	GRADE	YEAR LEFT K.H.S.

2. REASON FOR APPLICATION TO THE RESIDENCE

3. **OTHER SCHOOLS / RESIDENCES APPLIED TO:**

4. **PARTICULARS OF PARENTS / LEGAL GUARDIANS / SPONSORS**

BIOLOGICAL FATHER		BIOLOGICAL MOTHER
	Surname	
	Name	
	I.D. Number	
	Occupation	
	Name of Business (If self-employed this section must still be completed e.g. business name)	
	Business Address	
Postal Code :		Postal Code :
	Business Tel. No.	
	RESIDENTIAL ADDRESS	
Postal Code :		Postal Code :
	Home Tel. No.	
	POSTAL ADDRESS	
		Postal Code :
	Cell Phone No.	
	Fax No.	
	E-mail Address	
	Indicate past pupil status, sports house and maiden name of mother, if applicable	

STEPFATHER / LEGAL GUARDIAN / SPONSOR		STEPMOTHER / LEGAL GUARDIAN / SPONSOR	
		Surname	
		Name	
		I.D. Number	
		Occupation	
		Name of Business (If self-employed this section must still be completed e.g. business name)	
		Business Address	
Postal Code :		Postal Code :	
		Business Tel. No.	
		RESIDENTIAL ADDRESS	
Postal Code :		Postal Code :	
		POSTAL ADDRESS	
Postal Code :			
		Home Tel. No.	
		Cell Phone No.	
		Fax No.	
		E-mail Address	

All correspondence to be addressed to (circle appropriate choice):

Mother	Father	Guardian	Sponsor
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5. Name and telephone number of two (2) friends or relatives who do not reside with you to be contacted if we are unable to contact the parents/guardians.

FRIEND / RELATIVE		FRIEND / RELATIVE	
Surname		Surname	
First Name		First Name	
Contact No.		Contact No.	

6. **TWO FINANCIAL REFERENCES OF PERSON RESPONSIBLE FOR RESIDENCE FEES** (to be completed in full, as these will be verified). If fees are to be covered by a Trust Fund, please indicate this and provide proof of this Fund, e.g. Vodacom/Truworths/Woolworths/MFC etc.

REFERENCE 1		REFERENCE 2	
Company		Company	
Account No.		Account No.	
Tel No.		Tel. No.	
Outstanding Balance		Outstanding Balance	
Monthly Payment		Monthly Payment	

For Office Use Only : Reference 1

Date contacted : _____ Contact person : _____

Rating : _____

For Office Use Only : Reference 2

Date contacted : _____ Contact person : _____

Rating : _____

7. **EXTRAMURAL ACTIVITIES**

I object/have no objections (circle which is appropriate) to _____ (full names of learner) reasonably participating in the extramural activities offered by the Residence.

I acknowledge that _____ must participate in at least one extramural activity offered by the school per term.

8. **TRANSPORT**

I am aware that the residence is closed during school holidays and that it is my responsibility to provide transport for my child to and from the residence at my own expense.

9. **MEDICAL TREATMENT**

Residence fees **do not cover** the cost of medical treatment. The residence staff take care of home nursing to the best of their ability. Parents, however, will be responsible for further medical care.

In the event of illness or an accident where, in the opinion of the responsible officer, immediate medical treatment will be necessary for a child, the residence staff will arrange for such treatment after attempting to contact the applicant. The applicant will be responsible for medical costs incurred.

Medical Aid : _____ No.: _____

State any medical particulars to be noted about the learner e.g. Epilepsy etc. _____

10. RESIDENCE RULES AND REGULATIONS

I am aware that the learner's admission is subject to the rules and regulations of the Residence.

I am prepared to comply with these and:

- Undertake to pay the Residence fees termly, in advance.
- Acknowledge that the school will not be obliged to permit the learner to move into the Residence unless such fees have been paid in full.
- **Both school and residence accounts should be kept up to date to secure accommodation in the residence.**
- Acknowledge that should I default with any payment, the admission of the learner will immediately terminate and the learner may be excluded from the Residence and may, in some cases, have to leave the school.
- Agree to a term's notice in writing before I remove the learner from the Residence. Should the learner be outside the school feeder area, he/she may lose his/her place in the school as well.
- Acknowledge that if such notice is not given, I will remain liable for a full term's fees.
- Agree to compensate for any damage to Residence property caused by the learner.
- Acknowledge that the school and/or Residence and/or staff will not be held liable for any damages of whatever nature that may result from any injury that my child may sustain in whatever manner while being involved in any sport and/or extramural and/or any other activities.
- Acknowledge that while the learner is in the Residence, control and discipline will be exercised in accordance with law and with lawful prescriptions, and in accordance with the Constitution of the school where appropriate, and in accordance with Residence rules, and I consent to the application of such disciplinary measures without further authorisation from me.
- Acknowledge that the school will be entitled to exercise control and discipline of the learner within the school and be entitled to have the learner removed from the Residence.
- Acknowledge that the Residence and staff thereof cannot be held liable for any loss of personal articles incurred by the learner while the learner is in the Residence.
- Understand and accept that on occasion, and at the discretion of the staff, learners may be required to remain in the Residence on weekends for academic, extramural and spirit-building activities.
- The school may conduct a credit enquiry and/or credit information search in respect of the parents/guardians with a credit bureau, or persons acting as their agents/or other credit grantors.

11. UNDERTAKING BY APPLICANT

I undertake to notify the Residence and school immediately of any change in the above information.

I fully understand that the Residence/school cannot be held responsible for any loss of personal belongings of the learner, be it through neglect or theft.

HAVING READ AND ACCEPTED THE ABOVE UNDERTAKING, RULES AND REGULATIONS, I CERTIFY THE INFORMATION FURNISHED ABOVE TO BE TRUE AND CORRECT.

SIGNATURE OF APPLICANT(S)

DATE

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.