

LEARNER NAME AND SURNAME:

PRESENT SCHOOL:

HAVE YOU APPLIED ONLINE AT THE WCED? YES NO



BRACKENFELL HIGH SCHOOL

APPLICATION FORM



Rogland Street
Private Bag X03
BRACKENFELL
Tel. 021 981-5522
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E-mail: staff@brackenfellhs.co.za

FOR OFFICE USE ONLY

YEAR:	
APPLICATION FOR GRADE:	
ADMISSION NUMBER:	
LANGUAGE: A / E	
SCHOOL FEES ACCOUNT:	
HOUSEGROUP:	

1. PARTICULARS OF LEARNER (mark with x where applicable)

SURNAME:								
FULL CHRISTIAN NAMES :								
FIRST NAME:								
DATE OF BIRTH (YYYYMMDD):								
POPULATION GROUP:	BLACK		COLOURED		INDIAN / ASIAN		WHITE	
GENDER:	MALE		FEMALE					
SA CITIZEN:	YES		NO		ID / PASPORT NR:			
RESIDENTIAL ADDRESS:							POSTAL CODE:	
HOME LANGUAGE:				LANGUAGE OF TUITION:				

CONTACT DETAILS OF PARENT(S) / GUARDIANS LEARNER LIVES WITH

PARENT / GUARDIAN NAME AND SURNAME:	
CELL PHONE NUMBER:	
E MAIL ADDRESS	

SCHOOL HISTORY (A copy of the most recent examination results is required)

ARE YOU RELOCATING TO THE WESTERN CAPE?	YES		NO		IF YES, FROM WHERE?:		
LAST SCHOOL ATTENDED:							
HIGHEST GRADE PASSED:							
FIRST REGISTRATION IN WESTERN CAPE:	YES		NO				
GR. 9 – 12: PREVIOUS HIGH SCHOOLS:							

IMMIGRANTS:

MUST COMPLETE IMMIGRANT FORM WITH SCHOOL HISTORY FROM GR. 1 TO CURRENTLY

COUNTRY OF ORIGIN:

(Study permit compulsory)**MEDICAL HISTORY**

- Important illnesses which the learner suffers from or has suffered from: e.g. asthma, epilepsy, etc.; in other words, chronic illnesses or possible allergies.

- If so, state treatment prescribed / chronic medication:

- Operation(s) which the learner has undergone (date and nature):

- Does your child receive any counselling, psychological treatment or learning support at the moment? If so, please give details of treatment and name of practitioner / counsellor.

(PLEASE ATTACH RELEVANT REPORTS)

MEDICAL AID:	MEDICAL AID NUMBER:
MAIN MEMBER (NAME AND SURNAME):	
FAMILY DOCTOR:	TELEPHONE NUMBER:
EMERGENCY CONTACT:	TELEPHONE NUMBER:

DETAILS OF PARTICIPATION AND ACHIEVEMENT IN CULTURAL AND SPORTING ACTIVITIES DURING THE PREVIOUS YEAR. (ONLY INDICATE THE HIGHEST ACHIEVEMENT.)

SPORT	SCHOOL TEAM e.g. U/13A	PROVINCIAL / SA TEAM e.g. WP U/13	LEADERSHIP or best achievement
1			
2			
3			
4			

LEADERSHIP: (MARK WITH A X)

HEAD BOY / GIRL		DEPUTY HEAD BOY / GIRL		PREFECT		RCL		
SPORT CAPTAIN		OTHERS (SPECIFY):						

CULTURE: PARTICIPATION AND ACHIEVEMENTS:

SOCIETIES / CLUBS: PARTICIPATION AND ACHIEVEMENTS:

LEARNER'S RESIDENTIAL ADDRESS (Mark with X):

- Father and mother
 Father
 Mother
 Guardian
 Grandparents
 Other: specify _____

WHO IS THE FINANCIALLY RESPONSIBLE PERSON TO WHOM ALL FINANCIAL CORRESPONDENCE MUST BE ADDRESSED? (Full particulars are required)

Name:

ID number:

E-mail address:

Cell number:

2. PARTICULARS OF PARENTS / GUARDIANS
PRIMARY PARENT/GUARDIAN: ALL COMMUNICATION WILL BE DIRECTED TO THIS PARENT (MARK WITH X)

PARENT TYPE: BIOLOGICAL	<input type="checkbox"/>	ADOPTIVE	<input type="checkbox"/>	GUARDIAN	<input type="checkbox"/>	STEP	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>	
FULL NAME AND SURNAME:										
DATE OF BIRTH (YYYYMMDD):										
GENDER:	MALE		<input type="checkbox"/>	FEMALE		<input type="checkbox"/>				
MARITAL STATUS:	MARRIED		<input type="checkbox"/>	UNMARRIED		<input type="checkbox"/>	WIDOW/ER	<input type="checkbox"/>	DIVORCED	<input type="checkbox"/>
SA CITIZEN YES / NO:	YES		<input type="checkbox"/>	NO		<input type="checkbox"/>				
ID / PASSPORT NUMBER:										
RESIDENTIAL ADDRESS:										
	POSTAL CODE:									
POSTAL ADDRESS :										
(Only if different from residential address)										
	POSTAL CODE:									
TELEPHONE NUMBERS: CELL:										
WORK:										
HOME:										
E-MAIL ADDRESS:										
COMMUNICATION METHOD:	E-MAIL	<input type="checkbox"/>	SMS	<input type="checkbox"/>	BOTH	<input type="checkbox"/>				
OCCUPATION:										
NAME OF EMPLOYER:										
ADDRESS OF EMPLOYER:										
MEDICAL AID:	NUMBER:									

SECOND PARENT / GUARDIAN: (MARK WITH X WHERE APPROPRIATE)									
PARENT TYPE: BIOLOGICAL		ADOPTIVE		GUARDIAN		STEP		OTHER:	
FULL NAME AND SURNAME:									
DATE OF BIRTH (YYYYMMDD):									
GENDER:			MALE		FEMALE				
MARITAL STATUS:			MARRIED		UNMARRIED		WIDOW/ER		DIVORCED
SA CITIZEN YES / NO:			YES		NO				
ID / PASSPORT NUMBER:									
RESIDENTIAL ADDRESS									
POSTAL CODE:									
POSTAL ADDRESS :									
(Only if different from residential									
address)									
POSTAL CODE:									
TELEPHONE NUMBERS: CELL:									
WORK:									
HOME:									
E-MAIL ADDRESS:									
COMMUNICATION METHOD:		E-MAIL		SMS		BOTH			
OCCUPATION:									
NAME OF EMPLOYER:									
ADDRESS OF EMPLOYER:									
MEDICAL AID:					NUMBER:				

DETAILS OF OTHER CHILDREN IN THE SCHOOL (Current and new entries)		
PLEASE NOTE: DOES NOT GUARANTEE AUTOMATIC ACCEPTANCE OF LEARNER		
SURNAME	NAME	GRADE AND SECTION

3. GENERAL

DECLARATION AND UNDERTAKING OF PARENT/GUARDIAN

TUITION FEES: METHOD OF PAYMENT

I accept full responsibility for the punctual settlement of Tuition Fees as determined and periodically modified by the School Governing Body.

School fees consist of a **compulsory first payment** and a year fee.

- The **compulsory first payment** must be paid before the textbooks are issued. (Before the end of November of the previous year.)
- The **year fee** is levied on 1 January and is payable on 1 February. Parents who pay the **full school fees for the whole year before 28 February will be given a discount as decided by the School Governing Body.**
- You can apply to the School Governing Body to pay the **year fee** in instalments. With the approval of the School Governing Body, the **year fee** may be paid in **equal monthly instalments**. The School Governing Body reserves the right to withdraw this privilege should payments fall into arrears. **(Payments are payable on or before the first business day of each month.)**
- The two options for monthly payments are:
Over 10 months (1 February to 1 November – any means of payment except cheques)
Over 12 months (1 November of previous year to 1 October of current year – only per debit order)

Should payment be outstanding by **more than 30 days**, the School Governing Body will take **legal steps** in order to clear the debt. Legal fees entailed will be payable by the debtor. **In such a case, the total annual tuition fee is immediately payable.**

RELIGIOUS EDUCATION:

Indicate whether you, as parent or guardian of the above-mentioned learner, have any conscientious objection to his/her being present during religious practice.

YES NO

EXTRA-MURAL ACTIVITIES:

I hereby give permission for the above-mentioned learner to take part in the extra-mural activities and sport of this school, that he/she may travel in the vehicles of the school or staff members, and that Brackenfell High School and all staff members of the afore-mentioned school will not be held responsible for any sickness, accident, injury, loss of life or property or any damage to the above-mentioned learner during the course of such trip. I also give permission for any necessary medical treatment to be given by an authorised / competent or qualified person, and undertake to bear the costs of such treatment.



HOËRSKOOL BRACKENFELL HIGH SCHOOL
SKOOLFONDS – SCHOOL FEES



Suid-Afrikaanse Skolewet (Nr.84 van 1996) – South African School Act (No.84 of 1996)

KONTROLELYS / CHECK LIST

Merk met X in die toepaslike blokkie/Mark with an X in applicable box

1.	Het die skoolhoof u ingelig wat die jaarlikse skoolfonds beloop? <i>Has the principal informed you about the amount of the annual school fees to be paid?</i>	JA/YES	NEE/NO
2.	Het die skoolhoof u ingelig dat u verantwoordelik is vir die betaling van skoolfonds tensy u volle kwyt skelding kry? <i>Has the principal informed you that you are liable for the payment of the school fees unless you are totally exempted from paying school fees?</i>	JA/YES	NEE/NO
3.	Het die skoolhoof u ingelig dat u geregtig is om aansoek te doen om kwyt skelding van skoolfonds? <i>Has the principal informed you about your right to apply for exemption from paying school fees?</i>	JA/YES	NEE/NO
4.	Sou u belangstel om aansoek te doen om vrystelling? (Indien u wil aansoek doen, moet u die nodige vorms by die finansiële kantoor gaan afhaal) <i>Do you wish to apply for such exemption? (If you wish to apply, please collect the necessary forms from the financial office)</i>	JA/YES	NEE/NO
5.	Sou u belangstel om gehelp te word om 'n aansoekvorm te voltooi? <i>Do you wish to be assisted in making such an application?</i>	JA/YES	NEE/NO
6.	Sou u belangstel om so 'n vorm te ontvang? <i>Do you wish to be provided with a form for application for exemption?</i>	JA/YES	NEE/NO

.....
Naam van ouer / Name of Parent

.....
Handtekening van ouer / Signature of Parent

.....
Datum / Date



BRACKENFELL HIGH SCHOOL CODE OF CONDUCT

(As approved by the School Governing Body)



OPENING REMARKS

The appearance, conduct and behaviour of learners of Brackenfell High School must at all times be in accordance with the school's instructions and ethos. The behaviour of learners must be to the school's honour and may under no circumstances interfere with other learners' right to education or prevent educators from teaching.

LEARNERS UNDERTAKE TO ...

- adhere to the school's code of conduct and to follow all written and verbal regulations of the school;
- only wear the prescribed school uniform and sport's wear (see prospectus);
- ensure that their appearance will adhere to all prescribed instructions (see prospectus);
- show respect towards teachers, adults and fellow learners and to behave in a decent and civilised manner towards them;
- respect the school's property as well as others' property and to restrain from any form of vandalism;
- abstain from smoking, using alcohol or the abuse of any other illegal substance;
- not to participate in any criminal activities;
- subject themselves to the authority of the principal or his representative and to the SGB, in the case of being found guilty of a transgression of the school's code of conduct, after appearing at a school's hearing.

I hereby accept the code of conduct and instructions as stated in the school's prospectus and I undertake to obey it at all times.

LEARNER:

PARENT:

DATE:

CODE OF CONDUCT, SCHOOL RULES AND POLICIES:

I acknowledge that I take note of the school rules and prescriptions regarding school uniform and general neatness. I accept and submit to the rules and prescriptions.

I accept full responsibility for the textbooks and other equipment lent to my child by the school, and will ensure that my child's uses the prescribed school bag.

I undertake to reimburse the school immediately for any damage done to school property by my child as a result of carelessness / vandalism.

Hereby I confirm that as a parent, I am informed about Brackenfell High School's Code of Conduct, Applications Policy and Language Policy.

DECLARATION AND UNDERTAKING BY LEARNER

I, _____ (full name and surname of learner) declare that:

- I was a learner in grade at (name of school) during (year).
- I obtained my current grade honestly and fairly.
- The rapport that proves that I passed my previous grade, is accurate and correct
- Hereby I admit that I have received Brackenfell High School's disciplinary policy and that I will abide by it. I support the school in the application of this disciplinary policy.
- Hereby I take note of and accept the language policy of the school. The language of learning is in Afrikaans or English in grade 8 and 9 (parallel medium) and double medium in grade 10 to 12.

SIGNED AT _____

ON THIS _____ DAY OF _____ 20____ .

SIGNATURE OF LEARNER

DECLARATION AND UNDERTAKING OF PARENT / GUARDIAN

I, _____, the undersigned, parent / guardian of, _____, declare that:

- The information given is to the best of my knowledge correct. **(Any false information may result in your child not being accepted.)**
- I take legal responsibility for all outstanding money owed to Brackenfell High School.
- I agree to the declaration and undertaking on this application form.
- I take note of the School Prospectus, Language Policy and Code of Conduct and agree to abide by them. I undertake to adhere to all the policies of the school.
- I am aware of the language policy of the school, namely parallel medium in grade 8 and 9 and dual medium in grade 10-12.

SIGNED AT _____

ON THIS _____ DAY OF _____ 20____ .

SIGNATURE OF PARENT / GUARDIAN

HOËRSKOOL BRACKENFELL HIGH SCHOOL

LEERDERDEELNAME / LEARNER PARTICIPATION

LEERDER / LEARNER

NAAM EN VAN / NAME AND SURNAME:

GRAAD / GRADE:

JAAR / YEAR:

Graad 8 en 9: kies TWEE van die volgende vakke:

Grade 8 and 9: choose TWO of the following subjects:

Merk met X / Mark with an X

Dans	
Drama	
Musiek (Onderhewig aan keuring /Subject to approval)	
Creative Arts	

Graad 8 – 12 / Grade 8 to 12:

Kies ten minste TWEE aktiwiteite om aan deel te neem / choose at least TWO items to participate in. Merk met X / Mark with X.

SPORT

KULTUUR / CULTURE

Rugby		Redenaars /Public Speaking	
Hokkie / Hockey		Debat /Debate	
Netbal /Netball		Skoolkoerant /School newspaper	
Atletiek /Athletics		Interact (Rotary)	
Landloop /Cross Country		Teens@comm (charity organisation)	
Krieket /Cricket		Noodhulp /First aid	
Tennis		Dramaklub /Drama club	
Tafeltennis / Table tennis		Koor /Choir	
Golf / Golf		Acapella groep /group	
Skyfskiet / Target shooting		Landsdiens /Land Service	
Skaak /Chess			

GETEKEN / SIGNED: OUER / PARENT: _____

LEERDER / LEARNER: _____