



# VICTORIA PARK HIGH SCHOOL

Victoria Park Drive, Walmer 6070  
P.O. Box 5868 Walmer 6065  
Tel: 041 508 6412  
Fax 041 581 2982  
swilliam@vphs.ecape.school.za

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

## APPLICATION DOCUMENT

### OFFICE USE ONLY

Received on: .....	Accepted: .....
Text book fee paid: .....	Accession No: .....
Comment: .....	Bursar's Office: .....

**Please print clearly using CAPITAL LETTERS**

### **COMPLETING THIS DOCUMENT DOES NOT GUARANTEE ACCEPTANCE INTO THE SCHOOL**

### **YOUR CHECK LIST – PLEASE ✓ CONFIRMING THAT COPIES OF THE FOLLOWING DOCUMENTS ARE ATTACHED.**

- I.D. Photograph of Learner
- Copy of the Official birth certificate of the learner
- Copy of the Latest school report
- Copies of SCHOOL FEE ACCOUNT PAYER'S I.D. document, if not the parent /s
- Valid residence permit
- Valid study permit
- Valid passport (copies where applicable)
- Copies of BOTH PARENTS' identity documents
- Copy of Proof of address where Learner resides/ lease agreement
- Copy of the Death certificate of deceased parent (where applicable)
- Grade 9, 10 & 11 learners only – Once the learner is accepted
- Transfer Card
- Portfolio of work

Grade applying for	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>	<input type="text" value="11"/>	<input type="text" value="12"/>
Year of admission to VPHS: Month .....	Year .....		Present Grade .....		
Present School .....		Contact no.....			

### **DETAILS OF LEARNER**

Surname: ..... LURITS NO. (present school to supply).....

First Name(s): ..... Male  Female

Called/Preferred name: ..... Nationality: .....

Identity number: ..... Birthdate: .....

Home Language: ..... **2<sup>nd</sup> language subject choice:** Afrikaans  Xhosa  **(Final choice)**

Religious affiliation: ..... Learner Cell No: .....

Study Permit No: ..... (Where applicable) Country of Origin: .....

**Population Group:** African/Black  Asian/Indian  Coloured  White  *(Stats required by Dept of Ed).*

**Has the applicant repeated a grade?** Yes  No  : If Yes, please indicate  
Grade..... Year..... School .....

**Position of learner in family:** 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> ..... **Age of siblings:** 1<sup>st</sup>..... 2<sup>nd</sup>..... 3<sup>rd</sup> .....

**Names of Brother(s) or Sister(s) currently at VPHS (NOT cousins or friends)**

1. Name: ..... Grade: ..... 2. Name: ..... Grade: .....

**Previously at VPHS:** ..... **Year:** .....

**OTHER RELEVANT LEARNER INFORMATION**

**Medical Conditions:**

Does the learner suffer from any medical condition or learning problem    YES     NO

Details: .....

Medication: .....

**ACADEMIC ACHIEVEMENTS IN CURRENT SCHOOL**

.....  
 .....

**POSITIONS OF LEADERSHIP IN CURRENT SCHOOL**

.....  
 .....

**EXTRA CURRICULAR ACTIVITIES WHICH THE LEARNER IS PRESENTLY INVOLVED IN**

Music As a subject	<u>Instrument/s</u>	<u>External exam passed</u>	<u>Comments</u>
Cultural Activities			
Sporting Activities	<u>Summer</u> 1. 2.	<u>Winter</u> 1. 2.	<u>Level</u> 1. 2.

**EXTRA CURRICULAR ACTIVITIES IN WHICH THE LEARNER WILL PARTICIPATE AT VPHS**

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

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

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

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

Applicant lives with	Both parents	Father	Mother	Guardian	Other (State)
Communication to	Both parents	Father	Mother	Guardian	
Parent(s) deceased	None	Father	Mother	Both	Death cert. required

**ALTERNATE CONTACT – PERSON NOT LIVING WITH THE LEARNER**

Surname: ..... First Name(s): .....

State the relationship to the learner & parents: .....

Contact Details: Home: ..... Cell: .....

Employer: ..... Work Tel No.....

Email: (print clearly).....

### **FATHER'S DETAILS**

Surname: ..... TITLE: .....  
First name(s): ..... Identity No. ....  
Marital Status: Single / Married / Divorced / Remarried / Widowed (Mark with an X)  
Contact Details: Home: ..... Cell: .....  
Email: (print clearly).....  
Business: ..... Cell: .....  
Residential Address: .....  
.....Postal Code: .....  
Postal Address: .....  
.....Postal Code: .....  
Employer: ..... Occupation: .....  
Address of Employer: .....

### **MOTHER'S DETAILS**

Surname: ..... TITLE: .....  
First name(s): ..... Identity No. ....  
Marital Status: Single / Married / Divorced / Remarried / Widowed (Mark with an X)  
Contact Details: Home: ..... Cell: .....  
Email: (print clearly) .....  
Business: ..... Cell: .....  
Residential Address: .....  
.....Postal Code: .....  
Postal Address: .....  
.....Postal Code: .....  
Employer: ..... Occupation: .....  
Address of Employer: .....

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

<b>TRUST FUND / GUARDIANS' FUND</b>	
<b>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.</b>	
Name of Trust:	Reference No:
Address of Trust	
Contact Person:	Email:
Tel. No.	Fax No.
<b>NB: Kindly supply proof of a Trust Fund or Guardians' Fund. A copy of a statement to this effect is required.</b>	

### **IMPORTANT: PAYMENT OF SCHOOL FEES**

Victoria Park High School is a **PROUDLY FEE PAYING SCHOOL**. The SGB 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 monthly.

**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.

In order to assist with the financial planning and the budget requirements for the year ahead, please indicate if you intend applying for financial assistance with the payment of your school fees. The SGB of VPHS, at the committee's discretion, is able to grant limited financial assistance per year.

YES
NO

**LEGAL GUARDIAN / SPONSOR / STEP-PARENT  
or PERSON (OTHER) WITH WHOM THE LEARNER LIVES**

**Legal Guardian:** Must be appointed by the court. If you are the Legal Guardian, **a certified copy of the official court order of appointment to be included with this application.**

**N.B.** A family member is not the Legal Guardian unless appointed by the court.

**Sponsorship:** It is agreed that the sponsorship will continue for the duration of the time the learner attends VPHS.

**Does the learner live with the under-mentioned person? YES / NO**

I am the Legal Guardian / Sponsor /Step-Parent/Other (with whom the learner lives) **(Mark with an X)**

Surname: ..... TITLE: .....

First name(s): ..... Identity No: .....

Relationship to the Learner: .....

Marital Status: Single / Married / Divorced / Remarried / Widowed

Contact Details: Home: ..... Email: .....

Business: ..... Cell: .....

Residential Address: .....

Postal Address: .....

Place of Employment: ..... Occupation: .....

Address of Employer: .....

**Correspondence**

**The preferred method of corresponding with parents/guardians is via email. Kindly make sure that the email address supplied is legible and current. Should you change your email address, please inform the Admissions Secretary at: [swilliam@vphs.ecape.school.za](mailto:swilliam@vphs.ecape.school.za)**

**DECLARATION**

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

**NB: By signing this application:  
You agree that the information provided is true. Fraudulent information renders this application invalid.  
Should this application be successful, the person responsible for the payment of the fees agrees to be held accountable for the payment of the fees for the duration of the learner's time at VPHS.  
Both Parent and Learner are expected to uphold the Admissions Policy and the Code of Conduct.**

Signed at PORT ELIZABETH on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Father /Male Guardian

\_\_\_\_\_  
Mother / Female Guardian

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Step-Parent