



VICTORIA PARK HIGH SCHOOL

Victoria Park Drive, Walmer 6070
P.O. Box 5868 Walmer 6065
Tel: 041 508 6412
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admissions@vphs.ecape.school.za

**PASTE
I.D. PHOTO OF
APPLICANT**

APPLICATION DOCUMENT

OFFICE USE ONLY

| | |
|----------------------------|---------------------|
| Received on: | Accepted: |
| Text book fee paid: | Accession No: |
| Bursar's Office: | Assistance:..... |
| Academic:..... | Area:..... |
| Sport:..... | Cultural:..... |
| Barriers to Learning:..... | |

**COMPLETING THIS DOCUMENT DOES NOT GUARANTEE ACCEPTANCE INTO THE
SCHOOL
INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED**

| | |
|---|----------------------|
| Grade for which you are applying at VPHS: _____ | Year: _____ |
| Present School: _____ | Present Grade: _____ |

DETAILS OF LEARNER

Surname: _____ First Name(s): _____

Called/Preferred Name: _____ Male _____ Female _____

Date of Birth

Identity Number/Passport Number (if a foreigner)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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Country of Birth: _____

Study Permit No: (if applicable) _____ Country of Origin: _____

Religious Affiliation: _____ Learner's Cell No: _____

Home Language: _____ **2nd language subject choice:** Afrikaans _____ Xhosa _____
(Final Choice)

DETAILS OF LEARNERContinued

Population Group:

African _____ Asian _____ Black _____ Chinese _____ Coloured _____ Indian _____

White _____ Other _____ If other state _____

Has the applicant repeated a grade/s? NO _____ YES _____

If **Yes**, please indicate Grade(s) _____ Year(s) _____

School(s) _____

Position of the applicant in family: 1st, 2nd, 3rd _____ **Age of siblings:** 1st _____ 2nd _____ 3rd _____

Names of Brother(s) or Sister(s) CURRENTLY at VPHS (NOT COUSINS OR FRIENDS)

1. Name: _____ Grade: _____

2. Name: _____ Grade: _____

Did the Parent/s of the Learner attend VPHS? Yes _____ No _____

If YES what year/s _____

**THE DETAILS OF THE BIOLOGICAL FATHER & MOTHER MUST BE COMPLETED
EVEN IF THE LEARNER DOES NOT LIVE WITH THE PARENTS**

Who does the learner live with?

| | | | | | |
|------------------------------------|--------------|--------|-------------|----------------------|-------|
| Learner lives with: | Both parents | Father | Mother | Guardian | Other |
| | Step-Father | | Step-Mother | | |
| Please state if Parent(s) deceased | Father | Mother | Both | Death cert. required | |

Address where the learner resides. If learner shares the time with divorced parents kindly provide both addresses

1. _____

2. _____

EMERGENCY ALTERNATE CONTACT – OTHER THAN PARENTS

NOT LIVING WITH THE LEARNER (This person must live in Port Elizabeth)

Title: _____ Surname: _____ First Name(s): _____

State the relationship to the learner & parents: _____

Contact Details: Home: _____ Cell: _____

Work Tel No: _____

DETAILS OF THE GRAND-PARENTS / LIFE PARTNERS/ STEP-PARENTS/OTHER

If the learner lives with one of the above, kindly complete the details.

Title: _____ Surname: _____ First Name(s) _____

Identity Number/Passport Number (if a foreigner)

What is your relationship to the learner?

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Contact: Cell: _____ Home: _____

Business No: _____ Email: **print clearly** _____

Residential Address: _____

_____ Postal Code: _____

Postal Address: _____

Employer: _____ Occupation: _____

Address of Employer: _____

If Self-Employed, state the nature of your business: _____

Name & Address of your business: _____

OTHER RELEVANT LEARNER INFORMATION

MEDICAL CONDITIONS:

Should the school be aware of any medical conditions the learner may suffer?

NO _____ YES _____ If YES, please supply details of the condition.

_____ and

The prescribed medication _____

BARRIERS TO LEARNING:

Does the child have any clinically diagnosed barriers to learning? NO _____ YES _____

If **YES**, kindly include copies of the necessary clinical reports.

CURRENT SCHOOL:

Academic Achievements: _____

Positions of Leadership: _____

EXTRA CURRICULAR ACTIVITIES IN WHICH THE LEARNER IS PRESENTLY INVOLVED

| | | | |
|---------------------|------------------------|-----------------------------|-----------------------|
| Music | <u>Instrument/s</u> | <u>External exam passed</u> | <u>Grade</u> |
| Cultural Activities | | | |
| Sporting Activities | 1. <u>Summer</u> 2. | 1. <u>Winter</u> 2. | 1. <u>Level</u> 2. |

EXTRA CURRICULAR ACTIVITIES IN WHICH THE LEARNER WILL PARTICIPATE AT VPHS

LEARNERS ARE EXPECTED TO CONTINUE THEIR PARTICIPATION IN A WINTER AND A SUMMER SPORT AT VPHS

| | | | |
|---------------------|------------------------|------------------------|-----------------------|
| Sporting Activities | 1. <u>Summer</u> 2. | 1. <u>Winter</u> 2. | 1. <u>Level</u> 2. |
|---------------------|------------------------|------------------------|-----------------------|

| | | | |
|-------|----------------|----------------------------|----------------|
| Music | <u>Details</u> | <u>Cultural Activities</u> | <u>Details</u> |
|-------|----------------|----------------------------|----------------|

SCHOOL FEES

Victoria Park High School is a PROUDLY FEE PAYING SCHOOL.

The Governing Body of VPHS charge school fees in accordance with the South African Schools Act 84 of 1996.

This act states that, if Parents/Guardians wish their child/children to attend **VICTORIA PARK HIGH SCHOOL**, they undertake to support the financial commitments of the school by paying the school fees levied on a monthly basis.

Divorced parents

In the event of the parents being divorced, both parents are jointly and severally responsible for the payment of school fees, irrespective of any maintenance order or verbal agreement.

INITIAL AS HAVING BEEN READ _____

Only complete this section if the school fees are paid by a Trust or Guardians' Fund

| TRUST FUND / GUARDIANS' FUND | |
|---|---------------|
| PLEASE NOTE: In the event of the depletion of the Trust Fund, parent(s)/guardian(s) will automatically become responsible for the payment of the school fee account. | |
| Name of Trust: | Reference No: |
| Address of Trust: | |
| Contact Person: | Email: |
| Tel. No: | Fax No: |
| NB: Kindly supply proof of a Trust Fund or Guardians' Fund. A copy of a statement to this effect is required. | |

Correspondence

The method of corresponding with parents/guardians is via email. Kindly ensure that the email address supplied is legible and current. Please contact the school should you not have received correspondacne after the closing date.

Should you change your email address, please inform the Admissions Secretary at: admissions@vphs.ecape.school.za

DECLARATION

PROTECTION OF PERSONAL INFORMATION ACT . ACT OF NO 4 OF 2013

The purpose of the Act is to protect personal information, to strike a balance between the right to privacy and the need for the free flow of, and access to, information and to regulate how personal information is processed.

Special rules apply to the processing of personal information of children. (section 35)

By signing this application, you agree to the information contained herein to be used in the strictest confidence as and when necessary.

I/We the undersigned, hereby confirm that the contents of this application have been read and understood and the information supplied herein is correct and true and that all documents annexed hereto are authentic. Fraudulent information renders this application invalid.

The Signatries to this document agree to abide by the School Code of Conduct.

Signed at _____ on this the _____ day _____ 20_____

Father /Male Guardian

Mother / Female Guardian

Sponsor

1. _____ 2. _____
Step-Parent



CHECK LIST

| <u>CONFIRM BY ✓</u> | | |
|---|--|--|
| <u>THAT THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS APPLICATION</u> | | |
| | I.D. Photopgraph of the Learner attached | Proof of address where the learner lives |
| | Copy of learner's official birth certificate | Copy of the current school fee statement |
| | Copy of learner's latest school report | Proof of income for both biological parents |
| | Copies of the Father & Mother's I.D. | Proof of income for the person responsible for fees (If not the biological parents) |
| | Copy of a valid study permit (if applicable) | |
| | Copy of a valid residence permit (if applicable) | Proof of Trust or Guardians' Fund (if applicable) |
| | Copy of a valid passport (if applicable) | Copy of a Death certificate (if applicable) |