

Pupil's Name:	Grade Required:	Date Admission: 2022
Parent's Surname: (if different from Pupil)		

SANS SOUCI GIRLS' HIGH SCHOOL

Esmé Road, Newlands 7700, Cape Town, South Africa
 PO Box 44330, Claremont 7735, Cape Town, South Africa



Tel: +27 21 671 7188 / Fax: +27 21 683 4090
 E-mail: office@sanssouci.co.za / www.sanssouci.co.za

APPLICATION FOR ADMISSION

- **By signing this application, you are binding yourself to the rules and regulations, as amended from time to time.**
- **In the case of a divorce, irrespective of the divorce agreement, both parents will be held responsible for the fees and must, therefore, both sign the application form.**
- **This Application will NOT be processed until all the forms have been returned.**

KINDLY LET US HAVE THIS COMPLETED FORM, TOGETHER WITH THE FOLLOWING AND AN ID SIZE PHOTOGRAPH

1. Annexure A - for completion by the Principal, who must email or fax it directly to the school (021) 683 4090, OR return it via the Pupil (*in a sealed envelope*).
2. Annexure B - for completion by the Pupil.
3. Annexure C - for completion by Father and Mother, or Legal Guardian/s. (see Annexure C – 8.b)
4. Certified copy of your daughter's **UNABRIDGED** Birth Certificate or application receipt thereof.
5. Certified copy of your daughter's I.D. Document (if available).
6. Certified copy of your daughter's Immunisation Card.
7. Certified copy of your daughter's most recent School Report **AND** end of previous year's Report.
8. Certified copies of the I.D. Documents of biological parents, Foster, Adopted, or Legal Guardian/s).
9. Certified copies of one of the following most recent accounts confirming name and address of Biological Parents/Foster/Adopted or Legal Guardians: Bank Statement / Water and Rates / SARS (No other accounts accepted.)
10. Parents of girls whose non-South African citizenship status requires that they have Residence and Study Permits are asked to note the following:-
 The onus is on the biological parent/foster/adopted or legal guardian to renew Residence and Study Permits. Application must be made three months before Permits expire. (Inspectors do visit the schools.)
 - No girl may be enrolled at the school, or be permitted to continue attending, unless a valid Residence and Study Permit is in place. The originals must be presented to the school and we will make copies of these. (N.B. There is a heavy fine for failure to have these Permits, as well as a risk of deportation.)
 - No girl on a Study Permit will be granted any reduction in school fees.

N.B. Completed Application Forms are to be handed in at the School's office.
Please note that the Application Process cannot begin unless ALL information has been completed . No faxed copies will be accepted.

NB: HANDING IN OF AN APPLICATION FORM AND AN INTERVIEW DOES NOT GUARANTEE ACCEPTANCE

SIGNATURE : BIOLOGICAL PARENT/FOSTER/ADOPTED/LEGAL GUARDIAN (ONE) (Tick which one)

SIGNATURE : BIOLOGICAL PARENT/FOSTER/ADOPTED/LEGAL GUARDIAN (TWO) (Tick which one)



NB (OFFICE USE ONLY)

Present School:
Remarks:

Interview:

Date:	Time:	Interviewer:	Grade:	Admission No.:	Date received at office

LEARNER'S DETAILS

- 1.1 Surname: First Names:
- 1.2 Age..... Home Language of learner :
- 1.3 I.D. No.: Date of Birth:
- 1.4 Place of Birth Nationality:
(Certified copy of UNABRIDGED Birth Certificate or I.D. Document must be provided)
- 1.5 Number of children in family: Ages: Number of daughters in family:
- 1.6 **Non-South African Citizens (Biological Parents/Adoptive Parents/Legal Guardians):**
Country of Origin: Passport No.:
Date of arrival in South Africa: Relationship to Pupil:
Are the Biological Parents/Adoptive Parents/Legal Guardians in possession of a temporary or permanent Residence Permit issued by the Department of Home Affairs? (tick) YES [] NO []
Does the Pupil have a valid Study Permit issued by the Department of Home Affairs? YES [] NO []
(ORIGINAL Residence and Study Permits must be provided)
- 1.7 **Educational History**
Present school: Grade: Year:
Physical address:
Telephone no. of present school: (.....).....
Any other school/s attended:
..... Grade: Year:.....
..... Grade: Year:.....
- 1.8 Has Pupil failed any previous Grade(s)?: (tick) YES [] NO []
If YES, state which Grade(s):
(Attach certified copy of Pupil's most recent school report and end of previous year's report)
- 1.9 Sisters, or other relatives, at Sans Souci Girls' High School at present or in the past:
- | Name | Relationship | Grade | Year |
|-------|--------------|-------|-------|
| | | | |
| | | | |
- 1.10 **Siblings**
Please note that siblings are not necessarily accepted into the school.
- 1.11 **Pupil's Religious Affiliation:**
- 1.12 **Extramural Activities and Sport**
I/We accept and agree that Pupils are encouraged to participate in **at least** one extramural activity offered by Sans Souci throughout the year. All practices / matches / rehearsals / performances, etc. **must** be attended. NO excuses will be accepted and, therefore, other arrangements should not be made during these times. If the Pupil is ill, a Medical Certificate must be supplied. All the necessary extramural uniform requirements will be met.
- 1.13 **Uniform**
I/We hereby accept that the Pupil may wear only the regulation school uniform, both at school and when in uniform outside the school grounds. This would cover both school and extramural dress code.

SIGNATURE : BIOLOGICAL PARENT/FOSTER/ADOPTED/LEGAL GUARDIAN (1) (Tick which one)

SIGNATURE : BIOLOGICAL PARENT/FOSTER/ADOPTED/LEGAL GUARDIAN (2) (Tick which one)

Date :.....

1.14 **N.B. Start of School Day, Attendance and Punctuality**

I/We hereby agree to be responsible and to ensure that the Pupil arrives at school well before the start of the school day so as to ensure that she may line up outside the classroom in readiness for the first lesson. Other arrangements, e.g. family matters and medical appointments, must NOT be arranged to take place during the Academic day or when a Pupil has an Extramural activity.

2. **LEARNERS HEALTH**

2.1 **Pupil suffers from: (tick)**

Blood Pressure [] Epilepsy [] Asthma []
Diabetes [] Migraine []

Allergy (specify): Other (specify):.....

2.2 **Any other physical difficulties:**

.....

2.3 **Operation(s) and date(s) the Pupil has had:**

.....

2.4 **Immunisation:**

N.B. Pupils should have received all the compulsory immunisation as required by the State.

Written evidence of Immunisation is required from a Pupil who is admitted to a Western Cape Education Department school.

2.5 **Family Doctor/Clinic:** Tel. No.:.....

2.6 **Name of emergency contact person (other than parent):**.....

Relationship to Pupil:.....

Work Tel. No.: Cell No.:.....

3. **DETAILS OF BIOLOGICAL PARENTS / FOSTER / ADOPTED OR LEGAL GUARDIAN/S**

If there are two biological parents/foster/adopted or legal guardians, all are entitled to vote at an election of the School Governing Body. The information hereunder should therefore be given in respect of each biological parent/foster/adopted or legal guardian.

Certified copies of I.D. documents of both biological parents/foster/adopted or legal guardian/s **MUST** be attached.

N.B. If you are not the parent, papers regarding legal guardianship **MUST** be included.

3.1 **Marital status of biological parent/foster/adopted or legal guardian: (tick)**

Married [] Separated []
Unmarried [] Widow(er) []
Divorced [] Widow(er) and remarried []
Divorced and remarried []

3.2 **With whom does the Pupil live? (tick)**

Mother and father [] Father and stepmother []
Mother [] Grandparent []
Father [] Legal Guardian []
Mother and stepfather [] Other (specify)

3.3 **Name(s) of person(s) to whom her report should be sent to:**.....

3.4 **Employment status of biological parent/foster/adopted or legal guardian: (tick)**

Both parents work [] Neither parent works []
Only father works [] Single parent, who works []
Only mother works []

SIGNATURE : BIOLOGICAL PARENT/FOSTER/ADOPTED/LEGAL GUARDIAN (1) (Tick which one)

SIGNATURE : BIOLOGICAL PARENT/FOSTER/ADOPTED/LEGAL GUARDIAN (2) (Tick which one)

Date :

3.5 **Financial status of biological parent/foster/adopted or legal guardian:** *[please circle YES or NO]*
 Normal (salary/wages) **YES NO** Salary bracket 5k – 10k 11k – 15k 16k – 20-k 20k plus
 Receive pension **YES NO** Rec. maintenance from ex-husband **YES NO**
 Receive social grant for the learner **YES NO**

3.6 **Person responsible for School Fees:** *tick*
 Biological Mother [] Legal Guardian []
 Biological Father [] Sponsor []
 Foster parent [] Adopted []

(N.B. Upon acceptance, a Contract must be signed by the Sponsor. Annexure C must also be signed and a letter stating that the Sponsor is responsible for the fees for the *full duration* of the pupil's stay at Sans Souci.)

3.7 **Method of payment of School Fees:**
 Annual School Fees are compulsory and are payable by Debit Order over a ten month period for Grade 8 to 12 (Jan – Oct each year). **NB:** The School Governing Body reserves the right to increase the fees at any time should the situation require this.

3.8 **Other costs:**
 * Additional subject costs/ levies and excursions (entrance fees and transportation etc)
 * External competitions and eisteddfods etc. * Project Development Fund
 * Additional consumables for subjects * Tablet and e-books and ICT fees

3.9 **BIOLOGICAL FATHER / FOSTER / ADOPTED / LEGAL GUARDIAN**

Name & Surname:..... Occupation:
 I.D. no.: Name of Employer:
Employee No.:
 Residential Address: Name of own Business:
 Work/Business Address:
 Code:
 Code:
 Tel. No.: (.....) Ext.:
 Cell No.: Cell No.:
 E-mail Address: Work E-mail Address:

3.10 **BIOLOGICAL MOTHER / FOSTER / ADOPTED / LEGAL GUARDIAN**

Name & Surname: Occupation:
 I.D. no.: Name of Employer:
Employee No.:
 Residential Address: Name of own Business:
 Work/Business Address:
 Code:
 Code:
 Tel. No.: (.....) Ext.:
 Cell No.: Cell No.:
 E-mail Address: Work E-mail Address:

The signatories below do hereby declare that the information which has been recorded in this form is true and correct and hereby give the Chairman of the School Governing Body, or his designate, permission to check and confirm any of the details or documents included in this Application. The signatories below understand that if any of the information supplied is found to be false, action may be taken against them.

SIGNATURES: (Please note that each page of this Application must be signed by both biological parents/legal guardians)

SIGNATURE : BIOLOGICAL PARENT/FOSTER/ADOPTED/LEGAL GUARDIAN (1) (Tick which one)

SIGNATURE : BIOLOGICAL PARENT/FOSTER/ADOPTED/LEGAL GUARDIAN (2) (Tick which one)

DATE: