



Durban Girls' High School

495 Lena Ahrens Road, Glenwood, 4001, South Africa

Private Bag X14, Congella, 4013, South Africa

Tel: 031-274 2700 Fax: 031-205 6123

E-mail: admin@dghs.co.za.

Web-page: www.dghs.co.za

DATE ISSUED:

APPLICATION FOR ADMISSION _____

(TO BE COMPLETED BY BOTH PARENTS/LEGAL GUARDIANS)

1. For a girl to be eligible for admission to this school she must comply with the admissions criteria as determined by the Governing Body.
2. The Application will not be processed or finalised until all the relevant documentation has been received by the School.
3. If any facts reflected in this application form prove to be incorrect, the School reserves the right to reject the application, whether or not the application has been previously accepted. It is an offence to make a false statement about any item pertinent to this application, such as the age and identity of a child, place of residence, guardianship or previous academic achievement.
4. By making this application for admission to the School, the learner and her parents accept that on such admission, the learner will be bound by the Code of Conduct and Regulations of the School throughout the learner's stay at the School. The Admissions Policy is available on www.dghs.co.za.
5. This form must be completed in full by the applicant's parent/s or legal guardian.
6. Parent as defined in S.A. Schools Act, No 84 of 1996 is -
 - a. The parent or guardian of a learner;
 - b. The person legally entitled to custody of a learner; or
 - c. The person who undertakes to fulfil the obligations of a person referred to in paragraph (a) and (b) towards the learner's education at school.
 - d. Durban Girls' High School is a fee paying school in terms of Section 39 and 40 of the South African Schools' Act, Act No. 84 of 1996.
7. The closing date for applications is as stated on the attached letter.

(PLEASE USE CAPITAL LETTERS FOR CLARITY PURPOSES)

LEARNER'S SURNAME: _____

LEARNER'S FIRST NAMES: _____

GRADE APPLIED FOR: _____

The following documents must be submitted with the Application:

DATE RECEIVED:

FOR OFFICE USE ONLY	
1	Unabridged Birth Certificate -Certified
2	Identity Document of Learner - Certified
3	Report - End of previous school year and latest - Certified
4	Immunisation Records
3	Both Parents' Identity Documents - Certified
4	Guardianship (if necessary - copy of Court Ruling) - Certified
5	Electricity Account/Rates Account (latest, original) in parent's name
6	One Passport size photo of learner
7	Current School Fee Account - Recommended

1.Particulars of Learner

Surname: First Name:

Second Name: Known as:

Date of Birth: Place of Birth:

Identity Number: Race:

Religion: Mother Tongue:

Residential Address of Learner:

Learner living with

BOTH PARENTS	MOTHER	FATHER	OTHER
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Give details if "Other":

Citizenship:

Country of Residence:

Immigrant? If yes, state date of entry in South Africa:

If immigrant - documentation on entry to country and proof of citizenship or study permit.

If not South African - Residence Permit Number:

1.1. Scholastic

Current Grade:

Name and Postal address of present (most recent) school:

Telephone No: Fax No:

Number of years at above school:

List other schools attended (excluding pre-primary schools):

Has pupil been expelled from/refused admission to any school?

Has pupil repeated any grade?

YES	NO
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If the learner has attended a school that does not have English as the medium of instruction furnish details:

1.2. Association with Durban Girls' High School

1.2.2. MOTHER:

Name

Maiden Name:

1.2.3.GRANDMOTHER/S:

Name

Name

Number of children in family

Position in family, e.g. first

1.3. Learner Profile

NAME OF LEARNER: _____

A brief resumé of your achievements from previous school year and current school year, including sporting and cultural activities.

1. Academic:

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.....

2. Leadership:

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3. Co-curricular - School Involvement:

CO-CURRICULAR ACTIVITY	TEAM OR LEVEL	YEAR

Other Co-Curricular:

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4. Co-curricular - Out of School involvement:

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5. If a family member attended Durban Girls' High School previously please indicate house.

Tick appropriate block.

Kyanite (formerly Connaught) - Blue		Malachite (formerly Buxton) - Green	
Amethyst (formerly Selborne) - Purple		Garnet (formerly Athlone) - Red	
Citrine (formerly Milner) - Yellow			

2. Particulars of Biological Parents

Particulars of both biological parents are required.

In the case of a deceased parent please indicate this on the form and a certified copy of the Death Certificate should be included.

FATHER

Surname:

First Names:

Prof/Dr/Mr:

I.D. Number:

Marital Status:

Married/ Single/ Divorced/Widowed
(Delete whichever not applicable)

Residential Address (Street):
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.....
.....

Number of years at above address:

Postal Address:
.....
.....
.....

Home Telephone No:

Business Telephone No:

Fax No:

Cellphone No:

e-mail:

Business Name:
.....
.....

Business Address:
.....
.....

Occupation:

No. of years service at present business:
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MOTHER

Surname:

Maiden Name:

First Names:

Prof/Dr/Mrs/Miss/Ms:

I.D. Number:

Marital Status:

Married/ Single /Divorced/Widowed
(Delete whichever not applicable)

Residential Address (Street):
.....
.....
.....

Number of years at above address:

Postal Address:
.....
.....
.....

Home Telephone No:

Business Telephone No:

Fax No:

Cellphone No:

e-mail:

Business Name:
.....
.....

Business Address:
.....
.....

Occupation:

No. of years service at present business:
.....

Compulsory School Fees are prescribed by law and the Governing Body may enforce their payment by taking legal action (SA Schools Act 84 of 1996 - Section 41). The address specified above as your residential address is hereby acknowledged as the chosen legal domicile for service of all legal notices and processes until and unless the school is advised in writing of your new address (domicilium citandi et executandi).

3. Particulars of Step-Parents/Legal Guardians (If applicable)

Surname:

Surname:

First Names:

Maiden Name:

First Names:

Prof/Dr/Mr:

Prof/Dr/Mrs/Miss/Ms:

I.D. Number:

I.D. Number:

Relationship to Learner:

Relationship to Learner:

Residential Address (Street):
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.....
.....

Residential Address (Street):
.....
.....
.....

Number of years at above address:

Number of years at above address:

Postal Address:
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.....
.....

Postal Address:
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.....
.....

Home Telephone No:

Home Telephone No:

Business Telephone No:

Business Telephone No:

Fax No:

Fax No:

Cellphone No:

Cellphone No:

e-mail:

e-mail:

Business Name:
.....
.....

Business Name:
.....
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Business Address:
.....
.....

Business Address:
.....
.....

Occupation:

Occupation:

No. of years service at present business:
.....

No. of years service at present business:
.....

Compulsory School Fees are prescribed by law and the Governing Body may enforce their payment by taking legal action (SA Schools Act 84 of 1996 - Section 41). The address specified above as your residential address is hereby acknowledged as the chosen legal domicile for service of all legal notices and processes until and unless the school is advised in writing of your new address (domicilium citandi et executandi).

4. Reports

Reports to be sent to:

Father	Mother	Jointly to Parents	Other
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If "Other" - Name:

Address:

5. School Fees

Durban Girls' High School is a fee paying school in terms of Section 39 and 40 of the South African Schools' Act, Act No. 84 of 1996.

Mother's Name:

Address:

I.D. No: Signature:

Father's Name:

Address:

I.D. No: Signature:

5. In Case of Emergency (ICE)

Who does the school contact first:

Mother	Father	Care Giver
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6.1. (ICE1)

Name:

Address:

Telephone No: Cellphone Number:

6.2. (ICE2) - a person not living with you.

Name:

Address:

Telephone No: Cellphone Number:

7. Medical

Medical Aid:

Medical Aid Plan/Level/Type:

Medical Aid Main Member:

Membership Number:

Doctor: Telephone No:

Previous illnesses (nature and seriousness), details of disabilities, allergies or other medical condition that the school should be aware of:

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8. DECLARATION

- 8.1. I undertake
- to furnish original, authentic documents as required;
 - to inform the school in writing of any change of address or telephone number.
- 8.2. I declare that the information and documents submitted for this application are true and correct.
- 8.3. I acknowledge receipt of the letter accompanying this application form and have noted its contents.
- 8.4. I agree that all written correspondence forwarded by the school to the given postal address shall be deemed to have been received within 7 days from date of postage.
- 8.5. Should this application be successful I undertake
- to inform the school in writing of any case of infectious illness in my household;
 - to ensure that this child attends school regularly and to give reasons in writing should my child be absent;
 - to ensure that this child complies with the code of conduct and regulations of the school;
 - to respect the tradition and character of the school and encourage my child to do the same;
 - to ensure that this child attends organised school activities;
 - to pay the full school fees in terms of Section 39 and 40 of the South African Schools' Act, Act No. 84 of 1996;
 - to pay all costs incurred for damage done or losses caused by my child/ward to school property.
- 8.6. I agree that the Principal or her designates may act in loco parentis in the event of any injury or accident in which my child/ward may be involved.
- 8.7. I agree that
- The onus is on me, as the parent/guardian, to ensure that the application form is complete;
 - If the application form is incomplete, the application may not be considered;
 - If any information supplied is fraudulent, the application will be refused;
 - Durban Girls' High School reserves the right to validate or verify information and documentation submitted.

By signing below I understand that the above declaration is binding on myself for this application for my daughter.

MOTHER: (Name in full) _____

SIGNATURE: _____ Date: _____

FATHER: (Name in full) _____

SIGNATURE: _____ Date: _____

GUARDIAN - If applicable: (Name in full) _____

SIGNATURE: _____ Date: _____

Witnesses:

1. Name: _____ Signature: _____

Address: _____ Phone Number: _____

Date: _____

2. Name: _____ Signature: _____

Address: _____ Phone Number: _____

Date: _____