

*H.T.S. dit is ons streef
Sterk soos en rein te lewe
geso...*

ONS DIEN



*Trou aan jou...
ter ere hou tot ons streef
Ons wil wilskrag, spierkrag op
ons wil werk en dien en hoerskou
Ons dra jeng van H.T.S.
vir Suid-Afrika*

FOR OFFICE USE ONLY

Number:							
DOCUMENTS FOR PARENTS / GUARDIANS							
Copy of mother's ID		Copy of father's ID		Affidavit		Death Certificate	
Copy of water and light bill							
DOCUMENTS FOR LEARNER							
Copy of last report		Copy of birth certificate or ID		Transfer certificate from previous school			

CITIZENSHIP (Learner Information)	DOCUMENTS			
	Yes	No	Yes	No
South African				
Immigrant				
Permit for temporary or permanent residence				
Permit for studies				
Illegal immigrants - applied for legal residence				
GUARDIAN (Guardian Information)				
CERTIFIED COPY OF COURT ORDER (if applicable)				
ADMINISTRATION NO.	ACCOUNT NO.	REGISTER CLASS		RECEIPT NO.
Divorced: Legal agreement for guardianship				

Please complete in print. You are welcome to enter the information, save the document and print it.

Please do all signatures and initials by hand. Hand in the application form at reception.

APPLICATION FORM

INSUFFICIENT APPLICATIONS WILL NOT BE CONSIDERED AFTER A 7 DAY GRACE PERIOD TO SUBMIT THE NECESSARY DOCUMENTS

LEARNER INFORMATION

SURNAME:							
FULL BIRTH NAMES:							
PREFERRED NAME:							
GRADE AND YEAR:							
ID NO. (Learner):							
Does he/she need hostel accommodation?							
If possible, what will be your hostel choice?	Douw Smit		Buks Pretorius		Laurie Smith (only one girls' hostel)		
DATE OF BIRTH:							
GENDER:							
LANGUAGE:							
LEARNER CELL NUMBER:							
CELL NUMBER FOR SMS COMMUNICATION: (one only)							

LEARNER INFORMATION

CELL NUMBER OF FATHER:	
CURRENT RESIDENTIAL ADDRESS: (e.g. mother, father, both parents, guardian)	
EMAIL ADDRESS: (FATHER /GUARDIAN)	
EMAIL ADDRESS: (MOTHER / GUARDIAN)	
CURRENT SCHOOL:	
Previous school's number:	
Previous school's email:	
Have you applied to other schools? If so, which schools?	1. 2.

PLEASE NOTE: THE TEACHING LANGUAGE FOR GRADE 8 IS AFRIKAANS AND ENGLISH. THE TEACHING LANGUAGE FOR GRADES 9-12 IS CURRENTLY AFRIKAANS ONLY.

EXTRACURRICULAR ACTIVITIES

Learner **MUST** participate in at least one extracurricular activity of the school in summer and one in winter.

Athletics		Tennis		Debate / Public Speaking	
Rugby		Cricket		choir	
Hockey		Netball		Land Service	
Cross Country		Musical Production		Theatre/Drama	
Shooting		Chess		Dance	
Golf		Jukskei		Other	

PAYMENTS

	School Fees	Hostel Fees
Who is responsible for paying school fees?		
Phone no. of responsible person:		
Are you under administration?		
If yes, please provide a letter with details.		
Is the letter attached?		
Initial:		
Date		

FAMILY DETAILS (FATHER):

ALL DETAILS TO BE COMPLETED IN FULL

DETAILS:	BIOLOGICAL FATHER
TITLE:	
SURNAME:	
FULL BIRTH NAMES:	
PREFERRED NAME:	
INITIALS:	
ID NO.:	
MARITAL STATUS:	
Primary contact number:	
HOME ADDRESS: <i>Domicillium citandi et executandi</i> (official home address)	
CODE:	
POSTAL ADDRESS:	
CODE:	
EMAIL ADDRESS:	
PROFESSION:	
EMPLOYER:	
EMPLOYER ADDRESS:	

FAMILY DETAILS (MOTHER):

ALL DETAILS TO BE COMPLETED IN FULL

DETAILS:	BIOLOGICAL MOTHER
TITLE:	
SURNAME:	
FULL BIRTH NAMES:	
PREFERRED NAME:	
INITIALS:	
ID NO.:	
MARITAL STATUS:	
Primary contact number:	
HOME ADDRESS: <i>Domicillium citandi et executandi</i> (official home address)	
	CODE:
POSTAL ADDRESS:	
	CODE:
EMAIL ADDRESS:	
PROFESSION:	
EMPLOYER:	
EMPLOYER ADDRESS:	

DETAILS OF GUARDIAN / STEPFATHER (Underline applicable)

ALL DETAILS TO BE COMPLETED IN FULL

DETAILS:	
TITLE:	
SURNAME:	
FULL BIRTH NAMES:	
PREFERRED NAME:	
INITIALS:	
ID NO.:	
MARITAL STATUS:	
Primary contact number:	
HOME ADDRESS: <i>Domicillium citandi et executandi</i> (official home address)	
CODE:	
POSTAL ADDRESS:	
CODE:	
EMAIL ADDRESS:	
PROFESSION:	
EMPLOYER:	
EMPLOYER ADDRESS:	

DETAILS OF GUARDIAN / STEPMOTHER (Underline applicable)

ALL DETAILS TO BE COMPLETED IN FULL

DETAILS:	
TITLE:	
SURNAME:	
FULL BIRTH NAMES:	
PREFERRED NAME:	
INITIALS:	
ID NO.:	
MARITAL STATUS:	
Primary contact number:	
HOME ADDRESS: <i>Domicillium citandi et executandi</i> (official home address)	
CODE:	
POSTAL ADDRESS:	
CODE:	
EMAIL ADDRESS:	
PROFESSION:	
EMPLOYER:	
EMPLOYER ADDRESS:	

ALL DETAILS TO BE COMPLETED IN FULL

Number of children in the family:

Applicant's position in the family:
(e.g. oldest, 2nd, youngest)

Other children in HTS Middelburg?:

Yes

No

Name and grade of other child / children:

1)

2)

3)

MEDICAL DETAILS:

Name of GP:

Phone number of doctor:

Name of medical aid:

Medical aid number:

Principal Member (Initials and Surname):

MEDICAL HISTORY OF LEARNER

Allergies:

Prescribed medication:

Current injuries:

Previous operations:

Current medical problems:

EMERGENCY (other than parent)

Contact person outside family:

Phone and cell numbers:

Relationship with applicant:

Address:

DISCLAIMER OF MEDICAL EXPENSES

- I hereby give permission for my son / daughter to participate in the above-mentioned extra-mural activities of the school, as well as take tours and excursions necessary for the practice thereof.
- I accept that all reasonable precautions will be taken for the safety and well-being of my child and that, if applicable, I will be responsible for the payment of medical and hospital costs in the event of an injury not involving the negligence of the child. Responsible staff cannot be attributed.
- I transfer my authorization as parent / guardian to the principal of the school (or its representative) if medical treatment / surgical intervention may be necessary for my child. As far as I know, he / she is physically able to participate in the activities mentioned and he / she is in good health.
- However, I request that the responsible persons take note of the following: (Please mention below the aspects of which the educators should be aware - e.g. allergies, prone to abnormal bleeding, epilepsy, etc.).

I,

hereby declare that the information I recorded in this form is true and correct. By my signature below, I hereby authorize the chairperson of the Governing Body of the school or a person appointed by the chairperson to confirm all information as well as any documentation provided by me. I understand that if any of the information provided by me is false, legal action may be taken against me.

Signature:

Date:

If any person, other than the legal parents / guardians, applies for admission to the school, or any other matter relating to the school.

If the learner represents, such a person must have written authorization from parents / guardians.

If any person, other than the legal parents / guardians, applies for admission to the school, or any other matter relating to the school representing the learner, such a person must have written authorization from the parents / the guardians.

STATEMENT BY PARENT

NB: ALL INFORMATION PROVIDED WILL BE CONFIRMED

I declare that:

- I have completed the form in full and that all details are true and correct;
- I am liable for the prompt payment of the tuition fees;
- I have made sure of the code of conduct and rules and that I will ensure that my child commits himself / herself to compliance with this code of conduct. I will abide by any steps that may be taken by the principal or Governing Body, arising from repeated violation of this Code of Conduct, against my child;
- I am aware of the school's cellphone policy - (R300 fine or 6 months in the school safe);
- I have provided full details of any serious offence that my child has been convicted by a court or any school where he / she has previously enrolled;
- I have provided full details of any condition regarding my child who can affect the physical well-being of any other learner or staff member of the school.
- I accept the Social Media Policy of HTS Middelburg and undertake to always act with good judgment in all circumstances where social media is involved.
- I am aware that all photographs taken at general school functions, events, contests and other school events may be used for school brochures, advertisements, social media or publications.

THE QLTC SUBMITTED BY THE FORMER MINISTRY OF EDUCATION, ME NALEDI PANDOR, ON 28 OCTOBER 2008 SETS THE FOLLOWING OBJECTIVES TO PARENTS.

As a PARENT, I undertake to:

- be actively involved in the management structures of the school;
- regularly discuss general school issues with my child;
- foster a healthy, open and collaborative relationship with my child's educators;
- create an environment that promotes learning at home;
- ensure that educational aids such as textbooks, tables, chairs, etc. be looked after and purchased.

Signed at:

on this

day of

Signature of parent / guardian:

Signature of parent / guardian:

APPENDICES - MUST BE COMPLETED

Appendix A Regulations for exemption from payment of school fees by parents.

Appendix B Payment Option

Initial:

Appendix A

THIS IS NOT A
SUBSIDY
APPLICATION
FORM

NAME OF LEARNER:

GRADE:

ACCOUNT NUMBER:

THE SOUTH AFRICAN SCHOOLS ACT 84 OF 1996. REGULATIONS REGARDING THE EXEMPTION FROM PAYMENT OF SCHOOL FEES BY PARENTS. PLEASE NOTE - IF YOU QUALIFY FOR PARTIAL/FULL EXEMPTION FROM SCHOOL FEES, BUT DO NOT SUCCEED IN ACQUIRING THE NECESSARY DOCUMENTATION; AND HAVE NOT SUBMITTED THE APPLICATION IN FULL, YOU REMAIN RESPONSIBLE FOR THE FULL AMOUNT FOR SCHOOL FEES.

CHECKLIST (Mark the correct box with a cross)

			Initial Parents
1. Has the principal informed you of the amount of the annual school fees? Current school fees (2020) amount to R 20 500 per year. School funding for 2021 is subject to change and will be announced at the November 2020 budget meeting.	YES	NO	
2. Has the principal informed you that you must pay school fees (Quantile 4 School Fund Paying School), unless you are fully / partially exempted from paying school fees?	YES	NO	
3. Has the principal informed you that you are entitled to apply for partial / full exemption from the payment of school fees?	YES	NO	
4. If you qualify for a waiver, would you be interested in applying for it? (If "YES", please bring an application form to the financial office).	YES	NO	
5. Would you like to receive assistance in submitting the application? (Please ask for help at the financial office).	YES	NO	
6. Has the principal provided you with an application for a waiver? (Please collect an application form WITH INSTRUCTIONS at the financial office).	YES	NO	

Signature Principal	Signature of Parent / Guardian	Signature of Parent / Guardian
Date:	Date:	Date:

School Stamp:

Appendix B

I CHOOSE THE FOLLOWING PAYMENT OPTION:

PLEASE NOTE: The first * NON-REFUNDABLE instalment in respect of the 2021 school fund amounts to R2000 and must be paid with enrolment in the previous year before the end of November. This amount is non-refundable because it is used to cover administrative costs. The first instalment for 2021 is subject to change and will be announced at the November 2020 budget meeting.	
ANNUAL FEES: The balance outstanding after payment of the first instalment can be redeemed in one payment. A 10% discount is granted if payment is made before or at the end of January 2021.	
OUTSTANDING BALANCE PAYMENT OPTIONS: The balance outstanding in respect of school fees is payable in equal monthly instalments between the 1st and 15th of the month as follows: <ul style="list-style-type: none">• Cash payments at cashiers• Card payments at cashiers (minimum payment R200)• Direct bank deposits with reference number	
PLEASE TAKE NOTE: HTS Middelburg is run like any other business. Therefor ALL financial rules are applicable.	NB: If you prefer the 10-month payment plan, every monthly payment must be made on or before the 15th of each month. If not, the agreement expires, and the outstanding amount is immediately payable. You then have 90 days to comply, after which the account is handed over for collection.
Signature of parent / guardian:	Initials, surname & date:
Signature:	

* The **NON-REFUNDABLE** instalment is part of the total school fees.