

Admin No:



## Collegiate Girls' High School

The Admissions Secretary, Kestell Street, Parsons Hill

P O Box 27870 Greenacres 6057

Tel: +27 (0) 41 373 7705

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Email: [admissions@cghs.co.za](mailto:admissions@cghs.co.za) / Website: [www.collegiatehigh.co.za](http://www.collegiatehigh.co.za)

### APPLICATION FOR ADMISSION

Applications, addressed to the Admissions Secretary, should reach the school by the closing date and **must be accompanied by an application fee of R50.**

Applications will be accepted **ONLY** with submission of **ALL** relevant certified documentation as stated at the end of this application form. Please ensure that you complete **ALL sections** of this form.

**The supplying of false information will invalidate this application.**

#### **Closing date for Grade 8 (2022) applications: 31 March 2021**

**Grade 9-11 applications** will be considered should a vacancy exist in the grade. If there is no vacancy initially, applications will be retained for the year and considered if a vacancy should occur.

Application for admission into grade (Mark with an X)	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<i>Please attach ID size photo of learner in this space</i>
Application for admission as a (Mark with an X)	<b>Day Learner</b> (School only)		<b>School and Boarding House Learner</b>		
<b>Current School</b>					
<b>Date (Year)</b> from which admission required					

#### DETAILS OF LEARNER

<b>SURNAME:</b>													
<b>FIRST NAME(S):</b>													
Called/Preferred name:													
Identity number:													
Home language:							Nationality:						
Religion/Denomination:							Race: (for Dept. Stats) ●	A	B	C	I	W	Other
● A (Asian); B (Black); C (Coloured); I (Indian); W (White); O (Other)													
Address:													
												Postal Code:	
E-mail:													
Cell no:													
Medical conditions:													
Physical disabilities (including visual/hearing impairment):	YES	NO	If 'Yes', please give details:										
Dietary problems / allergies etc													

Underline diseases pupil has had:	Measles, German Measles, Whooping Cough, Chicken Pox, Mumps, Scarlet Fever, Diphtheria, Rheumatic Fever		
State any other illnesses suffered:			
Underline diseases pupil has been immunised against:	Poliomyelitis, Diphtheria, Whooping Cough, Tetanus, Tuberculosis (BCG), Measles, German Measles, Mumps		
Special Education Needs:	YES	NO	<i>If 'Yes', please complete attached Special Education Needs form and submit it with your application.</i>

*If an immigrant / non-South African citizen / recently returning South African citizen, please include copies of the following documents:*

Both Parents' / Guardians' Passport

Learner's Passport

Stamped Passport, indicating date of entry

Learner's Study Permit (if non-South African citizen)

*Date when entered South African schooling system:* \_\_\_\_\_

#### LEARNER'S EXTRA-CURRICULAR ACTIVITIES

<b>Cultural Activities:</b>	
<b>Summer Sport:</b>	<i>State highest team/achievement</i>
<b>Winter Sport:</b>	<i>State highest team/achievement</i>
<b>Leadership positions:</b>	

#### LEARNER'S ACADEMIC PERFORMANCE

***A copy of learner's latest end-of-year school report MUST be attached to this application; failure to do so will result in the application not being processed.***

Has the learner previously repeated a Grade?	YES	NO	If YES, which grade?
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#### ADDITIONAL INFORMATION ON LEARNER

<b>Learner living with:</b>	Both parents	Mother	Father	Guardian	Other
<b>Parent(s) deceased:</b>	None	Mother	Father	Both	
<b>Communication to:</b>	Both parents	Mother	Father		

<b>Mode of transport to and from school</b>	
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#### Names of sister/s currently at Collegiate Girls' High School:

Name:		Grade:		House:	
Name:		Grade:		House:	

#### LEARNER'S REASON FOR WANTING TO ATTEND COLLEGIATE GIRLS' HIGH SCHOOL

*To be completed by learner (not the parent):*


LEARNER'S REASON FOR HOSTEL APPLICATION (if applicable)												
<i>To be completed by learner (not the parent):</i>												

BIOLOGICAL FATHER'S DETAILS – this section needs to be completed													
<b>SURNAME:</b>									<b>TITLE:</b>	<i>(eg Mr/ Dr / Adv)</i>			
<b>FIRST NAME(S):</b>													
Identity number:													
Marital Status (please indicate with an X)	Single	Married	Separated	Divorced	Living together	Remarried	Widowed						
Telephone numbers:	HOME:							WORK:					
	CELL:							FAX:					
Email address:													
Residential address:									Postal code:				
Postal address:									Postal code:				
Occupation:													
Employer:													
<ul style="list-style-type: none"> <li>• <i>If self-employed, please supply company registration documents and VAT registration documents</i></li> </ul>													

BIOLOGICAL MOTHER'S DETAILS – this section needs to be completed													
<b>SURNAME:</b>									<b>TITLE:</b>	<i>(eg Mrs /Ms / Dr / Adv)</i>			
<b>FIRST NAME(S):</b>													
Identity number:													
Marital Status (please indicate with an X)	Single	Married	Separated	Divorced	Living together	Remarried	Widowed						
Telephone numbers:	HOME:							WORK:					
	CELL:							FAX:					
Email address:													
Residential address:									Postal code:				
Postal Address:									Postal code:				

Occupation:	
Employer:	
<ul style="list-style-type: none"> <li>• <i>If self-employed, please supply company registration documents and VAT registration documents</i></li> </ul>	

If remarried – STEP-FATHER’S DETAILS												
<b>SURNAME:</b>								<b>TITLE:</b>	<i>(eg Mr/ Dr / Adv)</i>			
<b>FIRST NAME(S):</b>												
Identity number:												
Telephone numbers:	HOME:						WORK:					
	CELL:						FAX:					
Email address:												
Occupation:												
Employer:												

If remarried – STEP-MOTHER’S DETAILS												
<b>SURNAME:</b>								<b>TITLE:</b>	<i>(eg Mrs/Ms / Dr / Adv)</i>			
<b>FIRST NAME(S):</b>												
Identity number:												
Telephone numbers:	HOME:						WORK:					
	CELL:						FAX:					
Email address:												
Occupation:												
Employer:												

INFORMATION REGARDING PAYMENT OF COMPULSORY SCHOOL FEES			
Please note that Collegiate Girls’ High School is a declared <b>FEE-PAYING SCHOOL</b> in terms of the relevant legislation, and that by enrolling your daughter at the school, you are accepting an obligation to contribute financially towards the education she receives. <b>Compulsory School Fees are payable monthly by Debit Order or annually in advance by 31 January.</b>			
Who will be responsible for the school fees?	NAME:		CELL NO:
Relation to the learner:			
Payment method: (please indicate option)	Annual Payment		Debit Order

DETAILS OF DEBTOR - if NOT Biological Father or Biological Mother			
<b>SURNAME:</b>			Title:
<b>FIRST NAME(S):</b>			
Identity no:			Email:
Home phone no:			Cell no:
Work phone no:			Fax no:

Physical address:	
Postal address:	
Occupation:	
Employer:	
Relation to the learner:	
<ul style="list-style-type: none"> <li>● <i>If self-employed, please supply company registration documents and VAT registration documents</i></li> </ul>	

DETAILS OF LEARNER'S GUARDIAN (if applicable)				
(Please attach certified copy of Guardian's ID documents to this application; failure to do so will result in the application NOT being processed. <b>If a legally appointed Guardian, please attach the court order and / or affidavit in this regard.</b> )				
SURNAME:				Marital Status of Guardian
FIRST NAME(S):				Single    Married    Widowed    Divorced
Identity no:				Email:
Home phone no:				Cell no:
Work phone no:				Fax no:
Physical address:				
Postal address:				
Occupation:				
Employer:				
Relation to the learner:				
<ul style="list-style-type: none"> <li>● <i>If self-employed, please supply company registration documents and VAT registration documents</i></li> </ul>				

CURRENT SCHOOL DETAILS	
NAME OF PRESENT SCHOOL:	
ADDRESS:	
Telephone numbers:	

PAYMENT DETAILS TO BE COMPLETED BY BURSAR AT PRESENT SCHOOL – this section needs to be completed			
CONTACT PERSON/BURSAR at present school:			
NAME OF PERSON responsible for payment of fees:			
Annual School Fees:			
How the Fees are paid:	Debit Order	Cash	Bank Transfer
Monthly payments:		Overdue Balance owing as at date of application:	

Signed by Bursar: \_\_\_\_\_

Date: \_\_\_\_\_

<p>SCHOOL STAMP</p>
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**The current Fee Structure (2021) at Collegiate Girls' High School is as follows:**

<b>SCHOOL FEE STRUCTURE</b>		
Annually	Monthly over 11 months	Net amount if paid by 31.01.2021
R43 670	R3 970	R39 840
<b>HOSTEL FEE STRUCTURE (Grade 8 to 11)</b>		
Annually	Quarterly before the start of each term	Net amount if paid by 31.01.2021
R60 960	R15 240	R56 040

**PLEASE NOTE: that this is for information purposes only and is subject to change at the Annual General Meeting.**

<b>TERMS AND CONDITIONS</b>		
I/We understand that:		
<ol style="list-style-type: none"> <li>1. Collegiate Girls' High School is a fee paying public school and the current compulsory school and hostel fees (for 2021) are outlined.</li> <li>2. in terms of a resolution adopted by the majority of parents at the Annual General Meeting of parents, payment of school fees and hostel fees (if applicable), is obligatory and that I/we as parents am/are liable for such compulsory school fees and hostel fees (if applicable), which liability may be enforced by due process of law in the event of non-payment. I/we declare that I/we am/are in a financial position to pay the compulsory school and hostel (if applicable) fees as adopted;</li> <li>3. payment is to be effected by one of the methods stipulated by the SGB contained in its policy of fees structure;</li> <li>4. both parents are jointly and severally liable for payment of such compulsory school fees;</li> <li>5. in the event of school fees not being paid by the due date, whether by way of monthly instalment or by debit order, such failure on my/our part will cause the whole outstanding balance of the annual school fees to become immediately due and payable;</li> <li>6. in the event of the school being obliged to hand over for collection through its attorneys any outstanding school fees, I/we shall be liable for the legal costs incurred by the school for the collection of such outstanding fees on a scale as between attorney and client, including such collection commission which the school may be obliged to pay to its attorneys;</li> <li>7. I/we shall be liable to pay interest on any school fees not paid on the due date for payment of such fees at the rate of 2% per month calculated from due date to payment in full.</li> <li>8. I/we am/are to give written notice of not less than one school term in advance of my/our intention to remove the learner from the school or hostel. Failure to do so will result in my/our paying a term's fees in lieu of notice.</li> <li>9. I/we have been informed that if we are unable to pay fees, I/we may exercise rights in terms of Section 41.</li> <li>10. in my/our personal capacity, on behalf of the learner in my/our capacity as parent/guardian/debtor I/we hereby agree to:               <ol style="list-style-type: none"> <li>a. Pay the stipulated compulsory school fees or hostel fees (if applicable) as agreed by the Parent Body at the Annual Budget Meeting;</li> <li>b. Pay any bank charges, legal fees and interest on any outstanding fees;</li> <li>c. The school transmitting details of how the parent/guardians/debtor have performed in meeting their obligations in terms of their school fee obligations;</li> <li>d. Notify the Principal, in writing, in the event of my daughter leaving the school or hostel at least a term in advance, or pay a term's fees in lieu of such notice. (This is for reasons other than disciplinary default.)</li> <li>e. Pay all costs incurred for damage done or losses caused by my daughter to school property.</li> </ol> </li> <li>11. as parents/guardians/debtor I/we undertake to pay the compulsory school fees and hostel fees (if applicable) in full, according to arrangements agreed to on the Acceptance form.</li> </ol>		
Signed at .....this ..... day of ..... 2021		
_____	_____	_____
<b>FATHER (Biological) / MALE GUARDIAN</b>	<b>MOTHER (Biological) / FEMALE GUARDIAN</b>	<b>DEBTOR (if not parent)</b>

<b>DECLARATION BY PARENT/GUARDIAN – TO BE COMPLETED BY BOTH PARENTS</b>
<ul style="list-style-type: none"> <li>• I declare that all particulars furnished by me on this form are true and correct and give permission for the details / information to be confirmed and / or verified.</li> <li>• If my daughter has special education needs, I have declared this and submitted the 'Learners with Special Education Needs Assessment' form.</li> <li>• I have read, understood and taken note of the Collegiate Girls' High School Policies; Code of Conduct and the Resolutions adopted by the parents at the SGB Annual General Meeting. These documents are available online (<a href="http://www.collegiatehigh.co.za">www.collegiatehigh.co.za</a>) or hard copies thereof can be perused in the School office.</li> </ul>

- In my personal capacity and on behalf of the learner in my capacity as parent/guardian I hereby agree to:
  - **Abide by the Code of Conduct referred to above and acknowledge that I have read it and shall keep it.**
  - Acknowledge the authority of the Principal, the teachers and learner leaders;
  - Undertake to return all books and other property belonging to the school;
  - Ensure that my daughter attends school regularly and, should my daughter be absent from school for any reason, inform the school of that in writing;
  - Pay all costs incurred for damage done or losses caused by my daughter to school property.
- I will take responsibility for ensuring that my daughter is adequately insured against any personal injury or related risks. I will also ensure that her personal belongings are adequately insured against loss. I understand and agree that the school staff, assistants or helpers cannot be responsible for any losses, injury or damage incurred howsoever or from whatsoever cause arising. I indemnify and hold harmless the School and staff against any claims whatsoever related to my daughter.
- Whilst my daughter is involved in school activities, I authorise the Principal (or appointed staff member) to act *in loco parentis*, including granting consent for medical treatment in the case of an emergency, once all reasonable efforts to contact the learner's parents/guardians have been made.

Signed at .....this ..... day of ..... 2021

\_\_\_\_\_  
FATHER / MALE GUARDIAN

\_\_\_\_\_  
MOTHER / FEMALE GUARDIAN

**THE FOLLOWING FORMS MUST ACCOMPANY THIS APPLICATION:**

1. Certified copy of **unabridged** birth certificate of the learner.  
If unabridged birth certificate is not available, certified copy of abridged birth certificate of the learner and certified copy of identity document of **both parents** and/or guardian.
2. Certified copy of identity document of debtor (if applicable).
3. Certified copy of passport, work permit, study permit, in the case of the learner being a non-South African citizen.
4. Copy of latest report from the learner's present school.
5. Copy of the most recent utilities (lights/water/rates) account as proof of residential address.
6. An ID size, recent photograph of the learner.
7. If either parent is self-employed, please supply company registration documents or VAT registration documents.
8. Should you qualify for a SASSA grant, please attach copies of all relevant documentation and a copy of the SASSA card.
9. Proof of payment of registration fee (R50). Payment can be by EFT to STANDARD BANK, Branch Code 050317, Account Number 280 916 841, OR directly at the Bursar's office (no card facility, Cash only)

**FOR OFFICE USE ONLY:**

**YOUR APPLICATION WILL NOT BE CONSIDERED IF THE ABOVE-MENTIONED ITEMS  
DO NOT ACCOMPANY THE APPLICATION FORM,  
NOR WILL IT BE CONSIDERED IF NOT COMPLETED IN FULL.**

**PLEASE NOTE THAT NO INTERVIEWS FOR UNSUCCESSFUL APPLICATIONS  
WILL BE GRANTED.**

**FOR OFFICE USE ONLY:**

RECEIVED ON:		APPL. FEE RECEIPT NO:	
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## *Collegiate Girls' High School*

The Admissions Secretary, Kestell Street, Parsons Hill

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### **LEARNERS WITH SPECIAL EDUCATION NEEDS ASSESSMENT**

The Department of Education conducts an annual EMIS audit amongst all schools throughout South Africa, and require various statistics regarding our current learner body.

Unfortunately, as a result of many junior schools no longer collating ed-lab cards and the relevant information contained therein, we are not in a position to determine accurately certain statistics required by the Department. One such statistic is that pertaining to learners with special educational needs.

We are required to provide the Department with all information regarding any learner who is classified as such learner. In addition, we are required to provide any details of testing conducted by a registered and professional assessor. In terms of the Department's classification the following categories of special needs exist:

**BLIND:** Learners who experience a severe visual impairment and who depend on specialised education support;

**PARTIALLY SIGHTED/PARTIALLY HEARING IMPAIRED:** Learners who experience visual or hearing impairment and need additional help;

**DEAF/BLIND DISABLED:** Learners who are completely deaf and blind;

**CEREBRAL PALSID:** Injury of the spine and must be declared medically as such by a medical practitioner;

**SPECIFIC LEARNING DISABLED:** Learners who experience severe barriers to learning e.g. in the form of reading or writing and who need additional specialised help;

**BEHAVIOURAL DISORDER (includes severe behaviour problems):** Learners with a severe behavioural disorder of such a degree that it is difficult to accommodate them in an ordinary class;

**MILD OR MODERATE INTELLECTUALLY DISABLED:** Learners who experience moderate intellectual disability and are more than two years behind their peers;

**SEVERE INTELLECTUALLY DISABLED:** (includes severely mentally handicapped): Learners who experience severe intellectual disability and are more than two years behind their peers;

**PHYSICALLY DISABLED:** Learners with a significant physical disability and who need additional specialised support;

**AUTISTIC SPECTRUM DISORDERS:** Learners experiencing pervasive development disorder. Must be declared as such by a medical practitioner;

**EPILEPSY:** Learners who experience barriers to learning owing to epilepsy and who need additional specialised support. Must be declared medically as such by a medical practitioner;

**ATTENTION DEFICIT DISORDER WITH/WITHOUT HYPERACTIVITY:** Learners who experience barriers to learning owing to attention deficit disorders and who need additional specialised support.

It is imperative that the school provides information which is as accurate as possible, since the Department allocates the school its staffing complement based on the abovementioned statistics. Therefore, should the Department believe that we have the necessary number of learners with special needs, we will be provided with additional staff to assist such learners.

In light of the above, please peruse the list carefully and then complete the attached reply slip, if necessary, and return to the school in a sealed envelope. Please note that any information you provide will be treated in absolute confidence and will in no way have any detrimental effect on your daughter.

Additionally, should your daughter be included in any of the abovementioned categories, the Department may at a later stage require supporting documentation from registered and professional assessor.

**MRS L ERASMUS  
PRINCIPAL**



**LEARNERS WITH SPECIAL EDUCATION NEEDS**  
**Application Form - Private & Confidential**

<b>NAME OF LEARNER:</b>
<b>NAME OF PARENT / GUARDIAN:</b>
<b>CONTACT TELEPHONE NUMBERS:</b>
<b>WORK HOME:</b> _____ <b>CELL:</b> _____

State any current concession(s) that has (have) been awarded to you:

Reading		Separate venue		Extra time

Please select the Special Education Needs category in which your daughter falls, by ticking the relevant category:

<b>1</b>	<b>Blind</b> <i>Learners who experience a severe visual impairment and who depend on specialised educational support</i>	
<b>2</b>	<b>Partially sighted/Partially Hearing Impaired</b> <i>Learners who experience visual or hearing impairment and need additional help</i>	
<b>3</b>	<b>Deaf/blind disabled</b> <i>Learners who are completely deaf and blind</i>	
<b>4</b>	<b>Cerebral palsied</b> <i>Injury of the spine and must be declared medically as such by a medical practitioner</i>	
<b>5</b>	<b>Specific learning disabled</b> <i>Learners who experience severe barriers to learning e.g. in the form of reading or writing and who need additional specialised help</i>	
<b>6</b>	<b>Behavioural disorder (includes Severe Behavioural problems)</b> <i>Learners with a severe behavioural disorder of such a degree that it is difficult to accommodate them in an ordinary class</i>	
<b>7</b>	<b>Mild or moderately intellectually disabled</b> <i>Learners who experience moderate intellectual disability and are more than two years behind their peers</i>	
<b>8</b>	<b>Severe intellectually disabled (includes Severe Mentally Handicapped)</b> <i>Learners who experience severe intellectual disability and are more than two years behind their peers</i>	
<b>9</b>	<b>Physically disabled</b> <i>Learners with a significant physical disability and who need additional specialised support</i>	
<b>10</b>	<b>Autistic Spectrum Disorders</b> <i>Learners who experience barriers to learning owing to epilepsy and who need additional specialised support. Must be declared medically as such by a medical practitioner</i>	
<b>11</b>	<b>Epilepsy</b> <i>Learners who experience barriers to learning owing to epilepsy and who need additional specialised support. Must be declared medically as such by a medical practitioner</i>	
<b>12</b>	<b>Attention Deficit Disorder with/without Hyperactivity</b> <i>Learners who experience barriers to learning owing to attention deficit disorders and who need additional specialised support (supporting medical documentation to be attached to this form)</i>	

Additional comments you would like to bring to the attention of the School:


\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**