

**APPLICATION FORM**

**Grade 9 – Grade 11**

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| |  | | --- | | FOR OFFICE USE ONLY |   **D6 Admission No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PASTEL Ref. no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**1. LEARNER’S INFORMATION**

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| **Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Names: (As per birth certificate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **What grade are you applying for in 2023? Learner Cell No: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_**  **Learner email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Identity Number (Birth Certificate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Gender: *Male* *Female***  **Home Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Previous School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **The following statistics are required by the Gauteng Department of Education and does not prejudice your application:**  **Please tick the box that is applicable:**  **Race:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **African** | **Asian** | **Coloured** | **Indian** | **White** |   NO  YES  **Has your child been COVID 19 vaccinated?**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Religion:** | **Muslim** | **Hindu** | **Christian** | **Jewish** | |  | **Other (Specify)** |  |  |  |     **Country of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you have siblings who matriculated from Greenside High School? YES/NO**  **If yes, Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year matriculated: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Number of siblings currently attending Greenside High School: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name/s of siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_\_** |

**In the event of any emergencies that BOTH parents cannot be contacted, please provide details of the guardian or next of kin:**

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|  | **GUARDIAN / NEXT OF KIN (OTHER THAN PARENTS)** | |
| SURNAME |  | |
| NAME |  | |
| RELATIONSHIP TO LEARNER |  | |
| TITLE |  | |
| ID NUMBER |  | |
| RESIDENTIAL ADDRESS | Postal Code: | Cell Number: |
| Tel: |

**Medical Information (COMPULSORY)**

|  |  |
| --- | --- |
| Name of Family Doctor |  |
| Tel |  |
| Name of Medical Aid |  |
| Name of Main Member |  |
| Medical Aid No |  |
| Allergies |  |
| Medication |  |
| Chronic illness |  |
| Learning disabilities |  |

**2. HAVE YOU APPLIED / OR INTEND APPLYING FOR ADMISSION TO OTHER SCHOOLS:**

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| **If yes, please supply name/s of the high school/s and the date/s applied.** |
| **The name/s of the closest neighbouring school/s in the area where you live?** |

**3. BIOLOGICAL PARENT, LEGAL GUARDIAN’S OR STEP PARENT’S DETAILS:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3.1** | **Biological Parent 1:** | | | | | | | **Biological Parent 2:** | | | | | |
| SURNAME |  | | | | | | |  | | | | | |
| NAME |  | | | | | | |  | | | | | |
| TITLE |  | | | | | | |  | | | | | |
| ID NUMBER |  | | | | | | |  | | | | | |
| Marital Status  *(****Tick the box)*** | Married | | | | Divorced | | Single | Married | | | Divorced | | Single |
| Widower | | | | Separated | |  | Widow | | | Separated | |  |
| RESIDENTIAL ADDRESS | Postal Code: | | | | | | | Postal Code: | | | | | |
| POSTAL ADDRESS | Postal Code: | | | | | | | Postal Code: | | | | | |
| TYPE OF RESIDENCE | Own | | Rented | | | Living with employer | | Own | | Rented | | Living with employer | |
| TEL HOME |  | | | | | | |  | | | | | |
| CELL NUMBER |  | | | | | | |  | | | | | |
| TEL WORK |  | | | | | | |  | | | | | |
| FAX NUMBER |  | | | | | | |  | | | | | |
| OCCUPATION |  | | | | | | |  | | | | | |
| EMPLOYER |  | | | | | | |  | | | | | |
| WORK ADDRESS | Postal Code: | | | | | | | Postal Code: | | | | | |
| HOME LANGUAGE |  | | | | | | |  | | | | | |
| EMAIL ADDRESS  **(Please write clearly as this the primary means of correspondence)** |  | | | | | | |  | | | | | |
| **OR**  **If applicable, please complete the following:**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **3.2** | **Guardian 1/ Stepparent 1:** | | | | | **Guardian 2/ Stepparent 2:** | | | | | | SURNAME |  | | | | |  | | | | | | NAME |  | | | | |  | | | | | | TITLE |  | | | | |  | | | | | | ID NUMBER |  | | | | |  | | | | | | Marital Status  ***(Tick the box)*** | Married | | Divorced | | Single | Married | | Divorced | | Single | | Widower | | Separated | |  | Widow | | Separated | |  | | RESIDENTIAL ADDRESS | Postal Code: | | | | | Postal Code: | | | | | | POSTAL ADDRESS | Postal Code: | | | | | Postal Code: | | | | | | TYPE OF RESIDENCE | Own | Rented | | Living with employer | | Own | Rented | | Living with employer | | | TEL HOME |  | | | | |  | | | | | | CELL NUMBER |  | | | | |  | | | | | | TEL WORK |  | | | | |  | | | | | | FAX NUMBER |  | | | | |  | | | | | | OCCUPATION |  | | | | |  | | | | | | EMPLOYER |  | | | | |  | | | | | | WORK ADDRESS | Postal Code: | | | | | Postal Code: | | | | | | HOME LANGUAGE |  | | | | |  | | | | | | EMAIL ADDRESS  **(PLEASE WRITE CLEARLY)** |  | | | | |  | | | | |   **4. LEARNER RESIDES WITH: (COMPULSORY)**  *(****Cross the box)***      BOTH PARENTS MOTHER FATHER STEPPARENT GUARDIAN  **4.1 IF LEARNER LIVES WITH PERSONS OTHER THAN THE PARENTS, PLEASE PROVIDE DETAILS AS**  **FOLLOWS**: | | | | | | | | | | | | | |
| Name of person | |  | |  | | | | | | | | | |
| Relationship to learner | |  | |  | | | | | | | | | |
| Address | |  | |  | | | | | | | | | |
| Contact numbers | |  | | CELL:  Email | | | | | | | | | |
| WORK: | | | | | HOME: | | | | |

**4.2 ACCOUNT DETAILS (ONLY IF DIFFERENT FROM PARENTS)**

**4.3 School fees are compulsory and payable in advance.**

**4.4 Details of person responsible for the account. Acknowledgement of debt to be signed if no legal relation to learner.**

|  |  |  |
| --- | --- | --- |
| SURNAME |  | |
| NAME |  | |
| TITLE |  | |
| ID NUMBER |  | |
| NAME OF EMPLOYER |  | |
| CONTACT NUMBERS | CELL: | |
|  | WORK: | HOME: |
| POSTAL ADDRESS | Postal Code:  Email: | |
| SIGNATURE |  | |

**Please submit the following documents:**

**IF DIFFERENT FROM PARENTS (for example sponsor, employer, etc.)**

1. A certified copy of the Identification Document
2. Proof of residence
3. Proof of employment

**5. If school fees are paid for by a Trust Fund, all the following details must be supplied:**

|  |  |
| --- | --- |
| DETAILS OF FUND |  |
| ADMINISTRATOR OF FUND |  |
| CONTACT DETAILS |  |
| TRUST FUND NUMBER |  |
| SIGNATURE |  |

**6. Extra-curricular activities:**

**Any extra-curricular activities involved in at Primary School:**

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**List of achievements:**

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***Please attach copies of said achievements or extra-curricular certificates (if possible)***

**7. Other Relevant Information:**

Where did you hear about Greenside High School?

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What is your primary reason for applying to Greenside High School?

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If you are applying for Grade 9-11, please state the reason for changing schools.

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**8. ACADEMIC INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ONLY FOR GRADE 8 and 9  **Choose Afrikaans or isiZulu as a FIRST language *(place an X next to your choice)*:**    **Afrikaans isiZulu**  ONLY FOR GRADE 10, 11 and 12  **COMPULSORY SUBJECTS:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **1. English Home Language** | **2. Afrikaans** |  | **OR** | **isiZulu** |  | | **3. Life Orientation** | **4. Mathematics** |  | **OR** | **Mathematical Literacy** |  |   **CHOOSE AN ADDITIONAL THREE SUBJECTS FROM THIS LIST:**   |  |  | | --- | --- | | **Accounting** |  | | **Business Studies** |  | | **Computer Applications Technology** |  | | **Consumer Studies** |  | | **Dramatic Arts** |  | | **Electrical Technology** |  | | **Engineering Graphics and Design** |  | | **Geography** |  | | **History** |  | | **Information Technology** |  | | **Life Sciences** |  | | **Physical Sciences** |  | | **Visual Arts** |  | |

**Office use: (Timetable)**

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**9. DOCUMENTS TO BE SUPPLIED WITH THIS APPLICATION FORM**

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|  | **Documents required for Learner**  **(MUST BE SUBMITTED WITHIN 7 SCHOOL DAYS)** | **YES** | **NO** | If outstanding, date Submitted |
| 1 | 1. SA Birth Certificate -A certified copy of the learner’s UNABRIDGED birth certificate |  |  |  |
| 2 | If not South African Citizens:  Valid Visa for Temporary or Permanent residence issued by DHA. Parent / Legal Guardian Passport /Asylum Seeker/ Refugee Permit / Original Work and Study Permit – Certified copy |  |  |  |
| 3 | A certified photocopy of the learner’s Immunization Card. Not compulsory, but please provide if you can. |  |  |  |
| 4 | One recent ID-size photograph of the learner. |  |  |  |
| 5 | Proof of Address  **The only accepted proof of Residence are**:  The current ORIGINAL utility / municipality bill. No telephone/retail accounts will be accepted for proof of address.  A valid legal lease agreement duly signed and witnessed, accompanied by a current original utility bill from the owners |  |  |  |
| 6 | Latest School Report – from **2022** |  |  |  |
| 7 | A certified copy of the learner’s final report for **2021**. (Academic and Conduct) |  |  |  |
|  |  |  |  |  |
|  | **Documents required for Parents**  **(MUST BE SUBMITTED WITHIN 7 SCHOOL DAYS)** | **YES** | **NO** | If outstanding, date submitted |
| 1 | South African Citizens: A certified photocopy of BOTH biological parents’/legal guardians’/ step parents’ Identification Documents. |  |  |  |
| 1.1 | MOTHER |  |  |  |
| 1.2 | FATHER |  |  |  |
| 2 | If not South African Citizens:  Valid Visa for Temporary or Permanent residence issued by DHA. Parent / Legal Guardian Passport /Asylum Seeker/ Refugee Permit / Original Work and Study Permit for both Parents. |  |  |  |
| 3 | Proof of employment: for **BOTH** biological parents’/legal guardians’/ stepparents’.  Even if Divorced /Separated or Single |  |  |  |
| 3.1 | MOTHER |  |  |  |
| 3.2 | FATHER |  |  |  |
| 4 | If unemployed, please provide an affidavit to this effect. |  |  |  |
| 4.1 | MOTHER |  |  |  |
| 4.2 | FATHER |  |  |  |
|  |  |  |  |  |
| 5 | Biological parents’/legal guardians’/ step parents’ death certificate/s if deceased |  |  |  |
| 6 | If learner is adopted OR fostered, certified copy of the court order. |  |  |  |
| 7 | **IF FEES PAID BY THIRD PARTY (NOT THE PARENTS**) Identification document, proof of residence and proof of employment of person responsible for school fees (for example sponsor employer, etc.) |  |  |  |

**10. AGREEMENT BY PARENTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Admission shall become final only upon acceptance by the school and then on signature by the parent of the *Agreement of Tuition*.**  **2. Any admission shall lapse should the *Agreement of Tuition* not be entered into between the parent and the School within one week of the date upon which the first term of the year or the first day upon which the learner in fact attends classes (whichever is applicable) commences.**  **3. Until such time as the admission has become final, the principal shall not be bound to admit the learner to the school and the principal reserves the right, at any time following the admission of the learner, to cancel such admission at his or her complete discretion.**  **4. No indulgence or extension of time shall constitute a waiver of the School’s rights in terms of this agreement.**  **5. I consent to Greenside High School, and/or their agents to obtain my Credit, Payment Profile and Personal Information from Consumer Profile Bureau and/or other Credit Bureaus, to enable them to verify my Identity and for purpose of setting financial limits for the services they are providing.**  **6. It is an offence to submit any false statements or documents. Any fraud or misrepresentation in the factual information supplied on the admissions form will entitle the school to refuse the application or set aside any decision already made on the strength of incorrect information.**  **BOTH PARENTS MUST SIGN**  **FULL NAMES:**   |  |  | | --- | --- | | **Biological Parent 1 :** | **Signature:** | | **Biological Parent 2 :** | **Signature:** | | **Legal guardian 1:** | **Signature:** | | **Legal guardian 2:** | **Signature:** | | **Step Parent 1:** | **Signature:** | | **Step Parent 2:** | **Signature:** |   ***In agreement of the above conditions*** |

**Office use only: NOTES**

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