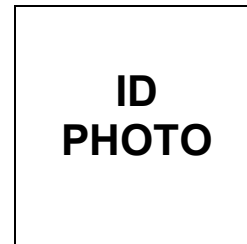


DR. JOHAN JURGENS HIGH SCHOOL

APPLICATION FOR ADMISSION

TEL: (011) 812 1757/8 FAX: 011 362 5382 PRIVATE BAG X7 SPRINGS 1560



SCHOOL REGISTRATION NUMBER	350124	WAITING LIST NUMBER:	
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Please complete ALL sections of this application form and print clearly throughout. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED. To be completed by Parents/Guardians only. Parents will be advised before the end of October whether their child is accepted.

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE ADMISSION FORM. IF THE REQUIRED DOCUMENTS ARE NOT RECEIVED, ADMISSION WILL NOT BE ALLOWED.

DOCUMENTS REQUIRED	OFFICE USE ONLY				
BIRTH CERTIFICATE	YES	NO			
ORIGINAL REPORT (Date and name of school clearly visible)	YES	NO	ADMISSION GRANTED	YES	NO
PROOF OF RESIDENCE (ELECTRICITY ACCOUNT)	YES	NO			
CONTRACT OF PAYMENT OF TUITION FEES	YES	NO	ADMISSION NUMBER		
PROOF OF ID (PARENTS & LEARNERS)	YES	NO			
PROOF OF IMMUNISATION	YES	NO			
PROOF OF UNEMPLOYMENT	YES	NO			

CURRENT DATE: _____

DATE OF ADMISSION: _____

1. LEARNER'S INFORMATION

ID NO. _____

Surname: _____

Current Grade: _____ Repeated? YES / NO

Christian Names: _____

Boy/Girl: _____

Date of birth: _____

Home Language: _____

Family Doctor: _____

Language of teaching: _____

Telephone No: _____

Other Languages Spoken: _____

Name of present School: _____

Name of High School nearest to your home: _____

Name(s) of brother(s)/sister(s) at Dr. Johan Jurgens: 1. _____ Gr. _____ Year _____

2. _____ Gr. _____ Year _____

ACHIEVEMENTS:

Academics: _____

Sport: _____

Culture: _____

2. PARENT(S) INFORMATION (INDICATE CLEARLY WHO IS RESPONSIBLE FOR LEARNER)

FATHER (LEGAL GUARDIAN)	MOTHER (LEGAL GUARDIAN)
Surname & Christian names:	Surname & Christian names:
ID Number:	ID Number:
Occupation:	Occupation:
Employer:	Employer:
Address (Residential):	Address (Residential):
Postal Address:	Postal Address:

3. LEARNER CONTACT NUMBERS

CONTACT NUMBER (PARENT/S/GUARDIAN)				CONTACT NUMBERS: NEXT OF KIN/FRIEND/RELATIVE'S DETAILS (IN CASE OF AN EMERGENCY)	
	WORK	HOME	CELL NO.	NAME	
FATHER				RELATIONSHIP	
MOTHER				HOME TEL. NO.	
LEARNER (CELL)				CELL PHONE NO.	
E-MAIL	FATHER			ADDRESS	
	MOTHER				

4. MEDICAL REPORT: PROOF OF IMMUNISATION

According to the Provincial Gazette (129/2001) proof of immunisation for the following illnesses, must be submitted:

4.1 Polio	YES	NO
4.2 Measles	YES	NO
4.3 Tuberculosis	YES	NO
4.4 Diphtheria	YES	NO
4.5 Tetanus	YES	NO
4.6 Hepatitis B.	YES	NO

5. AMOUNT PAYABLE

If this application has been approved, see ANNEXURE A.

6. CONDITIONS FOR ADMISSION

6.1 Contract for payment of Tuition-fees.

6.2 Application for admission documents handed in and approved.

6.3 The Dual-Medium School ethos will be respected and retained.

6.4 PLEASE NOTE: English & Afrikaans is the Language of instruction and communication will be respected and retained.

6.5 The School's Act, common ethics, the School Code of Conduct and the School Rules will be observed by learners. Failure to do so will automatically disqualify them.

6.6 Learners will participate in the school activities (e.g. afternoon sport).

6.7 PLEASE NOTE: Transportation of learners to and from school, as well as to extra-mural activities remains the responsibility of the parent and must not interfere with the smooth-running of the school.

6.8 PARENTAL SUPPORT

Dr. Johan Jurgens High School is a Public School. Except for staff salaries, the school gets very little funding from the State and is thus dependent on parent support - not only to maintain, but to improve and enhance the school facilities. We therefore urge you, to assist the school whenever you can. It could be to assist in the tuck shop, fund-raising campaigns, maintenance projects, etc. It would be appreciated if you would be so kind as to state your skill/s and willingness to help.

PLEASE COMPLETE

6.8.1 MOTHER	SUPPORT	YES	NO	SKILLS	
6.8.2 FATHER	SUPPORT	YES	NO	SKILLS	

7. PLEASE NOTE: The availability of space in the school will determine who will be accepted and learners in the natural feeder area of Dr. Johan Jurgens High School will get preference. Parents confirm that they have read the conditions of acceptance to Dr. Johan Jurgens High School and agree to comply with them. The Principal and Governing Body reserve the right to interview a prospective learner and his parents before admitting the learner.

DECLARATION:

WE/I PARENT(S)/GUARDIAN OF
 Hereby acknowledge and accept the fact that any inaccurate information given, will automatically disqualify the learner's application for enrolment at Dr. Johan Jurgens High School. We also confirm that we have read the conditions of acceptance to Dr. Johan Jurgens High School and agree to comply with them.

SIGNATURES:

FATHER

MOTHER

WITNESS

DATE

(ANNEXURE A)

***AGREEMENT OF PARENTS FOR THE PAYMENT OF SCHOOL FEES
DR. JOHAN JURGENS HIGH SCHOOL***

1. The Governing Body decides annually, with approval at the Annual General Meeting, on the amount of Tuition Fees payable for the next year. Parents will be advised accordingly.
2. As a Section 21 School, parents (Mother and Father/Guardian) have a legal obligation to pay duly approved Tuition Fees.
3. The School Fund is funded predominantly by the parents of the learners and subsidies are only granted in exceptional circumstances.
4. In the event of failure by parents to pay Tuition Fees and other monies owing to the school timeously, the school shall have the right to enforce its rights in terms of the South African Schools Act by way of legal action. Legal action shall be in addition and without prejudice to any other remedies the school may have in law.
5. In the case where parents are separated and irrespective of which parent might be financially responsible, the Parent/Guardian where the learner resides, will be held accountable. The school is not responsible for tracing 'missing' parents.
6. Tuition Fees levies can be paid as follows: *(Please indicate your choice with a X)*
 - 6.1 A lump sum before the end of the First Term.
 - 6.2 Priority payment: A Debit Order for 12 months.
 - 6.3 Over a period of ten (10) months till the end of October in that particular year.
 - ▶ You can make direct payments into our bank account: ABSA account number: 01133980161. Please state the learner's account number as reference (as indicated by the Financial Office).
7. Parents shall give one calendar month's notice to the school in writing, before removing their child and this obligation shall be applicable irrespective of the reasons for the removal of the learner from the school (Grade 12 learners leaving at the end of their final year at school are excluded from this clause). In the event of a parent removing a learner from the school in a particular year, the parent shall give notice of his intention by not later than 1 October of that particular year.

7.1 TO WHOM SHOULD ACCOUNTS AND CORRESPONDENCE BE ADDRESSED: MOTHER: FATHER: GUARDIAN			
7.2 MARITAL STATUS: HOW ARE YOU MARRIED (E.G. ANC, COP OR OTHER):			
7.3 EMPLOYMENT DETAILS: NAME & ADDRESS OF THE EMPLOYER OF BOTH PARENTS/GUARDIAN			
MOTHER/GUARDIAN		FATHER/GUARDIAN	
NAME OF EMPLOYER		NAME OF EMPLOYER	
ADDRESS OF EMPLOYER		ADDRESS OF EMPLOYER	
OCCUPATION		OCCUPATION	
YEARS OF EMPLOYMENT		YEARS OF EMPLOYMENT	
WORK TEL. NO.		WORK TEL. NO.	
HOME TEL. NO.		HOME TEL. NO.	
CELL		CELL	
E-MAIL		E-MAIL	

7.4 SALARY SCALE PER MONTH (Please tick appropriate block). PLEASE NOTE: We reserve the right to request a copy of said document

7.4.1 MOTHER	Less than R1 000	R1 000-R4 500	R4 500-R7 000	R7 000-R10 000	R10 000 and above
7.4.2 FATHER/GUARDIAN	Less than R1 000	R1 000-R4 500	R4 500-R7 000	R7 000-R10 000	R10 000 and above

7.5 IF CUSTODIANS ARE UNEMPLOYED, PLEASE INDICATE IN THE BLOCK PROVIDED:

**MOTHER [] AND/OR FATHER [] AND/OR LEGAL GUARDIAN IS/ARE UNEMPLOYED
AND HAVE INCLUDED THE FOLLOWING AS PROOF:**

7.5.1	UIF CARD	YES	NO
7.5.2	MEDICAL CERTIFICATE	YES	NO
7.5.3	PENSION CARD	YES	NO
7.5.4	OTHER	YES	NO

**SIGNATURE: FATHER/MOTHER/GUARDIAN
(PERSON RESPONSIBLE FOR PAYMENT OF TUITION FEES)**