

# Krugersdorp High School



K.H.S SCHOOL DATE STAMP

**RECENT I.D.  
PHOTOGRAPH**

Cornelius Moll Street, Monument Extension, Krugersdorp  
Tel: 011 954-1009 • Fax: 011 954-3716 • E-mail: admin@krugersdorphigh.co.za

## **APPLICATION FOR ADMISSION TO BOYS'/GIRLS' PRIVATE RESIDENCE : 2022**

### **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 final school report for 2019 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
5. Certified Legal documents for Foster parents/Legal guardianship (if applicable).
6. A copy of the **MOST RECENT** water and lights account of official applicants.
7. **In the case of a rent/lease agreement, full details of landlord (name, address and telephone number) must be supplied.**
7. A copy of main member of Medical Aid's I.D. document and copy of Medical Aid Card. (**Certified**)
8. An **original** recent payslip of **both** parents / guardians/ applicants.
9. Three months bank statements (**Original – bank stamped**).
10. If self-employed, a letter from an auditor must also be included **IN RESPECT OF BOTH PARENTS/SPONSORS/GUARDIANS**. Three months bank statements Three months bank statements (**Original – bank stamped**) – personal/business statements.
9. If child is sponsored by any person, 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**

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

**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

Have you made any previous applications to K.H.S.? \_\_\_\_\_

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

<b>NAME</b>	<b>GRADE</b>	<b>YEAR LEFT K.H.S.</b>

**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	

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

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

Mother	Father	Guardian	Sponsor
--------	--------	----------	---------

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.

<b>FRIEND / RELATIVE</b>		<b>FRIEND / RELATIVE</b>	
<b>Surname</b>		<b>Surname</b>	
<b>First Name</b>		<b>First Name</b>	
<b>Contact No.</b>		<b>Contact No.</b>	

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.

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.
- 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**

