

Stutterheim High School

Co-Ed School

2027/



Telephone: 043 – 683 1144

Private Bag X1
STUTTERHEIM 4930

Gr

in 2027

| | |
|-------------------|-----|
| ADMISSION NUMBER | 27/ |
| ADMITTED TO GRADE | |
| HOUSE | |

Receipt No: _____
Date Ret.: _____

Fees (for 2026) – to be reviewed in Sept for 2027
School: R24 000 pa
Hostel: R42 520 pa

| | | | | |
|------------|---------|---------|----|--------|
| Date | | | | |
| Accepted | Yes | No | | |
| Office use | Admin A | Admin B | d6 | Bursar |

APPLICATION FOR ADMISSION – 2027

CLOSING DATE 07 AUGUST 2026

- 1 **Completion of an Application Form does NOT mean the child is accepted in the School or Hostel.**
- 2 **PLEASE NOTE THAT STUTTERHEIM HIGH SCHOOL IS A FEE PAYING SCHOOL.**
- 3 This application is relevant for the year 2027 only.
- 4 This form is to be completed and signed by the person wishing to enrol the child, i.e. the parents. Only the parent/parents may receive an application. / The person completing this form will also be responsible for paying the school fees, i.e. Sponsor / Guardian / Parent/s
- 5 This is a Co-Ed Combined Public School – Section 21. We therefore ask for school fees set by our SGB and Parent Body.

| Certified Documents by a Commissioner of Oaths must accompany this Application form | Attached (tick) |
|---|-----------------|
| <ul style="list-style-type: none"> • Non-refundable administration levy of R100.00 If the application is successful R50 will go to the school fees account | |
| <ul style="list-style-type: none"> • Learner's Unabridged Birth Certificate (apply at Home Affairs & bring a copy of the receipt & normal birth certificate in the interim) | |
| <ul style="list-style-type: none"> • June report, this year (please submit with the Application) | |
| <ul style="list-style-type: none"> • Immunization Card | |
| <ul style="list-style-type: none"> • A recent ID size Photo of the Learner to be attached to this form | |
| <ul style="list-style-type: none"> • Parents'/guardian's / Sponsors I.D. Documents (both parents) • Copy of death certificate if one or both parent/s are deceased • Affidavit or legal guardianship documents should you not be the natural parents of the child applied for | |
| <ul style="list-style-type: none"> • Proof of residence i.e. (Electricity / Water / Rates account or Electricity card) Please Note: if living on rented property or in a granny flat, please supply an <u>affidavit from the landlord as proof of residence as well as proof of payment for rental.</u> | |
| <ul style="list-style-type: none"> • Proof of employment for both parents (and guardian where applicable) | |
| <ul style="list-style-type: none"> • Declaration on admission form to be <u>signed by both parents</u> / legal guardians / Sponsors | |
| <ul style="list-style-type: none"> • If divorced, please furnish proof of custodian rights i.e. copy of divorce order | |

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
(A R500 voluntary payment is required once your child is accepted.)

| Please take note | Criteria when considering applications |
|--|---|
| It would be in your best interest to not only apply at Stutterheim High School, as we have very few vacancies and cannot guarantee your child a space in the school. Kindly note that, should any debit order be met with the response of "No Funds" or "Refer to Drawer", the school will charge a penalty fee as per Bank pricing for each such occurrence. | <ul style="list-style-type: none"> • Age Cohort • Disciplinary record • Academic record • Bad Debt record • Hostel accommodation |
| Applications must be handed in at the administration office of the school | |

Personal Information of the Learner who is being registered to the School:

Use this side only – Print in Black Ink

| | | | | | |
|---|--|-----------------------|------------------------------|----------------------------|-----------------------|
| Grade Applied for | | Highest Grade Passed | | Year when Grade was passed | |
| Surname – as shown on birth certificate | | | | | |
| First Name(s) – as shown on birth certificate | | | | | |
| Gender (x appropriate box) | | | Female | Male | |
| Place of Birth | | | | | |
| Nationality | | | | | |
| Date of Birth | | Day | Month | Year | |
| Identity Number / Passport Number | | | | | |
| Date of Arrival in South Africa (If applicable) | | Day | Month | Year | Certified Copy |
| Home Language | | | | | |
| Language of Instruction | | | English Home Language | | |
| Hostel | | (not for Gr R - Gr 3) | | Yes | No |

| | | |
|---|----------------|----|
| Residential Address | Street and No. | |
| | Suburb | |
| | City | |
| | Postal Code | |
| Person/s responsible for child at above address | | |
| Learner resides with this parent | Yes | No |

| | | | | |
|--|----------------------|-------------|----------------|----------------|
| Medical Details | | | | |
| Name of your Medical Aid | | | | |
| Medical Aid Plan | | | | |
| Medical Aid Membership Number | | | | |
| Medical Aid Main Member Name | | | | |
| Illness(es) Learner has been immunised against (x appropriate box) | Tuberculosis (B.C.G) | Diphtheria | Measles | Whooping Cough |
| | German Measles | Tetanus | Mumps | Poliomyelitis |
| Illness(es) Learner has had (x appropriate box) | Whooping Cough | | German Measles | |
| | Measles | Chicken Pox | Mumps | |
| List Important Illness(es) from which the Learner is suffering or has suffered e.g. Asthma, Epilepsy, TB | | | | |
| List any permanent medication that your child is on | | | | |
| Special Problems Requiring Counselling: | | | | |

| | | | | | | |
|--|---------------------|----|--------------------|--|---------------------|--|
| Dexterity of Learner: | Right Handed | | Left Handed | | Ambidextrous | |
| Special Medical Condition(s) (x appropriate box) If Yes, then please specify the details below. | | | | | | |
| Chronic Illness(es) | Yes | No | | | | |
| Allergies to Medicine | Yes | No | | | | |
| Allergies to Food | Yes | No | | | | |
| Recent Operation(s) | Yes | No | | | | |
| Recent Hospitalisation | Yes | No | | | | |

| | | | | |
|---------------------------------------|-----------|--|--------|--|
| Full name of you Family Doctor | | | | |
| Physical Address of Medical Practice | Street | | | |
| | Suburb | | | |
| | City | | | |
| Doctor's Telephone Number | Area Code | | Number | |
| Doctor's Email Address | | | | |
| Doctor's Mobile Phone Number | | | | |

| | | | | |
|---|-----------|--|--------|--|
| Name of Emergency Contact Person | | | | |
| Physical Address | Street | | | |
| | Suburb | | | |
| | City | | | |
| Relationship to the Learner | | | | |
| Home Telephone Number | Area Code | | Number | |
| Work Telephone Number | Area Code | | Number | |
| Mobile Telephone Number | | | | |
| Email address | | | | |

| | | | | | |
|---|------|-----|------|---------|-------------------|
| How will your child get to and from school? | Walk | Bus | Taxi | Bicycle | Private Transport |
| Do you object to your appearing on social media platforms? | Yes | | | No | |
| Will your child be able to participate in extra mural activities? | Yes | | | No | |

| | | |
|---|-----|----|
| Is a Social Grant received for this Learner? | Yes | No |
| Name of Person who applied for the Grant | | |
| ID Number of Person who applied for the Grant | | |
| Attach Proof of Social Grant received | | |

Present School Details

| | | | | | | | |
|---|--|---------------|-----------|---------------|--------|-----------------------------|--|
| Present School / Preschool Name | | | | | | | |
| Physical Address | | Street | | | | | |
| | | Suburb | | | | | |
| | | City | | | | | |
| | | Postal Code | | | | | |
| School Telephone Number | | | Area Code | | Number | | |
| School Email Address | | | | | | | |
| Mobile Phone Number | | | | | | | |
| Specify in which province the Learner is presently at (x appropriate box) | | Eastern Cape | | Limpopo | | Western Cape | |
| | | Free State | | Mpumalanga | | Other Countries: Specify | |
| | | Gauteng | | Northern Cape | | | |
| | | KwaZulu-Natal | | North West | | | |

Siblings attending Stutterheim High School

| <i>Please note:</i> | | i) The Unabridged Birth Certificate of each Learner must be attached to this application form ii) In the case of a Foster Child, a copy of the Court Order <u>MUST</u> be attached to this application form. | | |
|---------------------|---------|---|-----------|-------|
| Name | Surname | Specify the relationship to Parent | ID Number | Grade |
| | | | | |
| | | | | |
| | | | | |

Siblings attending other Schools

| <i>Please note:</i> | | | | | |
|---------------------|---------|--------------------------------|---------------|-------|----------------|
| Name | Surname | Specify relationship to Parent | Date of Birth | Grade | Name of School |
| | | | | | |
| | | | | | |

| | | | |
|--|--------|--------|----------|
| In the case of a "broken family", state who has legal custody of the child (x appropriate box) | Father | Mother | Guardian |
|--|--------|--------|----------|

PARTICULARS OF PARENT 1: Father (compulsory)

Use this side only – Print in Black Ink

| | | | | | |
|---|---------|-------------|-------------|-----------------|------------|
| Surname | | | | | |
| First Name (s) | | | | | |
| Place of Birth | Town | | Country | | |
| Nationality | | | | | |
| Date of Birth | Day | | Month | | Year |
| Identity Number / Passport Number | | | | | |
| Your Marital Status (x appropriate box) | Single | Married ANC | Married COP | Divorced | Re-Married |
| | Engaged | Separated | Widowed | Living Together | Other |
| Income Tax Number | | | | | |
| Home Telephone Number | | | | | |
| Personal Mobile Phone Number | | | | | |
| Personal e-mail Address | | | | | |

Accommodation (Fill in applicable section):

| | | | | | |
|--|---------------|-----|--|----|--|
| Residential Address | Street and No | | | | |
| | Suburb | | | | |
| | City | | | | |
| | Postal Code | | | | |
| How long have you lived at this address? | | | | | |
| 1. Property owned | | Yes | | No | |
| Financial Institution (if owned) | | | | | |
| Account Holder | | | | | |
| Account Number | | | | | |
| 2. Rent (x appropriate box) | | Yes | | No | |
| Landlord Name | | | | | |
| Telephone number | | | | | |
| 3. Leased (x appropriate box) | | Yes | | No | |
| From Whom | | | | | |
| Telephone number | | | | | |
| Previous Address | | | | | |
| How long did you stay at this address? | | | | | |

Employment (Fill in applicable section):

| | | | | |
|---------------------------------------|----------|---------------|------------|---------|
| Employment Status (x appropriate box) | Employed | Self-employed | Unemployed | Retired |
|---------------------------------------|----------|---------------|------------|---------|

| | | | | | |
|-------------------------------|---------------|----|--------------------|--|-----------|
| Name of Current Employer | | | | | |
| Permanent (x appropriate box) | Yes | No | Date of employment | | |
| | | | | | |
| Contract (x appropriate box) | Yes | No | Start date: | | End date: |
| | | | | | |
| Occupation | | | | | |
| Employer's Address | Street and No | | | | |
| | Suburb | | | | |
| | City | | | | |
| | Postal Code | | | | |

| | | | | |
|--------------------------|-----------|--|--------|--|
| Work Telephone Number | Area Code | | Number | |
| Work Mobile Phone Number | | | | |
| Work e-mail Address | | | | |

| | | | | | |
|-------------------------------------|---------------|--|--|--|--|
| If Self employed – Name of Business | | | | | |
| Occupation | | | | | |
| Business Address | Street and No | | | | |
| | Suburb | | | | |
| | City | | | | |
| | Postal Code | | | | |

PARTICULARS OF PARENT 2: Mother (compulsory)

Use this side only – Print in Black Ink

| | | | | | |
|---|---------|-------------|-------------|-----------------|------------|
| Surname | | | | | |
| First Name (s) | | | | | |
| Place of Birth | Town | | Country | | |
| Nationality | | | | | |
| Date of Birth | Day | | Month | | Year |
| Identity Number / Passport Number | | | | | |
| Your Marital Status (x appropriate box) | Single | Married ANC | Married COP | Divorced | Re-Married |
| | Engaged | Separated | Widowed | Living Together | Other |
| Income Tax Number | | | | | |
| Home Telephone Number | | | | | |
| Personal Mobile Phone Number | | | | | |
| Personal e-mail Address | | | | | |

Accommodation (Fill in applicable section):

| | | | | | |
|--|---------------|-----|--|----|--|
| Residential Address | Street and No | | | | |
| | Suburb | | | | |
| | City | | | | |
| | Postal Code | | | | |
| How long have you lived at this address? | | | | | |
| 1. Property owned | | Yes | | No | |
| Financial Institution (if owned) | | | | | |
| Account Holder | | | | | |
| Account Number | | | | | |
| 2. Rent (x appropriate box) | | Yes | | No | |
| Landlord Name | | | | | |
| Telephone number | | | | | |
| 3. Leased (x appropriate box) | | Yes | | No | |
| From Whom | | | | | |
| Telephone number | | | | | |
| Previous Address | | | | | |
| How long did you stay at this address? | | | | | |

Employment (Fill in applicable section):

| | | | | |
|---------------------------------------|----------|---------------|------------|---------|
| Employment Status (x appropriate box) | Employed | Self-employed | Unemployed | Retired |
|---------------------------------------|----------|---------------|------------|---------|

| | | | | | |
|-------------------------------|------------------------------|-----|--------------------|-------------|-----------|
| Name of Current Employer | | | | | |
| Permanent (x appropriate box) | Yes | No | Date of employment | | |
| | Contract (x appropriate box) | Yes | No | Start date: | End date: |
| Occupation | | | | | |
| Employer's Address | Street and No | | | | |
| | Suburb | | | | |
| | City | | | | |
| | Postal Code | | | | |

| | | | | |
|--------------------------|-----------|--|--------|--|
| Work Telephone Number | Area Code | | Number | |
| Work Mobile Phone Number | | | | |
| Work e-mail Address | | | | |

| | | | | | |
|-------------------------------------|---------------|--|--|--|--|
| If Self employed – Name of Business | | | | | |
| Occupation | | | | | |
| Business Address | Street and No | | | | |
| | Suburb | | | | |
| | City | | | | |
| | Postal Code | | | | |

PARTICULARS OF GUARDIAN / SPONSOR / WARD (if applicable) Use this side only – Print in Black Ink

| | | | | | | |
|---|--|---------|-------------|-------------|-----------------|------------|
| Surname | | | | | | |
| First Name (s) | | | | | | |
| Place of Birth | | Town | | Country | | |
| Nationality | | | | | | |
| Date of Birth | | Day | Month | Year | | |
| Identity Number / Passport Number | | | | | | |
| Your Marital Status (x appropriate box) | | Single | Married ANC | Married COP | Divorced | Re-Married |
| | | Engaged | Separated | Widowed | Living Together | Other |
| Income Tax Number | | | | | | |
| Home Telephone Number | | | | | | |
| Personal Mobile Phone Number | | | | | | |
| Personal e-mail Address | | | | | | |
| Relationship to Learner | | | | | | |

Accommodation (Fill in applicable section):

| | | | |
|--|---------------|-----|----|
| Residential Address | Street and No | | |
| | Suburb | | |
| | City | | |
| | Postal Code | | |
| How long have you lived at this address? | | | |
| 1. Property owned | | Yes | No |
| Financial Institution (if owned) | | | |
| Account Holder | | | |
| Account Number | | | |
| 2. Rent (x appropriate box) | | Yes | No |
| Landlord Name | | | |
| Telephone number | | | |
| 3. Leased (x appropriate box) | | Yes | No |
| From Whom | | | |
| Telephone number | | | |
| Previous Address | | | |
| How long did you stay at this address? | | | |

Employment (Fill in applicable section):

| | | | | |
|---------------------------------------|----------|---------------|------------|---------|
| Employment Status (x appropriate box) | Employed | Self-employed | Unemployed | Retired |
|---------------------------------------|----------|---------------|------------|---------|

| | | | | | |
|-------------------------------|--|------------------------------|----|--------------------|----|
| Name of Current Employer | | | | | |
| Permanent (x appropriate box) | | Yes | No | Date of employment | |
| | | Contract (x appropriate box) | | Yes | No |
| Occupation | | | | | |
| Employer's Address | | Street and No | | | |
| | | Suburb | | | |
| | | City | | | |
| | | Postal Code | | | |

| | | | | | |
|--------------------------|--|-----------|--|--------|--|
| Work Telephone Number | | Area Code | | Number | |
| Work Mobile Phone Number | | | | | |
| Work e-mail Address | | | | | |

| | | | | | |
|-------------------------------------|--|---------------|--|--|--|
| If Self-employed – Name of Business | | | | | |
| Occupation | | | | | |
| Business Address | | Street and No | | | |
| | | Suburb | | | |
| | | City | | | |
| | | Postal Code | | | |

DECLARATION (completed in full)

I, parent 1 (Father) _____

parent 2 (Mother) _____

guardian (only if applicable) (Affidavit to be completed) _____

of the abovementioned child in respect of whom application is made, declare that I am legally entitled to make this application and that the information furnished on this application is to the best of my knowledge complete and correct and undertake to inform the school of any changes in respect of this information. Should I fail to notify the school of required information, the Governing Body or their representative will conduct an ITC search.

I hereby declare that all the information and documentation accompanying this application are true and correct. I further accept that if it is established that the information given is incorrect, Stutterheim High School reserve the right to refuse this application, which will be declared null and void.

I acknowledge and agree that acceptance of this application will result in a valid and binding agreement between the school and myself, the terms and conditions of which agreement shall be as follows:

1. I undertake to acquaint myself and my child with the school rules and agree to accept the consequences of a breach of such rules.
2. **I am aware of the school fees which are presently levied by the Governing Body in terms of Section 39 of the S.A. School Act and I undertake to pay the school fees as may be determined by the Governing Body of the school from time to time. I furthermore acknowledge that should I be in breach of this agreement by failing and / neglecting to make such payment of such school fees:**
 - a) the Governing Body shall be entitled in terms of Section 40 of the S.A. School's Act is to take action against me as it may deem fit in this regard. I acknowledge liability for all costs so incurred by the Governing Body, including attorney and client costs and collection commission. Arrear accounts will be blacklisted with ITC.
 - b) I shall be liable for interest at 24% p.a. on any outstanding school fees.
 - c) I choose as my domicillum citandi et executandi either of the addresses referred to in this application.
 - d) I consent to the Governing Body Implementing an Emoluments Attachment Order against my salary.
 - e) I/we agree that the School may disclose information about my personal debt of the manner in which I/we conduct my/our account.
 - f) School fees are a statutory debt, which is prescribed by law and not to be referred to a Debt. Counsellor for debt review under Section 129 of National Credit Act. Schools are exempt from the National Credit Act.
3. I specifically indemnify Stutterheim High School and/or its employees against any bona fide action in the event of a medical emergency such as first aid administered and all bona fide attempts to prevent injury, alleviate pain and discomfort and the like.

Signed at _____ on _____ 20_____.

To be signed by both parents:

Parent 1 – (Father)_____
Parent 2 – (Mother)_____
Guardian / Sponsor (if applicable)

Affidavit

Affidavit to be completed by those that are not the natural / biological parents, and that do not have legal documents.

I/We, _____

ID No: _____
ID No: _____

hereby accept the responsibility to undertake to be responsible to sponsor monies for school and hostel related fees.

Learner: _____

ID/Birth date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Commissioner of Oaths

Name: _____

Position / Rank: _____

Signature: _____

