

Durban Girls' High School

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DATE ISSUED:

DATE RECEIVED:

APPLICATION FOR ADMISSION IN 2026

(TO BE COMPLETED BY BOTH PARENTS/LEGAL GUARDIANS)

- 1. For a learner to be eligible for admission to this school she must comply with the admission criteria as determined by the School Governing Body.
- 2. The Admissions Policy is available on www.dghs.co.za.
- 3. The application will not be processed or finalised until all the relevant documentation has been received by the school.
- 4. 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.
- 5. 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.
- 6. This form must be completed in full by the applicant's parent/s or legal guardian.
- 7. 'Parent' as defined in the South African 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.
- 8. 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.
- 9. The closing date for applications is as stated on the attached letter.

(PLEASE USE CAPITAL LETTERS FOR CLARITY PURPOSES)

	LEARNER'S	SURNAME:
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LEARNER'S FIRST NAMES:

GRADE APPLIED FOR:

The following documents must be submitted with the application:

	FOR OFFICE USE ONLY	
1.	Unabridged birth certificate - certified	
2.	Identity document of learner (if it has been issued) - certified	
3.	Report - end of previous school year and latest - certified	
4.	Immunisation records	
5.	Both parents' identity documents - certified	
6.	Guardianship (if necessary - copy of court ruling) - certified	
7.	Proof of residence as per FICA e.g. electricity account/rates account (latest, original) in parent's name	
8.	One passport size photo of learner	
9.	Current school fee clearance certificate / current school fee statement - recommended	

1.Particulars of Learner

Surname:		. First name:			
Second name:					
Date of birth:		Place of birth:			
Identity number:		Race:			
Religion:					
Residential address of learner:					
Learner living with:	BOTH PARENTS	MOTHER	FATHER	OTHER	
Give details if "Other":					
Number of children in family:		Position in fam]
Citizenship:					
Country of residence:					
Immigrant? If yes, state date of					
If immigrant, documentation on e					
If not South African - Residence					
1.1. Schooling					
Current Grade:					
Name and postal address of pre					
Telephone no:					
Number of years at above schoo	ol:				
List other schools attended (exc	luding pre-primary	schools):			
Has learner been expelled from/	refused admission	to any school?	YES	NO	
Has learner repeated any grade					
If the learner has attended a sch	lool that does not h	ave English as	the medium of	f instruction,	provide
details:					·
1.2. Family Association	vith Durban Gi	rls' High Sch	ool		
				YEAR	YEAR
1.2.1. SISTER/S:				FROM	ТО
Name:					
Name:					
1.2.2. MOTHER:					
Name:					
Maiden Name:					
1.2.3.GRANDMOTHER/S:					
Name:					

Name:

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1.3. Learner Profile

NAME OF LEARNER:

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

1. Academic: 2. Leadership:

3. Extra-curricular - school involvement:

EXTRA-CURRICULA	AR ACTIVITY	TEAM OR LEVEL ATTAIN	ED YEAR

Any other information regarding extra-curricular involvement:

4. Extra-curricular - out of school involvement:

5. If a family member attends/ed Durban Girls' High School, 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 include a certified copy of the Death Certificate.

FATHER Surname:	MOTHER Surname: Maiden Name:
First Names:	First Names:
Prof/Dr/Mr:	Prof/Dr/Mrs/Miss/Ms:
I.D. Number:	I.D. Number:
Marital Status: Married/Single/Divorced/Widowed (Delete whichever not applicable)	Marital Status: Married/Single/Divorced/Widowed (Delete whichever not applicable)
Residential Address (Street):	Residential Address (Street):
Number of years at above address:	Number of years at above address:
Postal Address:	Postal Address:
Home Telephone no:	Home Telephone no:
Work Telephone no:	Work Telephone no:
Fax no:	Fax no:
Cellphone no:	Cellphone no:
e-mail:	e-mail:
Place of Work - Name:	Place of Work - Name:
Place of Work - Address:	Place of Work - Address:
Occupation:	Occupation:
Occupation: Position Held:	Occupation: Position Held:
No. of years service at present place of work:	No. of years service at present place of work:

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:		
	Maiden Name:		
First Names:	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):	Residential Address (Street):		
Number of years at above address:	Number of years at above address:		
Postal Address:	Postal Address:		
Home Telephone no:	Home Telephone no:		
Work Telephone no:	Work Telephone no:		
Fax no:	Fax no:		
Cellphone no:	Cellphone no:		
e-mail:	e-mail:		
Place of Work - Name:	Place of Work - Name:		
Place of Work - Address:	Place of Work - Address:		
Occupation:	Occupation		
	Occupation:		
Position Held:			
No. of years service at present place of work:	No. of years service at present place of work:		

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4. Reports				
Reports to be sent to:	Father	Mother	Jointly to Parents	Other
If "Other" - Name and Rela	tionship:			
Address:				
5. School Fees				
Durban Girls' High School is Schools Act, Act No. 84 of		school in ter	ms of Section 39 and	d 40 of the Sout
Mother's Name:				
Address:				
I.D. No:		Signature		
Father's Name:				
Address:				
I.D. No:		Signature	:	
6. In Case of Emerge	ency (ICE)			
Who does the schoo	ol contact first?		Mother Father	Care
				Giver
Should the contacts of two alternative er 6.1. (ICE1) Name:	nergency conta	acts:	are giver) be unavai	lable, please pr
of two alternative er 6.1. (ICE1) Name: Address:	nergency conta	acts:		lable, please pr
of two alternative er 6.1. (ICE1) Name: Address: Telephone no:	nergency conta	acts:		lable, please pr
of two alternative er 6.1. (ICE1) Name: Address: Telephone no: 6.2. (ICE2) a perso	nergency conta	acts: th you.	Cellphone number:	lable, please pr
of two alternative er 6.1. (ICE1) Name: Address: Telephone no: 6.2. (ICE2) a perso Name:	nergency conta	acts: th you.	Cellphone number:	lable, please pr
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of two alternative er 6.1. (ICE1) Name: Address: Telephone no: 6.2. (ICE2) a perso Name: Address: Telephone no: 7. Medical Medical Aid: Medical Aid Plan/Level/Typ	e:	acts: th you.	Cellphone number: Cellphone number:	lable, please pr
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of two alternative er 6.1. (ICE1) Name: Address: Telephone no: 6.2. (ICE2) a perso Name: Address: Telephone no: 7. Medical Medical Aid: Medical Aid Plan/Level/Typ Medical Aid Main Member: Membership Number:	e:	acts: th you. 	Cellphone number: Cellphone number: Cellphone number:	lable, please pr

8. DECLARATION	
8.1. I undertake:	
a. to furnish original, authentic documents as require b. to inform the school in writing of any change of ad	d; dress or telephone number.
e. should the DGHS school fees account of any siblin	n may not be considered; ation will be refused; date or verify information and documentation submitted. Ig be in arrears, this application will not be processed.
 8.3. I agree that all information given to the school is truth a. the information and documents submitted for this is b. should any information or correspondence with the school shall be entitled to request me to remove this 	application are true and correct; e school contain unjustifiable claims or dishonesty, the
 8.4. I acknowledge receipt of the letter accompanying this 8.5. I agree that all written correspondence forwarded by be deemed to have been received within 7 days from 	application form and have noted its contents. the school to the given postal address shall
8.6. Should this application be successful I undertake: a. to inform the school in writing of any case of infecti	ous illness in my household; ad to give reasons in writing should the child be absent; Conduct and regulations of the school; and encourage this child to do the same; activities;
g. to pay all costs incurred for damage done or losses	Principal or her designates may act in loco parentis in
 a. to the school collecting, storing and updating the p that the school can provide the necessary persona school for a lawful purpose only; 	I information to an authorised representative of the
the personal information is complete, accurate, not 8.9 Should this application be successful, and in the ever	
By signing below I understand that the above declara	tion is binding on me and 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: _____