

# ENROLMENT FORM



**NOTE:** This application form does not guarantee acceptance. A letter of acceptance will be sent if you application is successful together with the Code of Conduct for Port Alfred High School and a debit order form. Please do not make any payment until an invoice is issued.  
**CONTACT:** Jessica French, the Admissions Secretary for any queries: [jfrench@pahs.co.za](mailto:jfrench@pahs.co.za) / 046 – 624 2440. The closing date is 15 June 2021. The earlier you submit this application, the better.

**OFFICE USE ONLY**

<b>ENROLMENT NUMBER:</b>	<b>REGISTER CLASS:</b>	<b>SPORT HOUSE:</b>	<b>SCHOOL ACCOUNT NO:</b>

**PERSONAL DETAILS OF APPLICANT (THE PUPIL)**

<b>GRADE S/HE IS APPLYING FOR:</b>	
<b>HIGHEST GRADE PASSED TO DATE:</b>	
<b>PREVIOUS SCHOOL:</b>	
<b>PROVINCE/COUNTRY:</b>	

<b>SURNAME OF APPLICANT:</b>	
<b>INITIALS OF APPLICANT:</b>	
<b>FIRST NAME (only) OF APPLICANT:</b>	
<b>2<sup>nd</sup>/OTHER NAMES OF APPLICANT:</b>	

<b>DATE OF BIRTH OF APPLICANT:</b>	Year	Month	Day
<b>GENDER OF APPLICANT:</b>	Male	Female	

<b>RACE OF APPLICANT:</b>	African/ Black	Asian/ Indian	Coloured	Black	White
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as defined by the BEE Codes of Good Practice

<b>CITIZENSHIP:</b>	SA Citizenship	Immigrant	ID/Passport Number								
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<b>PHYSICAL ADDRESS:</b>	Street	Town/City	Code
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Your home address

<b>CELL NUMBER OF APPLICANT:</b>	
<b>HOME NUMBER OF APPLICANT:</b>	
<b>EMERGENCY NUMBER:</b>	<small>Cell number of a parent/guardian</small>

<b>EMAIL ADDRESS OF APPLICANT:</b>	
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<b>LANGUAGE OF APPLICANT:</b>	Home	Instruction	
<b>DEXTERITY OF APPLICANT:</b>	Left Handed	Right handed	Ambidextrous (both)

<b>IF PARENT/S ARE DECEASED:</b>	Both	Mother	Father
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<b>DOES APPLICANT HAVE BROTHERS/SISTERS AT PAHS</b>	Yes	No
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<b>IF YES, WHICH HOUSE IS S/HE IN?</b>	
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<b>HAS THE APPLICANTE BEEN AT PAHS BEFORE?</b>	Yes	WHAT YEAR?	No
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**DETAILS OF PARENT/GUARDIAN RESPONSIBLE FOR PAYMENT OF THE ACCOUNT**

*Please note that Port Alfred High School is a Fee Paying School. This is as per the Government Gazette, November 1996, Act No 84.*

<b>RELATIONSHIP TO THE APPLICANT:</b>	
<b>TITLE OF PARENT/GUARDIAN:</b>	
<b>INITIALS OF PARENT/GUARDIAN:</b>	
<b>SURNAME OF PARENT/GUARDIAN:</b>	
<b>FIRST NAME (only) PARENT/GUARDIAN:</b>	
<b>LANGUAGE OF PARENT/GUARDIAN:</b>	
<b>EMAIL ADDRESS OF PARENT/GUARDIAN:</b>	

<b>POSTAL ADDRESS:</b>	Street	Town/City	Code
<small>Where your account will be sent</small>			

<b>PHYSICAL ADDRESS:</b>	Street	Town/City	Code
<small>Where you live</small>			

<b>ARE YOU EMPLOYED?</b>	Yes	Occupation of Employer	No
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<b>OCCUPATION OF PARENT/GUARDIAN:</b>	
<b>EMPLOYER:</b>	

<b>CELL NUMBER OF PARENT/GUARDIAN:</b>	
<b>WORK NUMBER OF PARENT/GUARDIAN:</b>	
<b>HOME NUMBER OF PARENT/GUARDIAN:</b>	

<b>RACE OF PARENT/APPLICANT:</b>	African/ Black	Asian/ Indian	Coloured	Black	White
<small>as defined by the BEF Codes of Good Practice</small>					

<b>CITIZENSHIP:</b>	SA Citizenship	Immigrant	ID/Passport Number						
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<b>DID YOU GO TO PAHS or QASS (a past pupil?)</b>	Yes	No
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**DETAILS OF OTHER PARENT/GUARDIAN**

<b>TITLE OF SPOUSE/PARTNER:</b>	
<b>INITIALS OF SPOUSE/PARTNER:</b>	
<b>SURNAME OF SPOUSE/PARTNER:</b>	
<b>FIRST NAME (only) SPOUSE/PARTNER:</b>	
<b>OCCUPATION OF SPOUSE/PARTNER:</b>	
<b>NAME OF EMPLOYER:</b>	
<b>EMAIL ADDRESS OF SPOUSE/PARTNER:</b>	
<b>CELL NUMBER OF SPOUSE/PARTNER:</b>	
<b>WORK NUMBER OF SPOUSE/PARTNER:</b>	

<b>RACE OF SPOUSE/PARTNER:</b>	African/ Black	Asian/ Indian	Coloured	Black	White
<small>as defined by the BEF Codes of Good Practice</small>					

<b>CITIZENSHIP:</b>	SA Citizenship	Immigrant	ID/Passport Number						
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<b>IS YOUR SPOUSE/PARTNER EMPLOYED?</b>	Yes	No
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<b>DID YOUR SPOUSE/PARTNER GO TO PAHS or QASS (a past pupil?)</b>	Yes	No
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# ENROLMENT UNDERTAKING



1. I/We hereby apply to have the child whose name appears on this form to attend as a learner at PORT ALFRED HIGH SCHOOL and confirm that s/he complies with the basic criteria.
2. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the aforementioned learner.
3. I/We undertake to adhere to the School rules and disciplinary code and to the various alterations in the rules an disciplinary code that may be made from time to time.
4. I/We understand and confirm that the Principal and/or any other person duly authorized will act in *loco parentis* in any matter and at any time during which I/we have entrusted our child in the care of the School.
5. I/We understand that while every reasonable effort will be made to prevent losses or damage to learner's clothing, devices and equipment, the School cannot be held liable for such.
6. I/We undertake to reimburse the School for any damage to School property that may be caused by my/our child.
7. I/We jointly and severally undertake to pay School fees and I/we understand the following:
  - a. *Payment of the annual School fees is compulsory and the fees are due and payable on or before 1<sup>st</sup> January every year as adopted by the majority of parents at the Annual General Meeting of the Governing Body.*
  - b. *The fee may be paid in 10 monthly instalments beginning January and ending in October, or the fees may be paid up-front thus qualifying for certain discounts (see the Schedule of Fees)*
  - c. *In terms of Section 39 of the South African Schools Act, the parties to this form are liable to pay compulsory School fees.*
  - d. *In terms of Section 40 of the South African Schools Act, the School may enforce the payment of these compulsory school fees.*
  - e. *The parties to this application undertake to pay all legal costs, including attorney/client fees and collection costs incurred by the School in the event of the School having to take legal action for the recovery of School fees.*
  - f. *If payment is not received by the 7<sup>th</sup> of each month, the School reserves the right to charge interest on all overdue accounts at the rate of 25% per annum.*
  - g. *The School fees payable by the applicant/s to the School shall be stipulated in any notice derived by the Governing Body from time to time and the contents of such notice, directive or tariff shall be deemed incorporated in this agreement as if specifically set out herein.*
  - h. *The School's monthly statement of fees shall be prima facie proof of the amounts owed by the applicants in terms thereof.*
  - i. *I/we have been informed of my/our rights to apply for total, partial or conditional exemption from payment of School fees.*
  - j. *If I/we want to apply for total, partial or conditional exemption, the appropriate form will be collected from the School's offices for completion and will be returned to the School no later than 19<sup>th</sup> January each year.*
  - k. *The criteria and procedure for the application process will be explained to me/us once the application is filed.*

# ENROLMENT UNDERTAKING



1. *If no application is received on or before the aforementioned date I/we agree and acknowledge that I/we are able to afford payment of the School fees.*
8. I/We acknowledge to give NOTICE IN WRITING of any intention to remove mu/our children from the School and furthermore to return any books/devices/equipment/property belonging to the School which my/our child may have.
9. I/We agree that our child be permitted to undertake group Edumetric and Psychometric tests which will have been approved by the Director of Education.  
I/We agree that if our child is over the compulsory School-going age (15 years) s/he will attend School regularly and will only be absent for medical reasons.
10. I/We understand that the School reserves the right to verify all information supplied via this application. In the event of fraudulent documents being submitted, the School reserves the right to lay a criminal charge (i.e. fraud) against any of the parties to this application.
11. I/We accept responsibility for immunizing my/our children against contagious diseases and normal infections, and shall produce proof thereof if required to do so.
12. I/We accept the responsibility of the pupil's transport to and from the School.
13. I/We undertake to inform the Principal of my/our children's absence from School and declare that I/we are prepared to submit a doctor's certificate if and when required.
14. I/We undertake to support the School's constitution and policy of admission, as defined and implemented by the Governing Body of the School.
11. I/We understand that smoking in School uniform and the abuse of any drug and/or alcohol beverage is an infringement of the critical School rules and will not, under any circumstances, be tolerated.
12. This commitment in its entirety will be void from the day on which it is signed by the parent/guardian to the day on which the pupil officially leaves the School.
13. The parent/guardian declares that s/he is the legal guardian of the child and is entitled to sign this document and shall be bound hereto both as parent/guardian and in his/her personal capacity.
14. The signatory/ies hereto hereby chooses *domicilium citandi et executandi* as indicated below. In addition the signatory/ies hereto confirm that the following email addresses are to be used for the delivery of the School statement. In the event of a change of address, the signatory/ies undertake to notify the School in writing.

<b>PHYSICAL ADDRESS:</b> <i>Where you live</i>	Street	Town/City	Code	
	<b>EMAIL ADDRESS:</b> <i>For the statement</i>			
<b>EMAIL ADDRESS:</b> <i>For the statement</i>				

# SCHOOL FEES SCHEDULE 2021



1. Please note that Port Alfred High School is a fee-paying school as per Government Gazette, November 1996, Act No. 84, 4.1. "The governing body of a public school may by process of law enforce the payment of school fees by parents who are liable to pay."
2. A non-negotiable registration fee of R2000 is due by 30 October 2021. Only the payment thereof will secure your child's place at Port Alfred High School. This amount is then deducted from your annual school fees. **YOU MAY ONLY PAY THIS DEPOSIT ONCE A LETTER CONFIRMING ADMISSION HAS BEEN RECEIVED FROM THE SCHOOL OFFICE.**
3. Payment of the annual school fees is compulsory. You may pay it in monthly instalments beginning on or before 1 January and ending in October, or you may pay the amount in full up-front.
4. Should you choose to pay your fees in full up front by the end of December, a 8% discount will be granted.
5. A sibling discount is available. Application for this is to be made through the front office. Please note that the sibling must have a track record of at least one consecutive calendar year's attendance at the School to qualify.
6. Bursaries are unfortunately limited and largely unavailable.
7. It is essential that you provide the School with a valid email address so that all account correspondence and statements can be sent to you timeously.
8. You are required to notify the School of any changes to this address as and when these may arise.
9. When doing an Electronic Funds Transfer, cash deposit or bank transfer please use your child's account number /surname and initial as the reference.
10. In the event of a failure to pay by the 7<sup>th</sup> of the month, the School reserves the right to charge interest on all overdue accounts at the rate of 25% per annum. The School's monthly statement of fees shall be *prima facie* proof of the amounts owed by the applicant/s in terms thereof. Furthermore, the parties to this application undertake to pay all legal costs, including attorney/client fees and collection costs incurred by the School in the event of the School having to take legal action for the recovery of school fees.
11. In terms of fee exemption, the following applies:
  - a. *If you want to apply for the total, partial or conditional exemption, the appropriate application form must be collected from the School's offices for completion and returned to the School by the latest, on 30 October for the following year.*
  - b. *The criteria and procedure for the application process will be explained to once the application is filed.*
  - c. *If no application is received on or before the aforementioned date the School will interpret this as you agreeing and acknowledging that you are able to afford payment of the school fees.*

12. The 2021 Schedule of School Fees is as follows:

GRADE	PER YEAR	PER MONTH
NURSERY	R16 500	R1 450 (Jan to Oct after R2000 Nov payment)
GRADE R	R18 400	R1 640 (Jan to Oct after R2000 Nov payment)
GRADE 1 - 6	R19 750	R1 775 (Jan to Oct after R2000 Nov payment)
GRADE 7 - 12	R21 150	R1 915 (Jan to Oct after R2000 Nov payment)

Please note that your attendance at the Annual School Governing Body Meeting is essential. Only at this meeting will the School Fee Schedule of Fees for the next year be announced.

## BANK DETAILS: PORT ALFRED HIGH SCHOOL

Port Alfred High School  
Port Alfred Branch 210917  
Account Number 53403295538

\*\* Please use your child's SCHOOL ACCOUNT NUMBER or SURNAME and INITIAL as the Reference \*\*

# SCHOOL FEES EXEMPTION INFO & CHECK LIST



*As per the South African Schools Act No 84 of 1996*

Mark with a cross in the applicable box:

<b>1</b>	Have you been informed about the amount due in terms of the annual school fees?	<b>YES</b>	<b>NO</b>
<b>2</b>	Have you been informed that you are liable for the payment of school fees unless you are totally exempted from paying school fees?	<b>YES</b>	<b>NO</b>
<b>3</b>	Have you been informed about your right to apply for exemption from paying school fees?	<b>YES</b>	<b>NO</b>
<b>4</b>	Do you wish to apply for such exemption?	<b>YES</b>	<b>NO</b>
<b>5</b>	Do you wish to be assisted in making such application?	<b>YES</b>	<b>NO</b>
<b>6</b>	Do you understand that the onus/responsibility is on you to collect school fee exemption application forms from the Bursar's office during office hours.	<b>YES</b>	<b>NO</b>

**NAME of PARENT/GUARDIAN:** .....

**SIGNATURE of PARENT/GUARDIAN:** .....

**NAME of PRINCIPAL:** .....

**SIGNATURE of PRINCIPAL:** .....

Signed at (place):.....on the (day) .....(month) .....(year):.....

# IMAGE RELEASE FORM



I, the undersigned, do hereby confirm that I am the parent/legal guardian of ..... (learner's name) and have legal authority to execute this release on his/her behalf. I hereby grant PORT ALFRED HIGH SCHOOL irrevocable permission to publish photographs of my son/daughter taken during the duration of his/her scholastic career at the aforementioned-school including but not limited to official and unofficial school events and including events both on and off the school premises.

These images may be published in any reasonable manner, including (but not limited to) calendars, advertisements, periodicals, posts on social media and press releases. Furthermore, I will hold harmless any photographer and his/her legal representatives and assigns, from any liability by virtue of minor cropping that may be required, and colour and exposure shifts that may occur in reproducing this photograph.

I have read this release and fully understand its implications.

Parent/legal guardian's name _____	_____
Parent/legal guardian's Signature _____	_____ Date _____
Witness's Name _____	_____
Witness's Signature _____	_____ Date _____

# CERTIFICATE OF CONDUCT



TO BE COMPLETED BY THE SCHOOL WHERE THE APPLICANT IS CURRENTLY ENROLLED (not applicable if at PAHS)

<b>NAME OF PRESENT SCHOOL:</b>	
<b>SCHOOL TELEPHONE NUMBER:</b>	
<b>SCHOOL EMAIL ADDRESS:</b>	

This is to certify that:

<b>NAME OF APPLICANT:</b>	
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Was a pupil at this school

<b>FROM (date):</b>	
<b>TO (date):</b>	

During this time, his/her conduct has been:

<b>EXCELLENT:</b>	
<b>GOOD:</b>	
<b>SATISFACTORY:</b>	
<b>DISAPPOINTING:</b>	

During this time, the payment of school fees was:

<b>REGULAR:</b>	
<b>ERRATIC:</b>	
<b>UP TO DATE:</b>	
<b>IN ARREARS:</b>	

At the present time, school fees for this pupil are:

Any other comments:

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.....  
**Signature of the Principal/Deputy**.....

.....  
**Date**.....



For any queries or assistance please contact Jessica French, the Admissions Secretary at the Front Office: (046) 624 2440 / jfrench@pahs.co.za



# ENROLMENT PAPERWORK CHECKLIST



For any queries or assistance please contact Jessica French at the Front Office: (046) 624 2440 /  
jfrench@pahs.co.za

*In order to facilitate your application, please ensure that all the paperwork is in order and attached. Please take a moment to check the following:*

1.	Enrolment Form – all the pages are complete and signed where necessary.	
2.	A recent ID – size photo of the learner (please attach it to the Enrolment Form).	
3.	The learner's MOST RECENT school report.	
4.	A transfer card/letter from the learner's current school.	
5.	The completed, stamped and signed Certificate of Conduct from current school.	
6.	A copy of the learner's up to date immunization card. (This is a requirement and not optional)	
7.	Proof or residence indicating that you live in the PAHS feeder area. For example a copy of your water & lights account. It may note be older than 3 months.	
8.	A copy of the learner's unabridged birth certificate.	
9.	Copies of BOTH parent/guardians IDs (even if separated/divorced/unmarried). Or court documentation indicating guardianship/foster placement.	
10.	Proof of income (not older than 3 months). <ul style="list-style-type: none"> <li>• If employed a certified copy of both parents' salary slip/ bank statement</li> <li>• If unemployed, a letter from the Department of Labour indicating the last date of employment.</li> <li>• If self-employed, a copy of the last audited Income Statement or a letter from SARS indicating your income.</li> <li>• If self-employed, a copy of the last 3 months' bank statements</li> </ul>	
11.	The completed and signed School Fees Exemption Fees list	
12.	A signed copy of the Image Release form.	
	Your signature in the block below.	

I/We hereby acknowledge that:

- I/We have read the School Fees Schedule document and am/are aware that Port Alfred High is a fee-paying school.
- I/We am aware that, to secure my/our child's place, should s/he be accepted, a R2000 registration fee must be paid by 30 October. This will be deducted from the school fees.

**SIGNATURE of PARENT/GUARDIAN:** .....

**SIGNATURE of PARENT/GUARDIAN:** .....

Signed at (place):.....on the (day) .....(month) .....(year).....