



VICTORIA PARK HIGH SCHOOL

Victoria Park Drive, Walmer 6070

P.O. Box 5868, Walmer 6065

Tel: 041 508 6412

admissions@vphigh.co.za

PASTE I.D.
PHOTO OF
APPLICANT

APPLICATION DOCUMENT

OFFICE USE ONLY

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

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: _____ Full Name(s): _____

Male _____ Female _____ Dexterity: Right-handed: _____ Left-handed: _____

Date of Birth

y	y	y	y	m	m	d	d
---	---	---	---	---	---	---	---

Identity Number / Passport Number (if a foreigner)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country of Birth: _____

Study Permit No. (if applicable): _____ Nationality: _____

Religious Denomination: _____

Ethnic Group: African/Black ☐ Asian ☐ Coloured ☐ Indian ☐ White ☐ Other ☐

If other state: _____

Learner mobile number: _____

Learner e-mail address: _____

Media consent: Yes ☐ No ☐

Method of Transport: Private ☐ Public ☐

Has the applicant repeated a grade/s? No ☐ Yes ☐

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

School(s) _____

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

1. Name: _____ Grade: _____

2. Name: _____ Grade: _____

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

Compulsory: English **1st Additional Language:** Afrikaans _____ or Xhosa _____ (this choice is final)

Elective: Creative Arts: Drama _____ Visual Arts _____ Music _____ (choose only two (2))

**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 certificate required	

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

1. Primary Address:

2. Secondary Address:

Medical Aid Information:

Name of Medical Aid: _____ Telephone Number: _____

Medical Aid Number: _____ Primary Member: _____

Family Doctor Information:

Doctor's Name: _____ Telephone Number: _____

Address: _____

**EMERGENCY ALTERNATE CONTACT - OTHER THAN PARENTS -
NOT LIVING WITH THE LEARNER (This person must live in Port Elizabeth)**

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

State the relationship to the learner: _____

Contact details: Home: _____ Cell: _____

Work telephone number: _____

OTHER RELEVANT LEARNER INFORMATION

MEDICAL CONDITIONS:

Should the school be aware of any medical conditions the learner may suffer from? No ☐ Yes ☐

If **YES**, please supply details of the condition.

_____ and
the prescribed medication _____

DETAILS OF LEARNER.....Continued**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.

Has the child been formally granted an academic concession/assistance? No ☐ Yes ☐

If **YES**, please include a copy of the letter provided by the Department of Education.

CURRENT SCHOOL:

Academic Achievements: _____

Position of Leadership: _____

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

1. What instrument do you play in 2026? _____

2. At which level are you graded in this instrument? _____

3. Do you wish to continue with music lessons at VPHS? _____

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**

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

INFORMATION OF PREVIOUS SCHOOL:

Name of Previous School: _____

Address of Previous School: _____

Highest Grade in Previous School: _____

Reason for Leaving the School: _____

FATHER'S DETAILS

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

Identity Number/Passport Number (if a foreigner)

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Marital Status: (Mark with an X)

Single / Married / Divorced / Widowed /

Re-married / Deceased

Nationality: _____

Home Language: _____

Contact: Cell: _____

Home: _____

E-mail (**print clearly**): _____

Residential Address (**chosen domicilium citandi et executandi**):

_____ Postal Code: _____

Postal Address: _____

Employer: _____ Occupation: _____

Address of Employer: _____

Business Telephone Number: _____

Self-Employed: Name & address of your business:

MOTHER'S DETAILS

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

Identity Number/Passport Number (if a foreigner)

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Marital Status: (Mark with an X)

Single / Married / Divorced / Widowed /

Re-married / Deceased

Nationality: _____

Home Language: _____

Contact: Cell: _____

Home: _____

E-mail (**print clearly**): _____

Residential Address (**chosen domicilium citandi et executandi**):

_____ Postal Code: _____

Postal Address: _____

Employer: _____ Occupation: _____

Address of Employer: _____

Business Telephone Number: _____

Self-Employed: Name & address of your business:

Domicilium citandi et executandi

I/we hereby choose the residential address as specified on Page 4 (and in the event of a sponsor Page 7 below) of the Application for Admission form, or as advised to the Bursar's Office, (current address), which has been submitted by me/us, as my/our domicilium citandi et executandi (i.e. the address at which we will accept service of all correspondence, pleadings or notices arising here from).

Signature Father

Signature Mother

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)

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What is your relationship to the learner?

Nationality: _____

Home Language: _____

Contact: Cell: _____

Home: _____

E-mail (**print clearly**): _____

Residential Address (chosen domicilium citandi et executandi):

_____ Postal Code: _____

Postal Address: _____

Employer: _____ Occupation: _____

Address of Employer: _____

Business Telephone Number: _____

Self-Employed: Name & address of your business:

SCHOOL FEES

Victoria Park High School is a PROUDLY FEE PAYING SCHOOL

In accordance with the provisions of Section 39 of the South African Schools Act 84 of 1996 the Governing Body of VPHS charge school fees, the school determines the school fees payable on an annual basis and upon successful Admission the Governing Body of the School advised the parents of the Learners of the amount payable in respect of school fees for the year of enrolment.

Furthermore, 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.

In terms of Section 41 of the South African Schools Act, Victoria Park High School may enforce the payment of the aforesaid compulsory fees. Accordingly, failure to make payment timeously, as indicated above, will result in the outstanding amount being handed to the Attorneys of Victoria Park High School for collection.

All parents' attention is drawn to the fact that school fees constitute a statutory debt and cannot be included in an application for debt review as contemplated in the National Credit Act 34 of 2005.

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.

I/We have taken note of the content of the paragraph labelled "School Fees" of this admission document. I/we hereby agree that, in the event that school fees payable by me/us are handed over to the Attorneys for collection as a result of my/our default in timeous payment of school fees due, then in such event, I/we shall be liable to make payment of all legal costs, charges and expenses incurred by Victoria Park High School in respect of the collection of such fees, on an Attorney and Own Client Scale.

Signature Father

Signature Mother

FINANCIAL ASSISTANCE (Please answer this question)

Parents who are unable to make payment of compulsory school fees due, may apply for exemption from payment of school fees as contemplated in the South African Schools Act. The prescribed form which must be completed in respect of an application for exemption (referred to in the South African Schools Act as Annexure B) is available from the Bursar's office.

Do you require the SGB of VPHS to provide you with financial assistance to pay your school fees?

No ☐ Yes ☐

ANNEXURE "A": LEGAL GUARDIAN OF MINOR CHILD

Only complete this section if applicable

A 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. In the event of the Guardian's Fund being liable for payment of school fees for the minor child, proof of same must be provided from the Master of the High Court. Failure to do so will result in the application being rejected.

I, in my capacity as legal Guardian hereby bind myself as Surety and Co-Principal Debtor with the minor child's Parent/s and hereby expressly renounce the benefits of the exceptions of excussion and division, error calculi, and all other legal exceptions applicable, the effects of which I declare myself to be fully acquainted. I further elect the address as stated below as my domicilium citandi et executandi (i.e. the address at which I will accept service of all correspondent, pleadings or notices arising here from).

Does the learner live with the under-mentioned person?

No

☐

Yes

☐

Title: _____ Surname: _____

First Name(s): _____

Identity Number/Passport Number (if a foreigner)

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Marital Status: (Mark with an X)

Single / Married / Divorced / Widowed /

Re-married / Deceased

Nationality: _____

Home Language: _____

Contact: Cell: _____

Home: _____

E-mail (**print clearly**): _____

Residential Address (**chosen domicilium citandi et executandi**):

_____ Postal Code: _____

Postal Address: _____

Employer: _____ Occupation: _____

Address of Employer: _____

Business Telephone Number: _____

Self-Employed: Name & address of your business:

ANNEXURE "B": SPONSORSHIP OF MINOR CHILD

Only complete this section if applicable

By signing this application, the sponsor agrees to sponsor the learner with regards to the payment of the annual school fees for the duration of the time the learner attends VPHS. Financial Assistance **does not** apply to sponsorship. **If the sponsor is a Trust or Juristic Person, proof of authority to act on behalf of the Trust or Juristic Person must be obtained and attached to this application form.**

PLEASE NOTE: failure to do so will result in the application being rejected.

I in my capacity as Sponsor/duly authorized representative of the Trust/Juristic Person, hereby bind myself/the Trust or Juristic Person as Surety and Co-Principal Debtor with the minor child's Parent/s and hereby expressly renounce the benefits of the exceptions of excussion and division, error calculi, and all other legal exceptions applicable, the effects of which I declare myself/the Trust or Juristic Person to be fully acquainted. I further elect the address as stated below as my/the Trust or Juristic Person's domicilium citandi et executandi (i.e. the address at which I/the Trust or Juristic Person will accept service of all correspondent, pleadings or notices arising here from).

If the Sponsor is a person, the following details are to be provided:

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

Identity Number/Passport Number (if a foreigner)

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Marital Status: (Mark with an X)

Single / Married / Divorced / Widowed /

Re-married / Deceased

Nationality: _____

Home Language: _____

Contact: Cell: _____

Home: _____

E-mail (**print clearly**): _____

Residential Address (**chosen domicilium citandi et executandi**):

_____ Postal Code: _____

Postal Address: _____

Employer: _____ Occupation: _____

Address of Employer: _____

Business Telephone Number: _____

Self-Employed: Name & address of your business:

If the Sponsor is a Trust or Juristic Person, the following details are to be provided:

Name of Trust/Juristic Person: _____

Registration Number:

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Contact: Cell: _____ Landline: _____

E-mail (**print clearly**): _____

Residential Address (**chosen domicilium citandi et executandi**):

_____ Postal Code: _____

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:
E-mail:
Tel. 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 e-mail. Kindly ensure that the e-mail address supplied is legible and current. Please contact the school should you not have received correspondence after the closing date.

Should you change your e-mail address, please inform the Admissions Secretary at: **admissions@vphigh.co.za**

DECLARATION

PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013 (POPI)

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)

Victoria Park High School may need to collect and process personal information of a Parent/Guardian/Guarantor and I/we hereby consent to acquiring any credit history information which they may require, presently or at any time in the future, and to do a credit check enquiry with any credit bureau on me/us.

In view of the aforementioned I/We the undersigned Parent(s)/Guardian/Guarantor expressly consent to the processing of his/her personal information/special personal information as defined in POPI by the School, and affiliate or subsidiary of the School and/or any third parties including the School's agent/contractors authorised by the School to process the personal information.

By signing this application, you agree to the information contained herein to be used in the strictest confidence as an 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 Signatories to this document agree to abide by the School Code of Conduct.

Signed at _____ on this the _____ day of _____ 20_____

FATHER (PRINT NAME CLEARLY)

FATHER SIGNATURE

MOTHER (PRINT NAME CLEARLY)

MOTHER SIGNATURE

**LEGAL GUARDIAN/GUARANTOR
(PRINT NAME CLEARLY)**

**LEGAL GUARDIAN/GUARANTOR
SIGNATURE**

Kindly ensure that if you are signing as a Legal Guardian or Guarantor, you indicate which capacity you are signing as, by deleting / crossing out the irrelevant option.



CHECK LIST

<u>CONFIRM BY √</u>			
<u>THAT THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS APPLICATION</u>			
	I.D. Photograph of the Learner attached		Proof of address where the Learner lives
	Copy of Learner's Birth certificate displaying both parents' details		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)		Proof of Trust or Guardians' Fund (if applicable)
	Copy of a valid residence permit (if applicable)		Copy of a Death Certificate (if applicable)
	Copy of a valid passport (if applicable)		Protection of Personal Information Act (POPI)

FOR OFFICE USE ONLY:

ADMISSIONS: _____

DATE: _____

BURSAR: _____

DATE: _____

PRINCIPAL: _____

DATE: _____
