



APPLICATION FOR HOSTEL ADMISSION

GENERAL SMUTS HIGH SCHOOL

PO BOX 320 VEREENIGING 1930

*NB: Complete and return this application form together with a copy of your childrens latest school report and a testimonial from you childs previous school principal.

FOR OFFICE USE ONLY	
Entry Date	
Paste! Acc. No.	
Grade & Class	
Laundry No.	

Copy of child's Birth Certificate		←
Copies of both Parents/Guardian's ID		←
Copy of Medical Aid Card		←

LEARNER PLEASE TELL US ABOUT YOURSELF

Name of previous school		Expected grade for next year (2019)	
Surname		What grade are you in now? (2018)	
Full Names (as given on your birth certificate)			
ID Number		Date of birth	
Gender	Male	Female	
Any BROTHER(S) and/or SISTER(S) attending Gen Smuts H/S at present? If so whom? (Not cousin/s)			
Name & Surname		Grade	

PARENT / GUARDIAN PLEASE TELL US ABOUT YOURSELF

FATHER / GUARDIAN:

Surname		Title: Dr/Rev/Mr			
Full Name(s)		Initials			
ID Number					
Occupation					
Company/Employer's Name					
Company Address		Code			

MOTHER / GUARDIAN:

Surname		Title: Dr/Rev/Mrs			
Full Name(s)		Initials			
ID Number					
Occupation					
Company/Employer's Name					
Company Address		Code			

PHONE NUMBERS:

Home (Dad)	code		Home (Mom)	code	
Work (Dad)	code		Work (Mom)	code	
Cell. (Dad)			Cell. (Mom)		

Postal Address:	Street / Residential Address: (NOT BOX)				
Province		Province			
Postal Code		Postal Code			
E-mail address		E-mail address			

RELIGION: DENOMINATION:

Any special wish of parents:	
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EXTRA MURAL ACTIVITIES:

I OBJECT / I HAVE NO OBJECTION to my child reasonably participating in the extramural activities of the school / hostel.

MEDICAL INFORMATION: Please ensure that we have a certified copy of both sides of the Medical Aid Card.

And a copy of the Identity Document of the main member of the Medical Aid

Medical Aid Name	
Medical Aid Number	
Main member ID number	

MEDICAL CONSENT FORM:

In extremely urgent cases of illness or an accident where I cannot be consulted in time, I give my consent that: -
The Headmaster, Senior Hostelmater/mistress or his / her deputy may take the necessary steps to call the best available doctor,
or take the child to hospital, and should a practicing physician regard an emergency operation essential, he / she may give his / her
written permission thereto on my behalf.
PARENT / GUARDIAN / PROXY WILL BE RESPONSIBLE FOR ALL COST.

CHILD / CHILDREN'S STATE OF HEALTH: Please indicate any special handicaps or ailments

Should it be at any time be impossible to contact a parent directly, you may contact the following person/s:

Name:		Address:	
Relationship:			
Telephone Number:			
Name:		Address:	
Relationship:			
Telephone Number:			

UNDERTAKING BY PARENT / GUARDIAN / PROXY

HOSTEL REGULATIONS AND RULES

1 I AM AWARE OF THE FACT THAT MY CHILD'S ADMISSION IS SUBJECT TO DEPARTMENTAL HOSTEL REGULATIONS, AS WELL AS TO THE RULES OF THE HOSTEL, AS SET OUT UNDER THE CODE OF CONDUCT IN THE HOSTEL PROSPECTUS.

I am prepared to comply with the above-mentioned and undertake to: -

- a Pay the boarding fees regularly and in advance every term
- b Give a term's notice in writing before I remove my child from the hostel
- c Compensate for any damage to hostel property caused by my child, whatever it may be

2 TRANSPORT

I am aware of the fact that the hostel is closed during compulsory out weekends and school holidays and that it is my responsibility to provide transport for my child to and from the hostel at my own expense, even if admission should be refused to him / her for legitimate reasons. Should I fail to provide transport for my child, the responsible officer may make reasonable arrangements for such transport and recover the costs from me.

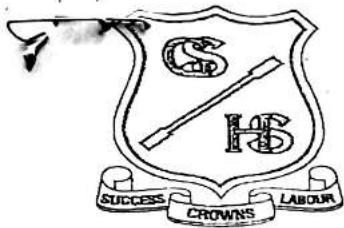
I undertake to notify the responsible officer immediately of any change in my marital state and / or residential or business address,

3 or if I, for some reason or other, do not want to make use of the accommodation any longer. I undertake to abide by the rules, regulations and conditions.

4 I undertake NOT to sue the school, hostel or staff for any damages should my child (ren) be injured in sport or in extramural activities to which I consented.

DECLARE THE INFORMATION FURNISHED ABOVE BY ME, TO BE TRUE AND CORRECT.

DATE: _____ SIGNATURE: Parent / Guardian or Proxy: _____



General Smuts High School

ACKNOWLEDGMENT OF FEES AND FEE POLICY

FEES AND INCIDENTALS

1. School fees, as determined by the Governing Body of General Smuts High School (hereinafter referred to as "the School"), are payable in respect of each learner at the school.
2. School fees will be based on the financial needs of the school as determined through the compilation of the expenditure budget. An overview of the budget will be presented to parents at a parent's meeting.
3. The parent must purchase all personal stationary and certain textbooks.
4. There will be additional charges for tours and excursions.
5. In the event of the learner making application for General Smuts High School Hostel (hereinafter referred to as "the Hostel") residence, Hostel fees and costs are payable to the School / Hostel as indicated in the Hostel prospectus.

TERMS AND CONDITIONS

This document, comprising three pages, constitutes the sole and entire fee policy of The School and may not be altered/amended by any parent or guardian. This document shall duly be completed and initialed at the foot of each page, and signed on the last page where indicated, and returned to the school, by the parent/guardian, before 31 May registration formalities can be processed and finalized.

AGREED SETTLEMENT TERM

1. The payment of school fees is compulsory in terms of the S.A. Schools Act, 1996 (Act No. 84, 1996).
2. Where the learner is a boarder or resident in the Hostel such fees and costs of accommodation are payable by the Parent / Guardian of such learner.
3. School Fees are due and payable on or before October of the year to which they relate. Date shall be regarded as the due date.
4. Parents or guardians who are unable to make payment in full in advance are required to make arrangements with the Bursar for mutually acceptable payment terms. Such agreed terms shall be binding on the parents/guardian as if they were specifically inserted in this agreement.
5. Failure by the parents/guardian to:
 - a) Pay by due date, or
 - b) Make mutually acceptable payment arrangements by the due date, or
 - c) Make payments as agreed with the Bursar,shall constitute a breach of this agreement.
6. Breach of this agreement by parents/guardians will entitle the Governing Body/the School/the Hostel to take such action as is deemed necessary to recover the debt and to recover any costs, which are incurred in the enforcement of their rights. Should the Governing Body/the School/the Hostel, at its discretion, instruct Attorneys, to attend to the recovery of any outstanding fees or costs, the Parents/Guardian shall be liable for payment of interest on the outstanding amount as well as costs on the Attorney/Client scale as well as collection commission.
7. The normal payment mechanism will be by way of cash or cheque (drawn on a recognized Bank account held in South Africa).
8. If parents qualify for an exemption according to the S.A. Schools Act, 1996 (No. 84 of 1996) they must contact the bursar for the necessary documentation before the end of the first term of the year of tuition to which this application for admission refers.

JOINT LIABILITY

Parents and/or guardians are jointly and severally liable for payment of the school fees due, As well as the Hostel Fees (where applicable).


WARRANTY OF AUTHORITY

By his/her signature hereunder the Parent/Guardian warrants that he/she is duly authorized to act herein and, in signing this document, lawfully represents the other Parent/Guardian.

I, THE UNDERSIGNED, HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE DOCUMENT CONCERNING FEES AND FEE POLICY AND AGREE TO ABIDE BY ALL THE TERMS AND CONDITIONS SET OUT THEREIN.

FULL NAME AND SURNAME: _____
(Parent / Guardian)

SIGNATURE

Please turn page (1) 

DATE PARENT/GUARDIAN

*The signatures MUST be the same on both sides of this document.

HOSTEL FEES

NAME AND ADDRESS OF PERSON, accepting responsibility for payment:

FULL NAME AND SURNAME: _____
Parent/Guardian

Postal Address: (Accounts to be sent)		Residential Address (Not Box):	
Postal Code		Postal Code	

Contact Telephone no's:

Home		
Work		
Cell:		

I, Parent / Guardian of _____, Grade _____
undertake to pay school fees and (where applicable) Hostel fees set out by the Hostel / Governing Body.

HOSTEL BOARDING FEES PAYMENT SCHEDULE

Hostel Boarding Fees are expected as follows:

- One third payable IN FULL on registration for Term One
- One third payable IN FULL on registration for Term Two
- One third payable IN FULL on registration for Term Three

I, the undersigned; hereby agree that should I default, in any manner in complying with the above payment schedule, the Governing Body/ the School / the Hostel may, at its discretion, take further action against me, within 90 days of the last payment, in accordance with paragraphs 5, 6 and 7 of the agreed settlement terms set out above.

FULL NAME AND SURNAME: _____
(Parent / Guardian)

SIGNATURE
PARENT/GUARDIAN

DATE

*The signatures MUST be the same on both sides of this document.