

Hoërskool Ermelo

Application Form 2023

* Closing Date 31 August 2022



1. PARTICULARS OF LEARNER

Name & Surname:		Immigrant:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Gender:		Date of Birth:		
ID-number:		Current school & Grade:		
Passport number:		Enrolment Date:		
Ethnic group:		Religion:		

2. GENERAL INFORMATION

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

3. OTHER CHILDREN IN SCHOOL

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

4. STATUS OF FAMILY

1. Both Parents:		4. Widow/Widower:	
2. Divorced – stay with mom:		5. Foster Care/ Guardian:	
3. Divorced – Stay with Father:		6. Other (Specify):	

5. PARENT/GUARDIAN PARTICULARS

1 st 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:		Cellphone:	
E-mail:		E-mail:	

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

1 st PARENT/GUARDIAN	2 nd PARENT/GUARDIAN

7. 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 for child:			
Contact person in case of emergency:		Contact number:	
Relationship:			
Person liable for medical account:		Contact number:	
Relationship:			
Arrangements in case of emergency:			

8. INDEMNITY FORM AND PERSONAL PARTICULARS

I the undersigned _____
(full name and surname of parent or legal guardian)

Parent/guardian of _____ Gr: _____
hereby grant permission that he/she may participate in extramural activities

- I delegate my authority as parent/guardian to the staff who accompany the learners, should the need for medical attention for my child arise.
- I assume that all precautions will be taken for my child's safety.
- I accept responsibility for the payment of medical fees and or hospital fees where applicable.
- I do not belong to a medical scheme and will make the following arrangements.

I hereby declare that all of the above mentioned information is correct.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

9. DISCIPLINE AND SCHOOL RULES

I, _____ parent/guardian, legal guardian of
_____ in Gr. _____ here
by confirm that I am aware of the EHS disciplinary system and school rules and undertake
to support both these systems.

SIGNATURE: PARENT/GUARDIAN/
LEGAL GUARDIAN

DATE

10. AGREEMENT IN RESPECT OF PAYMENT OF SCHOOL FEES

I, the undersigned, _____ am the
(Full names and surname in print)
parent/guardian of the following child/ren. *(Supply full names of each child):*

1. _____ Grade: _____
2. _____ Grade: _____
3. _____ Grade: _____

1. Parents are eligible for payment of school fees as determined by Act 29 of the South African School Law
2. 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.
3. Method of payment can be made in one of the following options:

(Please tick appropriate box)

A	Once-off payment on/before the specified date as agreed on at the annual parents' meeting
B	Payment over 11 months: (cash, cheque, electronic – no discount)
C	Debit order – 11 months
D	Quarterly

4. I am aware that I may apply for exemption from school fees for 2023, and, should person apply for exemption, the relevant application person will be completed carefully.

Signed at _____ on this _____ day of _____ 20____

Parent/Guardian _____
(Signature of person responsible for account)

Will you apply for a discount on your tuition fees? YES / NO

NB. If YES, take note that such an application must be handed in at the school by 31 January.

11. PARTICULARS FOR COMMUNICATION SYSTEM

Learner name and surname: _____ Grade: _____

Cell no. of parent for communication purpose: _____

Cell no. of child for communication purpose: _____

Parent/guardian e-mail for communications purpose: _____

12. 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 honors 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 honors in a culture related activity by which the school (EHS) is affiliated.

PLEASE ATTACH PROOF (Clear copies)

LEADERSHIP (Supply role and responsibilities)

Please note that a discount on school fees may be granted for Head Leaders.
PLEASE ATTACH PROOF (Clear copies)

13. PERMISSION TO PUBLISH PHOTOS AND/OR VIDEOS

As a student spends most of his day at school, we feel it is of high importance to make the parents part of their scholastic life and their achievements, academically, afterschool activities and on the Sport field.

Due to various laws and regulations we have to adhere to, we have been advised by our Legal department, that the parents/guardians of each child must give the consent to publicize their child’s photo and or video, whether it is Academic or Sport photos in/on any form of media for example: newspapers, magazines, Facebook, Instagram or the school’s Website

I, _____ (name and surname) parent/guardian
of _____ (name and surname) in Grade _____

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

<p><u>Please note: Ermelo Hoërskool will never publish a photo or video which is harmful, insulting or belittling towards any student or staff member</u></p>
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14. 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 (copy)	
Transfer document	
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		



Hoërskool Ermelo



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