S P

SELLY PARK SECONDARY SCHOOL

Post Net Suite 4821 Private Bag X82323 Rustenburg

Tel/Fax: (014) 592 0284/5 Email: spss principal@gwisa.com

Thank you for requesting an application form for Selly Park Secondary School.

ENCLOSED ARE:

- a. Application Forms for 2018
- b. Financial Policy for 2018
- c. Contract of Payment.
- d. Medical Details.
- e. Personal Details.
- f. Confidential Report

PLEASE RETURN THESE FORMS TOGETHER WITH:

- a. Certified Copy of Birth Certificate including I.D number.
- b. Certified Copy of Baptismal Certificate (if possible)
- c. Registration fee of R100.00 (non-refundable).
- d. Latest school report.
- e. Transfer card.
- f. 4 x I.D. PHOTOS of your child.

Application forms to be returned as soon as possible. Submission of the application does **NOT** automatically guarantee acceptance. An aptitude test and interview will be conducted later.

On acceptance you will be required to pay an admission fee of R2000.00, which is non-refundable

All correspondence to be addressed to:

The Principal
Selly Park Secondary School
PostNet Suite 8421
Private Bag X82323
RUSTENBURG
0300

FINANCIAL POLICY FOR 2018



Please take note of the following guidelines concerning school fees for 2018.

- 1. All school fees are payable in **advance** and must be paid by the **5**th **of the month** eg. March school fees are **due on or before 5**th **March.**
- 2. Fees may be paid in one of the following ways:
 - (i) By stop order (bank details available at the school).
 - (ii) Internet banking.
 - (iii) By direct deposit into the School Bank Account (this is to avoid large amounts of cash being handled at the school).

We find it necessary to insist on one of the above methods of payments for security reasons. Please indicate your preferred method of payment by ticking the relevant box on the attached form.

3. The school fees for 2017 are payable monthly for 11 months - January to November

Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
R4600.00	R4600.00	R4600.00	R4600.00	R4600.00

A reduction in school fees will be given to those parents who pay annually in advance.

- 4. Failure to comply with the above will unfortunately result in your child losing his/her place at Selly Park Secondary School.
- 5. The first day of school will be devoted to registration. All the January fees must be paid before this day. Teachers will check that all pupils have receipt of money received, the correct stationery, uniforms and books for the year. Pupils who do not fully comply to this will not be admitted into the school for the current year.

The above policy is being implemented to ensure the smooth running of our school. It is your responsibility to ensure your fees are paid timeously and we would appreciate your full co-operation.

OFFICE USE ONLY:

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1	OMNIBUS OMNIA

Subject form:	Admitted by:
Family Code:	Pupil Admin No:
Date Received:	Date of Admission:
Present Grade:	
APPI	LICATION FORM
Please print:	
Surname:	First Names:
Preferred Names:	
Date of Birth – yy/mm/dd:	Male / Female:
Home LanguageC	Country of origin –R.S.A. or
Immigrant – Yes/No: Da	te of arrival in R.S.A. yy/mm/dd:
Physical Address	
Postal Address:	
Home Tel No:	Cell No:
Father's Full Name:	Occupation:
Mother's Full Name:	Occupation:
Telephone No's: Mother (W):	Father (W):
Emergency Contact:	
Last School Attended:	
Tel no:	Fax no:
No of years in present Grade – state 1 st ,2 ^t	nd ,3 rd : Previous Grade repeated:
Town/City:	Present Grade:
Grade Applied For:	

SIGNATURE: DATE:

DETAILS OF FEES AND OTHER EXPENSES





Name of Parent:		·
Name of Learner:		
Present Grade of Learner:		
Cell number of Learner:		
Please indicate below by ticking	ng the relevant box:	
Method of Payment of fees in	n future:	
Direct Deposit	Stop Order	
Internet Banking		
Additional Costs will include	e the following:	
 A) Uniform. B) Text Books C) Registration fee of R10 D) Admission fee of R200 		
Please indicate Yes or No who next year.	ether your child will be attending S	Selly Park Secondary School
Yes	No	

Thank you for your co-operation and support.





Child	's Full Name:	Gr:		
MED	ICAL DETAILS			
1.	Does your child have any serious allergies? (eg. Bee-sting, Tetanus Toxin, Penicillin)			
	If YES, does your child wear a Medic-Alert di	isc?		
2.	Does your child suffer from any particular illnes	ss which we should know about?		
	(eg. Diabetes, epilepsy, asthma)			
	If Yes please specify:			
	If Yes , is he/she receiving medication for this co	ondition?		
	Name of Product:			
	Or treatment (eg. Occupational Therapy):			
3.	Does he/she suffer from any constitutional weal her/him from taking part in any particular sport			
	Please give details:			
DOC	TOR'S DETAILS			
Docto	r's Name:	Telephone No:		
MED	ICAL AID DETAILS			
Name	of Medical Aid:			
Media	cal Aid No:			
EME	RGENCY CONTACT			
Name	:	Telephone No:		

CONTRACT OF PAYMENT FOR 2018



	~
<u>FATHER</u> - FIRST NAMES:	
	• • • • • • • • • • • • • • • • • • • •
SURNAME:	••••••
HOME ADDRESS:	
PHONE NUMBER & CODE:	• • • • • • • • • • • • • • • • • • • •
WORK ADDRESS:	• • • • • • • • • • • • • • • • • • • •
PHONE NUMBER & CODE:	
E-MAIL:	• • • • • • • • • • • • • • • • • • • •
POSTAL ADDRESS (if different to home address):	• • • • • • • • • • • • • • • • • • • •
MOTHER – FIRST NAMES:	
••••••	
SURNAME:	
HOME ADDRESS:	
PHONE NUMBER & CODE:	•••••
WORK ADDRESS:	• • • • • • • • • • • • • • • • • • • •
PHONE NUMBER & CODE:	
E-MAIL:	
POSTAL ADDRESS (if different to home address):	••••••

We, (Father) and					
		(Me	other), the un	dersigned, de	clare that we are
		nt of all tuition I the below ter			her fees due for
first school da instalments, if monthly instal	All fees including school fees, book fees and any other fees are payable on/before the first school day of each year, although the school fees may be paid in monthly instalments, if the necessary arrangement has been made with the school. Should any monthly instalment not be paid by the due date, the full outstanding years school fees shall immediately be due and payable.				
-	the Board of	Governors. All		•	ined below and as be made in
	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
School fees:	R4600.00	R4600.00	R4600.00	R4600.00	R4600.00
		-	•		n, gather and or any credit bureau.
We are aware that failure to meet our financial obligations will result in my child forfeiting his/her place at Selly Park Secondary School with immediate effect and should the full outstanding year's school fees become due and payable and we do accept full responsibility to pay all legal fees and disbursements incurred on an Attorney & Client scale, if the school needs to institute any legal action against me.					
Any dispute, difference in opinion or claim which is based on a liquid claim or document, which stems from this agreement or which has to do with this agreement, will be resolved through the process of arbitration. The dispute, difference in opinion or claim will be submitted to the "South African Chamber of Arbitration", who will appoint an arbiter to resolve this dispute, difference in opinion or claim in accordance with the Rules for Speedy Arbitration of Financial Claims, which rules are available on www.arbitrationsa.co.za. Any judgment passed by The South African Chamber of Arbitration is final and binding on the parties, and no party will have the right to appeal against the judgment. Any order by the arbiter of The South African Chamber of Arbitration is fully enforceable by any court which has the necessary jurisdiction.					
SIGNED:				DATE:	
SIGNED:				DATE:	

Mother

PUPIL AND PARENT PERSONAL DETAILS



(STRICTLY CONFIDENTIAL)

SURNAME:			
FULL FIRST NAMES:			
PLACE OF BIRTH:			
DATE OF BIRTH:			
CITIZENSHIP:			
RELIGION:			
HOW WILL THE PUPIL GET TO	SCHOOL? (eg. PARENT\BUS	S\TAXI)	
PLACE "X" WHERE APPLICABL	ĿE		
Lives with own Parents			
Lives with Guardian			
Has a step Mother			
Has a step Father			
Lives with Father (Mother decease	4)		
Lives with Mother (Father decease	,		
Lives with Mother (single parent)			
Lives with Father (single parent)			
Parents divorced lives with Father			
Parents divorced lives with Mother			
Lives with Grandparents			
	PARENT DETAILS	S:	
FATHER			MOTHER
	Name & Surname		
	I.D. Number		
	Occupation		
	Name of Business /Wo		
	Business/Work Addre	ess	
	Code	NT-	
	Business /Work Telephon	ne No.	
	Cell Phone No.		
	Fax No.		
	E – Mail Address		
FAMILY MEMBERS PREVIOUSI \ sister's \ cousin \ mother \ father):	LY ATTENDED\PRESENTLY	Y ATTEND!	ING SELLY PARK (eg. brother's
NAMES AND AGES OF OTHER O	CHILDREN IN THE FAMILY	:	



Post Net Suite 4821 Private Bag X82323 Rustenburg Tel/Fax: (014) 592 0284/5

Email: spss_principal@gwisa.com

DECLARATION OF PARENT/GUARDIAN

- 1. 1.1 I, the undersigned, hereby knowingly authorise the School Authorities to grant consent on my behalf for any emergency treatment or where it is necessary and or expedient, and on advice by a medical doctor, for an operation on my child. This authority will be operative where I cannot reasonably be contacted.
 - 1.2 I hereby knowingly and irrevocably indemnify Selly Park Secondary School for any costs, medical or otherwise, that may be incurred in the process.
- 2. 2.1 Parents/ Guardians are responsible for a child's attendance at school. School attendance is compulsory until the end of the year in which a child turns 15 or until the end of Grade 9. Parents are to notify the school per telephone if a pupil is absent and to follow this up with a letter to the class tutor. Absence during examinations: medical certificate is required. Absence during cycle test and class test: letter from parents.
- 2.2 I furthermore grant my full consent for my child to participate in any sport, educational visits and extramural activities undertaken by the School. I solemnly declare that I fully absolve Selly Park Secondary School of any liability in respect of any injury to my child from any accident by whatever cause. I undertake not to take any action against Selly Park Secondary School and/or any of its staff in case of an accident.
 - 2.3 The above undertaking and consent shall be valid in all instances except where a Parent and/or guardian expressly and in writing withdraws his/her consent.

Signed:	 Date:	

S P OMNIES OMNIA

SELLY PARK SECONDARY SCHOOL

Post Net Suite 4821 Private Bag X82323 Rustenburg Tel/Fax: (014) 592 0284/5 Email: spss_principal@gwisa.com

SELLY PARK SECONDARY SCHOOL ADMISSION TO DAY SCHOOL: CONFIDENTIAL REPORT

The Principal, or his/her representative, of the school at which the pupil is presently enrolled, is kindly requested to complete this form as comprehensively as possible and forward it, as soon as possible, to:

The Principal Selly Park Secondary School PostNet Suite 4821 Private Bag X82323 Rustenburg 0300 Please email this form to spss admin@gwisa.com

*	Please mark the appropriat	e comment.		
1.	Name of pupil:			
2.	Date of birth:	Present Gra	ide:	
3.	Academic aspects:			
3.1	What is the size of the standard gr	present?		
	What is the pupil's position in rela	ation to his/her present stan	dard group?	
3.2	As regards intellectual ability, I would classify him as:			
	θ Above average	θ Average	θ Below average	
3.3	The pupil is:			
	θ Exceptionally conscientious	θ Conscientious	θ Not Particularly	
4.	Extra – mural activities:			
4.1 State the sports in which the pupil participates and underline the level of participates.				
	i)	(Provincial / A tea	nm / B team/ Participator)	
	ii)	(Provincial / A tea	nm / B team/ Participator)	
	iii)	(Provincial / A tea	nm / B team/ Participator)	
	iv)	(Provincial / A tea	nm / B team/ Participator)	
4.2	Clubs / Societies: To which cl	lubs/ societies does the pup	il belong:	

	Music / Drama:		
	Has the pupil a particular aptitude for ei	her or both of the above:	
	Please specify to what degree the pupil l Either of the above?	nas been involved, either in or out of school	 l, ir
	State any exceptional achievement:		
	Leadership:		
	Please state particulars of any leadership	position, which the pupil has filled:	
	Does the pupil exhibit any behavioural paspecify:	problems or an inability to adapt? Please	
	The school fees θ have be	en paid θ have not been paid	
	I θ recommend θ do not recomm	end this pupil	
Γ.	E	SCHOOL STAMP	
N	NCIPAL	NAME OF SCHOOL	
	ere any relevant information you would like fy:	e to draw to our attention? If so, please	
ın	k you for your co- operation.		