

APPLICATION FOR ADMISSION TO SCHOOL

WELKOM TECHNICAL HIGH SCHOOL

91 VOLKS ROAD
WELKOM
9460

Telephone: 057 352 3255/6
Fax: 057 352 9772
E-mail: admin@htswelkom.co.za
Year:



Note: This form must be completed in full. All changes to be initialled or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applied For:	<input type="text"/>	Highest Grade Passed:	<input type="text"/>
Year When Grade was Passed:	<input type="text"/>	Accession Number	<input type="text"/>

LEARNER INFORMATION

Surname:	<input type="text"/>	Initials:	<input type="text"/>	Nick Name:	<input type="text"/>
First Name:	<input type="text"/>	Other Names:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Gender:	Male: <input type="text"/>	Female:	<input type="text"/>
Race:	<input type="text"/>	ID or Passport nr <input type="text"/>			
Country of Residence:	<input type="text"/>	Citizenship: <input type="text"/>			
If SA, indicate province of residence:	<input type="text"/>				
Physical Address:	<input type="text"/>			Home Telephone:	<input type="text"/>
	<input type="text"/>			Emergency Telephone:	<input type="text"/>
City/Suburb:	<input type="text"/>			Learner Cell:	<input type="text"/>
Code:	<input type="text"/>	Learner Email Address:	<input type="text"/>		
Home Language:	<input type="text"/>	Preferred Language of Instruction:	<input type="text"/>		
Hostel Boarder?	Yes <input type="text"/>	No <input type="text"/>			
Parents Deceased:	Mother <input type="text"/>	Father <input type="text"/>	Both <input type="text"/>	Mode of transportation:	<input type="text"/>

PREVIOUS SCHOOL INFORMATION

Name of Previous School:	<input type="text"/>				
Previous School Address:	<input type="text"/>				
	<input type="text"/>				
Code:	<input type="text"/>	Province:	<input type="text"/>	Country:	<input type="text"/>

LEARNER MEDICAL INFORMATION

Medical Aid Number:	<input type="text"/>	Medical Aid Name:	<input type="text"/>		
Medical Aid Main Member:	<input type="text"/>	Doctor's Name:	<input type="text"/>		
Medical Condition and Allergies?	<input type="text"/>				
Special Problems Requiring Counselling:	<input type="text"/>				
Dexterity of Learner:	Right-Handed <input type="text"/>	Left-Handed <input type="text"/>	Ambidextrous <input type="text"/>	Reg. Social Grant	Yes <input type="text"/> No <input type="text"/>
				Rec. Social Grant	Yes <input type="text"/> No <input type="text"/>

The following documents must be submitted to the school with the application form:

1. Certified copy of Birth Certificate.
2. Progress Report from Previous School.
3. ID of Parents.
4. Latest Municipal Account.
5. Disciplinary report from previous school.

Please take note:

If **ALL** the above-mentioned documents are not submitted, the application will **NOT be processed!**

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SIBLINGS

Number of other Children at this school:	<input type="text"/>	Position in the Family (e.g. First):	<input type="text"/>
Please supply Full Names Below:			
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>

PARENT / GUARDIAN INFORMATION

Parent 1	<input type="checkbox"/>	Gradian 1	<input type="checkbox"/>		
Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>
First Name:	<input type="text"/>	Gender:	Male: <input type="checkbox"/>	Female:	<input type="checkbox"/>
Home Language	<input type="text"/>	Race:	<input type="text"/>		
Identification or Passport No:	<input type="text"/>	Account Payer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Residential Street Address:	<input type="text"/>				
	City/Suburb:	<input type="text"/>	Code:	<input type="text"/>	
Occupation:	<input type="text"/>	Employer:	<input type="text"/>		
Learner resides with this parent/s:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship to Learner:	<input type="text"/>	
Marital Status of Parent:	<input type="text"/>				
Parent 2	<input type="checkbox"/>	Gradian 2	<input type="checkbox"/>		
Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>
First Name:	<input type="text"/>	Gender:	Male: <input type="checkbox"/>	Female:	<input type="checkbox"/>
Home Language	<input type="text"/>	Race:	<input type="text"/>		
Identification or Passport No:	<input type="text"/>	Account Payer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Residential Street Address:	<input type="text"/>				
	City/Suburb:	<input type="text"/>	Code:	<input type="text"/>	
Occupation:	<input type="text"/>	Employer:	<input type="text"/>		
Learner resides with this parent/s:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship to Learner:	<input type="text"/>	
Marital Status of Parent:	<input type="text"/>				

CORRESPONDENCE DETAILS

Title:	<input type="text"/>	Surname:	<input type="text"/>	
Postal Address:	<input type="text"/>			
	City/Suburb:	<input type="text"/>	Code:	<input type="text"/>

OTHER CONTACT DETAILS

Home Telephone Nr:	<input type="text"/>	Cell Number:	<input type="text"/>
Fax Number:	<input type="text"/>	Spouse Cell Number:	<input type="text"/>
Work Telephone Nr:	<input type="text"/>	E-mail Address:	<input type="text"/>
Spouse Work Telephone Nr:	<input type="text"/>	Spouse E-Mail Address:	<input type="text"/>

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WHICH EXTRA-MURAL ACTIVITIES ARE YOU GOING TO PARTICIPATE IN AT THS? (Commitment: See attached SCHEDULE A of Admission Policy)

SPORT				CULTURE			
Rugby	Tennis	Cricket		Debate	Junior City Council	Chess	
Athletics	Hockey	Cross Country		Choir			
Soccer	Basketball						

CURRENT SPORT PARTICIPATION

Type of Sport	Name Achievements	Signature of Coach

CURRENT CULTURE PARTICIPATION

Type of Culture	Name Achievements	Signature Head of Activity

CURRENT LEADERSHIP

Position Held	Name Achievements	Signature of Principal

Association with Welkom THS: Is/was one of your Parents/Brother involved with THS? If so:

Name and Surname	Relationship	Year at THS

DECLARATION OF PARENTS/GUARDIAN

I/We, the undersigned, hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Signed at _____ on this _____ day of _____ year _____

PARENTS/GUARDIAN

1. _____ Signature (Mr)
 (FULL NAME & SURNAME)

2. _____ Signature (Mrs)
 (FULL NAME & SURNAME)

APPLICATION FOR ADMISSION TO SCHOOL

AGREEMENT FOR PAYMENT OF SCHOOL FEES

1. I/We, the undersigned, hereby acknowledge that I/we legally owe Technical High School Welkom the amount determined by the governing body, per learner for the year.
2. I/We undertake to pay the above-mentioned amount as follows (You MUST choose one of the following options):

OPTION	DESCRIPTION	CHOOSE
Option 1	The full amount before 28 March (10% Discount)	
Option 2	Quarterly at the beginning of each term.	
Option 3	Monthly before the 7 th day of each month	
Option 4	Bonus month – Indicate the month: _____	

You can make your payment by choosing one of the following methods:

- Debit order
- EFT
- Cash

Banking Details:

ABSA

Savings Account

Account number: 1349 390 198

Branch Code: 630135

Reference: Your CHILD'S initials and surname.

3. Payment:
 - A mandatory payment of R650.00 is payable before books will be handed to a learner.
 - First instalment payable 31 January, then 9 monthly instalments payable from February with the final instalment in October.
 - We want to draw your attention to the fact that ALL school accounts must be FULLY settled by 31 October.
 - Application for exemption from school fees can be done before the end of March. (No late applications will be accepted)
4. I/We accept that if payments are not made promptly as mentioned above, the full outstanding annual school fee balance would be payable immediately.
5. Would it be necessary to take legal steps against me/us, I/we undertake to pay the outstanding amount together with attorney fees which includes interest, collection and follow up charges.

I/we, the undersigned, hereby declare that I/we have read the above and will comply to the agreement.

Signed at _____ on this _____ day of _____ year _____

PARENTS/GUARDIAN

1. _____
(FULL NAME & SURNAME) Signature (Mr.)
2. _____
(FULL NAME & SURNAME) Signature (Mrs.)

SCHEDULE A

Information required by the SGB in addition to that required to be furnished in terms of Ministerial Policy or Provincial Policy or Law:

1. The original birth certificate or ID of the prospective learner. School will make a copy.
2. The original scholastic report of the prospective learner. School will make a copy.
3. The original identity or other document confirming the identity of each person falling within the definition of "parent" in SASA to the reasonable satisfaction of the SGB.
4. The name, residential address, work address and all telephonic, telefax or e-mail contact details of each person falling under the definition of "Parent" in SASA.
5. An affidavit, employer's certificate, electricity or other account or any other proof reasonably required by the SGB to verify the place of residence of a learner and his "parents" and place of employment of the "parents" of the learner.
6. A certified copy of any Court Order or testamentary document confirming guardianship or custody or any similar right of the person ("Parent") claiming such right.
7. Written authority of the parent(s)/guardian(s)/person(s) referred to in paragraph 6, to any person to represent him/her/them in applying for the admission of the learner to the School or in any other matter affecting the learner.
8. By signing the application form indicating that the prospective learner will participate in the sport/culture activities indicated.
9. To sign the code of ethics (Annexure 1, THS Code of conduct for learners) by the prospective learner and parent(s)/guardian(s) subject himself to any disciplinary measure should he fail to comply with any provision or measure contained in the school's code of conduct.
10. The language of tuition chosen on behalf of the prospective learner.
11. Details of any notifiable disease from which the learner is or may be suffering.
12. Details of infringements of the learner from his primary/previous school (SASAMS). Details of any serious misconduct of which the learner may have been found guilty by a Court of Law or an SGB at any school where the learner may previously have been enrolled.
13. A Certificate of Conduct completed by the school where the learner is presently enrolled.
14. Details of any condition in the learner which may endanger the physical welfare of any of the learners or staff members of the School.
15. Details of any specific needs the learner may have, and which may require attention to maximise the learner's school experience or promote his best interests.
16. Details of any condition or circumstances of which the School should be aware to protect the best interests of the learner and/or any other learners of the School.
17. Any specific subjects the learners may want to study, and which are not offered by a school closer to the learner's place of residence.