



SELLY PARK SECONDARY

PostNet Suite 4821
Private Bag X82323
Rustenburg
0300
spss_principal2@gwisa.com
+27 14 592 0284

Where excellence is cultivated

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

ENCLOSED ARE:

- a. Application Forms for 2024
- b. Medical Details
- c. Contract of Payment
- d. Personal Details
- e. Declaration
- f. Confidential Report

PLEASE RETURN THESE FORMS TOGETHER WITH:

- a. Certified Copy of Birth Certificate including I.D number
- b. Certified Copy of ID number of both parents
- c. Certified Copy of Baptismal Certificate (if possible)
- d. Latest school report
- e. Transfer card
- f. 4 x I.D. PHOTOS of your child

Application forms should 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 R2500.00, which is non-refundable. Please note that these fees are subject to change in 2025.

All correspondence to be addressed to:

The Principal
Mrs. H. Lowe
Selly Park Secondary School
PostNet Suite 4821
Private Bag X82323
RUSTENBURG
0300

Email: admin@spss.org.za



Please take note of the following guidelines concerning school fees for 2024.

1. All school fees are payable in **advance** and must be paid by the **5th of the month** e.g. March school fees are **due on or before 5th 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.

3. The school fees for 2024 are payable monthly for 11 months - January to November.

Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
R6800.00	R6800.00	R6800.00	R6800.00	R6800.00

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:

Subject form: _____

Admitted by: _____

Family Code: _____

Pupil Admin No: _____

Date Received: _____

Date of Admission: _____

Present Grade: _____

APPLICATION FORM

Please print:

Surname: _____ First Names: _____

Date of Birth – yy/mm/dd: _____ Male / Female: _____

Home Language: _____ Country of origin: R.S.A. or _____

Immigrant – Yes/No: _____ Date of arrival in R.S.A. yy/mm/dd: _____

Father Cell: _____ Mother Cell: _____

Learner Cell: _____ Emergency Contact: _____

Last School Attended: _____

Tel no: _____ Fax no: _____

Email: _____

No of years in present Grade - state 1st, 2nd, 3rd: _____ Previous Grade repeated: _____

Town/City: _____ Present Grade: _____ Grade Applied For: _____

Method of Payment of fees:

EFT payments ONLY, **NO Cash** will be accepted. Banking details with a Family Code will be set to you by means of SMS once your child has been accepted and all the correct paperwork has been handed in.

Additional Costs will include the following:

- A) Uniform
- B) Text Books
- C) Admission fee of R3500*

* Please note that these fees are for 2024 and are subject to change in 2025.

SIGNATURE: _____ DATE: _____



Child's Full Name: _____

Grade: _____

MEDICAL DETAILS

1. Does your child have any serious allergies?
(e.g. Bee-sting, Tetanus Toxin, Penicillin) _____

If YES, does your child wear a **Medic-Alert** disc? _____

2. Does your child suffer from any particular illness which we should know about?
(e.g., Diabetes, epilepsy, asthma) _____

If **Yes** please specify: _____

If **Yes**, is he/she receiving medication for this condition?

Name of Product: _____

or treatment (e.g. Occupational Therapy): _____

3. Does he/she suffer from any constitutional weakness or injury which may prevent her/him from taking part in any particular sport / all sport?

Please give details: _____

DOCTOR'S DETAILS

Doctor's Name: _____

Telephone No: _____

MEDICAL AID DETAILS

Name of Medical Aid: _____

Medical Aid No: _____

EMERGENCY CONTACT

Name: _____

Telephone No: _____



FATHER - 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 _____
 _____ (Mother), the undersigned, declare that we are

responsible for the payment of all tuition fees, book fees and any other fees due for this pupil and consent to all the below terms and conditions.

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.

We agree to pay the school fees, which are revised annually, as outlined below and as laid down by the Board of Governors. All monthly payments shall be made in advance by 5th of each month.

	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
School fees:	R6800.00	R6800.00	R6800.00	R6800.00	R6800.00

We consent that the school may, according to its exclusive discretion, gather and or supply any personal information, where and if necessary, from or to 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.

We choose the residential and e-mail address as *domicilium citandi et executandi*, and hereby agree to the delivery of any and all notices and documents to said addresses.

We undertake to notify the School in advance of change of address or when the child is leaving the School.

The School may elect to refer an outstanding School fee account for Arbitration, in the alternative to make use of the traditional court procedures. We, (the parents) therefore agree and give consent that any dispute, difference in opinion or claim based on a liquid document or for a liquidated amount in money, and which stems from this agreement, be resolved through the process of arbitration and submitted to the "South African Chamber of Arbitration" for arbitration. We understand that an arbiter will be appointed to resolve the dispute, difference in opinion or claim and that rules of the South African Chamber of Arbitration will apply. We (the parents) take note that the rules are available for inspection on the website of the Chamber namely www.arbitrationsa.co.za. We (the parents) acknowledge that any judgment/order passed by the South African Chamber of Arbitration is final and binding on all parties and that no party has the right to appeal against the judgment and that the judgment/order is enforceable by any court with jurisdiction.

The provisions of this Arbitration clause are severable from the rest of this agreement and shall remain in effect even if this Agreement is terminated for any reason.

None of the above will prevent the School to rather institute legal action in any South African Court with jurisdiction.



DECLARATION BY PARENTS/GUARDIANS/FOSTER PARENTS

I/We hereby confirm that I/we have read the above and am/are fully acquainted with its content, which I/we declare to be true and correct in all aspects. I/We give the Chairperson of the School Governing Body or his/her designate, permission to check and confirm any of the details listed by me/us. I/We understand that should any of the information supplied be found to be false, action may be taken against me/us. I/We have legal custody and/or guardianship in respect of the above-named learner and am/are entitled to sign this document and shall be bound hereto both as parent/guardian and in my/our personal capacity.

SIGNED: _____
Father

DATE: _____

SIGNED: _____

DATE: _____

Mother

Signed at _____ on this _____ day
of _____ 20__





CHILD SURNAME: _____

FULL FIRST NAMES: _____

PLACE OF BIRTH: _____

DATE OF BIRTH: _____

CITIZENSHIP: _____

RELIGION: _____

HOW WILL THE PUPIL GET TO SCHOOL? (e.g. PARENT\BUS\TAXI) _____

PLACE "X" WHERE APPLICABLE

Lives with own Parents	
Lives with Guardian	
Has a step Mother	
Has a step Father	
Lives with Father (Mother deceased)	
Lives with Mother (Father deceased)	
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:

FATHER		MOTHER
	Name & Surname	
	I.D. Number	
	Occupation	
	Name of Business /Work	
	Business/Work Address	
	Code	
	Business /Work Telephone No.	
	Cell Phone No.	
	Fax No.	
	E – Mail Address	

FAMILY MEMBERS PREVIOUSLY ATTENDED\PRESENTLY ATTENDING SELLY PARK
(e.g. brother's \ sister's \ cousin \ mother \ father):

NAMES AND AGES OF OTHER CHILDREN IN THE FAMILY:



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: _____



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ADMISSION TO DAY SCHOOL CONFIDENTIAL REPORT

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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: admin@spss.org.za

The Principal
Selly Park Secondary School
PostNet Suite 4821
Private Bag X82323
Rustenburg
0300

* Please mark the appropriate comment.

1. Name of pupil: _____

2. Date of birth: _____ Present Grade: _____

3. Academic aspects:

3.1. What is the size of the standard group in which the pupil is at present? _____

What is the pupil's position in relation to his/her present standard group? _____

3.2. As regards intellectual ability, I would classify him as*:

Above average Average Below average

3.3. The pupil is*:

Exceptionally conscientious Conscientious Not Particularly

4. Extra – mural activities:

4.1. State the sports in which the pupil participates and underline the level of participation.

i. _____ (Provincial / A team / B team/ Participator)

ii. _____ (Provincial / A team / B team/ Participator)

iii. _____ (Provincial / A team / B team/ Participator)

iv. _____ (Provincial / A team / B team/ Participator)

4.2. Clubs / Societies: To which clubs/ societies does the pupil belong?

4.3. Music / Drama:

Has the pupil a particular aptitude for either of the above?

Please specify to what degree the pupil has been involved, either in or out of school, in either of the above?

4.4. State any exceptional achievement?

5. Leadership:

Please state particulars of any leadership position, which the pupil has filled:

6. Does the pupil exhibit any behavioural problems or an inability to adapt?

Please specify:

7. The school fees have been paid have not been paid.

8. I recommend this pupil. do not recommend this pupil.

Is there any other relevant information you would like to draw our attention to?

If so, please specify: _____

PRINCIPAL

NAME OF SCHOOL

DATE

SCHOOL STAMP

