Hoërskool Ermelo

Application Form 2025 Closing Date 31 August 2024



1. PARTICULARS OF LEARNER

Name & Surname:	Immigrant:	YES / NO
Gender:	Date of Birth:	
ID-number:	Current school & Grade:	
Passport number & study permit nr:	Enrolment Date:	
Ethnic group:	Religion:	

2. GENERAL INFORMATION

Home Language:		Extra- curricular activities:	Sport:	
First Additional Language:	Afrikaans □ English □		Culture:	
Language of instruction:			Other:	
Did the learner attend school during the previous year?		Deceased Parent?	Father Mother Both	
Country where learner received education:		Residence:	Veltman Nelstehuis Town	
Province where learner attended school:				
Registered for the first time in this province:				

3. OTHER CHILDREN IN HOËRSKOOL ERMELO

FIRST NAME	SURNAME	REGISTRATION NUMBER	GRADE
1.			
2.			
3.			

4. STATUS OF FAMILY

*should the family status differ from options 1 - 5 as listed below, please provide detailed information of responsible adult.

1.Both Parents:	4.Widow/Widower:	
2.Divorced – lives with mother:	5.Foster Care/Guardian:	
3.Divorced – lives with father:	6.Other (Specify):	

5. PARENT/GUARDIAN PARTICULARS

*please ensure that, should the second parent/guardian's information not be available, the responsible adult's information is complete.

1st PARENT/GUARDIAN	2 nd PARENT/GUARDIAN
Title:	Title:
Initials:	Initials:
Full Names:	Full Names:
Surname:	Surname:
ID-number	ID-number
Passport no:	Passport no:
Relationship:	Relationship:
Occupation:	Occupation:
Employer:	Employer:
Tel, work:	Tel, work:
Tel, home:	Tel, home:
Cellphone 1:	Cellphone 1:
Cellphone 2:	Cellphone 2:
Email 1:	
Email 2:	

All documents sent to addresses as indicated below, will be regarded as documentation received by you. This address will be used until formal notice of change is received.

POSTAL ADDRESS	RESIDENTIAL ADDRESS	OTHER
Postal code:	Postal code:	Postal code:

6. WORK ADDRESS OF PARENTS/GUARDIAN

*please ensure that, should the second parent/guardian's information not be available, the responsible adult's information is absolute complete.

1st PARENT/GUARDIAN	2 nd PARENT/GUARDIAN

7. AGREEMENT IN RESPECT OF PAYMENT OF SCHOOL FEES

l, the	e undersigned, am the
pare	(Full names and surname in print) ent/guardian of the following child/ren. (Supply full names of each child):
1.	
2.	
3.	
1. 2. 3.	African School Law Should a court of person determine that another person should pay school fees, school fees remain the responsibility of every person known as "parent" as defined by the SA school person.
Α	Once-off payment on/before the specified date as agreed on at the annual parents' meeting
В	Payment over 11 months: (cash, cheque, electronic – no discount)
С	Debit order – 11 months
D	Quarterly (payable at the beginning of each quarter and/or in advance)
4. 5.	to apply for exemption, the relevant application form will be completed in full. Exemption will only be calculated from the date of submission. If forms are submitted late, the parent/guardian/responsible person is liable for fees prior to the submission of the application. Forms will be available from November 2024 and must be submitted before 15 February 2025
Sign	ed at on this day of 20
Pare	ent/Guardian (Signature of person responsible for account)
Will	vou apply for a discount on your tuition fees? YES / NO

- No emails in this regard will be accepted. Only hard copies.
 Subject fees are not part of the school fees and are the responsibility of parents/ guardians.

9. ANNEXURE

Please complete the following questionnaire regarding non-academic interests and achievements:

SPORT	PARTICIPATION (mention team, position, item)	ACHIEVEMENT
Athletics		
Golf		
Hockey		
Cross Country:		
Cricket:		
Squash		
Netball		
Rugby		
Chess		
Shooting		
Swimming		
Tennis		
Other		

Please note that a discount on school fees may be granted for achievement of provincial colours in a school sport. **PLEASE ATTACH PROOF (Clear copies)**

CULTURE	PARTICIPATION	ACHIEVEMENT
Drama		
Choir		
Art		
Music		
Public Speaking		
Singing		
Other		

Please note that a discount on school fees may be granted for achievement of provincial colours in a culture related activity by which the school (EHS) is affiliated.

PLEASE ATTACH PROOF (Clear copies)

	ERSHIP d responsibilities)
	ees may be granted for headboys/-girls. ROOF. (Clear copies)
9. PARTICULARS FOR CO	OMMUNICATION SYSTEM
Learner name and surname:	
Whatsapp no. of parent for communication purpo	se:
Cell no. of child for communication purpose:	
Parent/guardian e-mail for communications purpo	ose:
10. PERMISSION TO PUBLIS	SH PHOTOS AND/OR VIDEOS
	re feel it is of high importance to make the parents ts, academically, afterschool activities and on the
department, that the parents/guardians of each c	o adhere to, we have been advised by our Legal hild must give the consent to publicise their child's or example: newspapers, magazines, Facebook,
l,	(name and surname) parent/guardian
of	(name and surname)

GIVE PERMISSION / DO NOT GIVE PERMISSION (cancel which is not applicable)

to Hoërskool Ermelo to publish my child's photo and or video in/on any media.

<u>Please note: Hoërskool Ermelo will never publish a photo or video</u> <u>which is harmful, insulting or belittling towards any student or staff member</u>

11. MEDICAL PARTICULARS AND PARTICULARS OF PERSON RESPONSIBLE FOR MEDICAL ACCOUNT

Doctor:	Telephone number:	
Medical Aid:	Medical Aid number:	
Option:	Dependent code:	
Allergies for child:		
Main member:	Main member ID number:	
Main member contact number:		
Contact person in case of emergency:	Contact number:	
Relationship:		

If you do not belong to any medical aid, please complete the table below:

Doctor:	Telephone number:	
Allergies		
Contact person in case of emergency:	Contact number:	
Relationship:		
Person liable for medical account:	Contact number:	
Relationship:		
Arrangements in case of emergency:		

12. INDEMNITY FORM AND PERSONAL PARTICULARS

I the undersigned					
I the undersigned					
hereby grant permission that he/s	she may participate in the following	ng extramural activities:			
SPORT	CULTURE	ACADEMICS			
 the need for medical atter I assume that all precaution I accept responsibility for applicable. 	ntion for my child arise. ons will be taken for my child's sa the payment of medical fees and cal scheme and will make the follo	or hospital fees where owing arrangements:			
SIGNATURE OF PARENT/LEGA	L GUARDIAN	DATE			

13. PLEASE ATTACH THE FOLLOWING DOCUMENTS

(Clear copies is necessary)

Proof of residence	
Birth certificate/ID of learner (copy)	
ID Parent 1 / Guardian 1 (copy)	
ID Parent 2 / Guardian 2 / other responsible adult (copy)	
Last report	
Medical Aid card (copy, back and front)	
Medical Aid's main member's ID copy (if different from parent/guardian)	
Transfer letter (if learner is in grade 9-12)	
Debit order authority	YES / NO

APPROVAL

	SIGNATURE	DATE
ADMIN OFFICE		
FINANCIAL OFFICE		
PRINCIPAL / DEPUTY PRINCIPAL		



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