



Application No	
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SETTLERS

AGRICULTURAL HIGH SCHOOL

Non Nobis Sed Posteris

Private Bag x 422

Settlers 0430

Phone: 014 730 1800/11 Fax: 086 515 8462

Email: admin@settlers.co.za

APPLICATION FOR ENROLMENT 2021

This form must be FULLY and LEGIBLY completed

A copy of the following, **MUST** accompany this application:

- ✓ **MOST RECENT SCHOOL REPORT**
- ✓ Certified copy of Birth Certificate of the child
- ✓ Certified copies of ID of both parents (where applicable)
- ✓ Copies of payslip for both parents
- ✓ Proof of Legal Guardianship (in case appointed)
- ✓ Immigrant learners – Submit certified copies of Passport & Study Permit
- ✓ Proof of residence
- ✓ Learner ID photo size (in colour)

IMPORTANT NOTICE:

- ✓ **APPLICATIONS CAN BE EMAILED OR FAXED.**
- ✓ Incomplete Application for **WILL NOT BE** considered
- ✓ Completing and submission of application forms **DOES NOT** automatically mean admission is granted.
- ✓ Residence Learners **MUST** complete the **Residence Application (Annexure "A")**
- ✓ Parents and Learner **MUST SIGN** the School's Pledge of the school.
- ✓ On receipt of the above by the Principal, qualifying learners will be invited to attend an interview.

APPLICATION FOR:			
Day Learner		Residence	

PARENT DETAIL TO BE USED FOR CORRESPONDENCE BY SCHOOL:			
Email Address:		Cell phone Number:	

DETAILS OF THE LEARNER:

01	Surname			
	First names in full			
	Preferred name		Cell phone No:	
	Birth Date		ID number	
	Home Language		Email Address	
	Gender		Nationality	
	Religion			

SCHOOL DETAILS:

02	Present grade of application				
	Last grade passed				
	Province coming from				
	Has the learner repeated any grades? (if YES, indicate which grades and what year)				
	Present school:				
	Contact number:				
	Email Address:				
	Address of school:				
	Have all financial obligations to the school been met by the parents/guardian?	Fully paid	Largely paid	Partially paid	Not paid
	Recommendation by present PRINCIPAL (Application will not be accepted if this paragraph is not completed) PLEASE include the <u>School's Stamp</u>				
Sporting Activities					
Cultural Activities					
Leadership Activities					
Academic Achievements					

03	DISCIPLINARY RECORD	
	Have there been incidents requiring disciplinary action? Please provide copies of the sanctions indicated on the Disciplinary Record.	
	Have there been incidents requiring counselling, Psychiatrist intervention? Please provide copies of the reports from such Departments.	

MEDICAL DETAILS OF LEARNER:			
04	Doctor's name:		
	Practice phone number:		
	EMERGENCY CONTACT (other than parents)		
	Name:		Tel Number:
	Relationship to learner		Cell number:
	MEDICAL HISTORY OF LEARNER:		
	Blood group		
	Allergies		
	Routine medication:		
	Recent Injuries:		
	Previous Operations:		
	Existing Medical Problems:		
	MEDICAL AID DETAILS		
	Medical Aid Name:		
	Medical Aid number:		
Principal member			
ID number			

PARENT DETAILS: (legal guardians or parents)

05	FATHER/GUARDIAN:		MOTHER/GUARDIAN:	
	Title		Title	
	Surname :		Surname	
	Names:		Name:	
	Physical Address		Physical Address	
	Postal Address:		Postal Address:	
	Postal Code:		Postal Code:	
	ID Number:		ID Number:	
	Marital Status:		Marital Status:	
	Email address:		Email address:	
	Tel number:		Tel number:	
	Cell number:		Cell number:	
	Work Tel number:		Work Tel number:	
	Name of Employer:		Name of Employer:	
	Occupation:		Occupation:	
Nationality :		Nationality:		

➤ If both parents are deceased, please indicate as such and provide us with Guardianship letter.

DETAILS OF ALL CHILDREN IN THE FAMILY				
06	Name:	Age:	Present school:	Grade:

REASONS WHY YOUR CHILD SHOULD BE ENROLLED AT SETTLERS AGRICULTURAL HIGH SCHOOL:	
07	

SCHOOL'S PLEDGE			
08	<p>As a learner of SETTLERS AGRICULTURAL HIGH SCHOOL, I pledge that I will;</p> <ol style="list-style-type: none"> 1. Accept that the main reason for being in school is to learn and develop academically, socially and culturally. 2. Adhere to school and residence rules in our Code of Conduct. 3. Respect the legitimacy and authority of educators and other staff members. 4. Participate in learners' politics to safeguard learners' interests which are within the laws of our country. 5. Show respect to other learners and not to discriminate. 6. If I am expelled from hostel/residence, automatically disqualified my hostel rights. 7. Avoid anti-social behavior like <u>Theft</u>, <u>Vandalism</u>, <u>Assault</u>, <u>Bullying</u>, <u>Sexual Harassment</u>, <u>Dealership</u>, <u>Alcohol</u> and <u>Drug Abuse</u>, as well as other activities that disrupt the Learning Process. <p>Failure to adhere to the pledge, I therefore allow the Principal to recommend my expulsion from hostel/residence and or school without appearing before Disciplinary Hearing Tribunal</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Parent Signature:</td> <td style="width: 50%;">Learner Signature:</td> </tr> </table>	Parent Signature:	Learner Signature:
Parent Signature:	Learner Signature:		

FEES: DETAILS OF PAYER				
09	Title:			
	Surname:			
	Name:			
	ID Number:			
	Postal Address:		Physical Address:	
	Email Address		Tel Number:	
	Name of Employer:		Cell number:	
	Occupation:		Work Tel number:	

IMPORTANT NOTICE:

- If the payer details are different from parents, please include a certified ID copy.
- Fees to be paid by Trust/Department please submit required documents (only when the application is successful)

We, as Parents/Guardians of _____
hereby apply for child to be enrolled at Settlers Agricultural High School, and agree that if accepted, that the above child and ourselves will sign an agreement to comply with all the Regulations, Code of Conduct and Requirements, laid down for all learners who attend the school and/or reside in the school Residence.

We are aware of the fact that this is an Agricultural School specialising in Agriculture and learners must comply with Curriculum request regarding practical work.

SIGNED: (FATHER/GUARDIAN): _____

SIGNED: (MOTHER/GUARDIAN): _____

DATED: _____



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APPLICATION FOR RESIDENCE ENROLMENT **2021**

PLEASE TAKE NOTE OF THE FOLLOWING IMPORTANT CONDITIONS:

- Parents agrees to pay quarterly Residence Fees to the School by the First day of each Term unless a specific arrangement has been made for debit order monthly payments and the necessary agreements has been concluded in writing prior to the first day of the school term.
- Any damages caused by the learner to residence property will be billed to parents.
- Failing to pay the required amount on due date, learner may have to vacate residence.
- A prepaid amount of **R2 000.00** is payable by all new Residents learners. This amount covers the residence booking for the following year and is non-refundable upon cancellation of any new enrolments. **The amount should be paid ONLY after receiving Acceptance confirmation from the school.**
- Application is subject to learner behaviour. (***Refer to No.3 of the Enrolment Application***).
- This application does not guarantee you a space in the School Residence.

PARTICULARS OF PARENT/GUARDIAN

Surname:	
Full Names:	
Nationality:	ID Number:
Postal Address:	Physical Address:
Cell number:	Tel Number:

REASONS WHY LEARNER BEING PLACED IN RESIDENCE/HOSTEL:

MEDICAL TREATMENT

I understand that the residence/hostel fee which I'm paying does not cover the cost of **ANY** medical treatment. (The residence/hostel staff **ONLY** take care of home nursing to the best of their ability, making use of the normal medicine which are available at the school clinic)

In extremely urgent cases of an accident where I cannot be consulted in time, I give my consent that:

- a) The Senior Housefather/mother or his/her deputy may take necessary steps to call the best available doctor, or to take the child to hospital and, should be practicing physician regard an emergency operation essential, he/she may give his/her permission for it on my behalf.
- b) I accept all and full responsibility for any costs that might in incurred.
- c) I _____ will be responsible for the costs.

Should it at any time be impossible to contact me directly, you may contact the following relatives/ friends:

Name	Work Tel	Cell No

TRANSPORT

- a) I am aware that the residence/hostel is closed during the school holidays and Compulsory out weekends and that it is my responsibility to provide transport/ or make bus booking for my child to and from school residence at my own expense.
- b) If my child is going to make use of the bus service, I undertake to pay the bus fare into the school account not later than Wednesday of the week of Compulsory out weekend (**COW**). Tickets will only be issued when payments shows in school account or proof has been received.
- c) Main Gates close at 17:00 upon return of learners to school Residence, no learners will be allowed after 17:00.

DISCIPLINE

- a) All learners are expected to abide to the School's Code of conduct.
- b) Any learner found in possession of illegal substances will be handed over to SAPS and will appear before Disciplinary Tribunal Counsel of the school.
- c) Random search will be done by school/residence staff, Security and SAPS.
- d) Learners are expected to adhere to the Residence Rules and Regulations.
- e) Residence Learners to be in full school uniform when going for COW and returning to school from home.

SIGNED: (FATHER/GUARDIAN): _____

SIGNED: (MOTHER/GUARDIAN): _____

DATED: _____