
Private Bag X805
Wartburg
3233
www.wartburg.co.za



Tel: 033 5031 416
Fax: 033 5031 205
Fax to email: 086 573 1205
Email: school@wartburg.co.za

WARTBURG KIRCHDORF SCHOOL

EST 1881

APPLICATION FOR ADMISSION

The completed application form and all supporting documentation must be submitted by hand to the Admissions Office at the School OR by email to school@wartburg.co.za

Please note that submission of this application does not guarantee admission.

Please ensure that you make application to **more than one school** as there is a limit to the number of learners we are able to accommodate in the classrooms.

Wartburg Kirchorf School is a **FEE PAYING SCHOOL** and successful applicants will be required to pay a non-refundable acceptance deposit of **R2 000.00** which will be credited to the first month's fees. Such payment will confirm the child's admission into the School.

Please ensure that the application form is completed in full with the following documentation attached:

- A copy of the applicant's **UNABRIDGED birth certificate**. If you do not have an UNABRIDGED certificate, please make application at the local Home Affairs office and bring along a copy of your receipt, along with a copy of the ABRIDGED certificate if you have one. Once you receive the UNABRIDGED certificate, please remember to give us a copy.
- A copy of the Identity Document of both parents – *Should either parent be deceased, a copy of the death certificate is required.*
- The latest salary slips of both parents.
- If self-employed, Certificate of Registration, SARS Number and Statement of Income and Expenditure (**NOT bank statement**) of previous year.
- Your latest rates and electricity accounts (Affidavits or lease agreements are not accepted). If these are not available please submit your official Tax Assessment (less than one year old); valid television licence document OR a bank statement (less than three months old). At least 2 of the above mentioned documents need to be submitted.
- A copy of the applicant's latest school report.
- Applicant's current school fee account.
- A copy of the applicant's Clinic Card (as proof of vaccination).
- A passport size photo (or any recent small photo) of the applicant.
- **High School Applicants to complete the questionnaire in their own hand writing.**
- A non-refundable disbursement fee of R250.00 per application. Payment to be made electronically into the School's banking account (see details below) **OR** at your nearest First National Bank.
- The Financial Clearance / Confidential Report to be completed by the applicant's current School.

Banking details for Wartburg Kirchorf School

First National Bank:
Account No:
Email:

Dalton
62007873963
accounts@wartburg.co.za

Branch Code:
Account Name:
Reference:

220231
Wartburg Kirchorf School
Name and Surname of Applicant



APPLICATION FOR ADMISSION

DATE OF APPLICATION

Passport Size
Photo of your
child

1. PERSONAL DETAILS OF CHILD

SURNAME: _____

FIRST NAME(S): _____
(As per Birth Certificate)

GENDER: MALE FEMALE

DATE OF BIRTH: _____ ID NUMBER: _____
(As per Birth Certificate)

NATIONALITY: _____ RELIGION: _____

HOME LANGUAGE: _____ RACE: _____
(Data required by the Department of Education)

GRADE FOR WHICH CHILD IS SEEKING ENTRY: _____

NAME AND GRADE OF BROTHER OR SISTER ALREADY AT WARTBURG:

IF PARENT OR SIBLING IS AN OLD SCHOLAR, WHICH SCHOOL HOUSE WAS HE/SHE IN?

BLUE GREY

2. CURRENT SCHOOL

NAME OF SCHOOL: _____

TELEPHONE NO: _____ PRESENT GRADE: _____

HAS YOUR CHILD BEEN REFUSED ADMISSION OR BEEN EXPELLED FROM ANY SCHOOL IN
THE PAST? YES NO

IF SO, GIVE THE NAME(S) OF THE SCHOOL(S): _____

Initials: Father..... Mother.....

3. DETAILS OF FATHER / GUARDIAN

- If the father is deceased, please provide a copy of the death certificate.
- If divorced, the biological father's details must be completed (NOT the stepfather's details).

TITLE (Prof, Dr, Mr): _____

SURNAME:

FIRST NAME(S):

IDENTITY NUMBER:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

HOME TEL NO:

CELLPHONE NO:

EMAIL (Please PRINT CLEARLY):

OCCUPATION:

BUSINESS / EMPLOYER:

BUSINESS TEL NO:

BUSINESS EMAIL (Please PRINT CLEARLY):

4. DETAILS OF MOTHER / GUARDIAN

- If the mother is deceased, please provide a copy of the death certificate.
- If divorced, the biological mother's details must be completed (NOT the stepmother's details).

TITLE (Prof, Dr, Mrs, Miss, Ms): _____

SURNAME:

FIRST NAME(S):

IDENTITY NUMBER:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

HOME TEL NO:

CELLPHONE NO:

EMAIL (Please PRINT CLEARLY):

OCCUPATION:

BUSINESS / EMPLOYER:

BUSINESS TEL NO:

BUSINESS EMAIL (Please PRINT CLEARLY):

PARENTS ARE: Married *Divorced *Separated *Unmarried *Widowed

* If the biological (birth) parents are not married, with whom does the child live? Father Mother

Other (e.g. Grandmother) _____

Initials: Father..... Mother.....

5. DETAILS OF GRANDPARENTS / STEPPARENTS (FOR EMERGENCY PURPOSES)

GRANDFATHER / STEPFATHER

TITLE (Prof, Dr, Mr): _____

SURNAME: _____

FIRST NAME(S): _____

IDENTITY NUMBER: _____

CELLPHONE NO: _____

EMAIL (Please PRINT CLEARLY): _____

GRANDMOTHER / STEPMOTHER

TITLE (Prof, Dr, Mrs, Miss, Ms): _____

SURNAME: _____

FIRST NAME(S): _____

IDENTITY NUMBER: _____

CELLPHONE NO: _____

EMAIL (Please PRINT CLEARLY): _____

6. MEDICAL PARTICULARS OF CHILD

DOES YOUR CHILD SUFFER FROM ANY ILLNESS OR DISEASE? YES NO

IF YES, EXPLAIN: _____

HAS YOUR CHILD ANY ALLERGIES? YES NO

IF YES, EXPLAIN: _____

IF APPLICABLE, WHAT MEDICATION IS YOUR CHILD USING AND HOW FREQUENTLY IS THE MEDICATION BEING ADMINISTERED?

HAS YOUR CHILD ANY DISABILITY: YES NO

IF YES, EXPLAIN: (e.g. impaired vision / hearing etc.) _____

IS YOUR CHILD ANXIOUS OR FEARFUL? YES NO

IF YES, EXPLAIN: _____

IS YOUR CHILD COVERED BY MEMBERSHIP OF A MEDICAL AID? YES NO

NAME OF MEDICAL AID: _____

MEMBERSHIP NO: _____

DETAILS OF MEDICAL PRACTITIONER:

NAME: _____ TELEPHONE NO: _____

PLEASE NOTE:

No medication will be administered to the learner by a member of staff unless a special arrangement has been made between the School and the parent.

Initials: Father..... Mother.....

7. SCHOOL FEE ACCOUNTS

TO BE COMPLETED BY THE PERSON(S) RESPONSIBLE FOR THE SCHOOL FEE ACCOUNTS:

TITLE (Prof, Dr, Mr, Mrs, Miss, Ms): _____

TITLE (Prof, Dr, Mr, Mrs, Miss, Ms): _____

SURNAME: _____

SURNAME: _____

INITIALS: _____

INITIALS: _____

IDENTITY NUMBER: _____

IDENTITY NUMBER: _____

POSTAL ADDRESS: _____

POSTAL ADDRESS: _____

CELLPHONE NO: _____

CELLPHONE NO: _____

EMAIL (Please PRINT CLEARLY): _____

EMAIL (Please PRINT CLEARLY): _____

RELATIONSHIP TO CHILD: _____

RELATIONSHIP TO CHILD: _____

I/We confirm that the above information is true and correct and that I/we have read and fully understand the contents of "Section 2 School Fees" and accept that it is binding on me/us.

SIGNATURE

SIGNATURE

DATE

DATE

8. DECLARATION & UNDERTAKING BY PARENTS / GUARDIANS

Parents choose as their respective *domicilium citandi et executandi* for all purposes under this agreement:

(Please note that this must be a physical address in South Africa – a Post Office Box or similar postal address is unacceptable.)

Physical Address – Father/Guardian: _____

AND even if same as the Father,

Physical Address – Mother/Guardian: _____

I/We confirm that the information and particulars referred to in my/our Application for the admission of my/our child as a learner to the School are true and correct and that I/we have read and fully understand the contents of this Declaration and Undertaking referred to hereunder and accept that it is binding on me/us.

Initials: Father..... Mother.....

1. UNDERTAKING

I/We undertake to:

- 1.1 immediately inform the School telephonically and in writing of any change to my/our contact and personal details;
- 1.2 immediately inform the School telephonically and in writing of any cases of infectious disease or illness within my/our household; and
- 1.3 ensure that my/our child attends School as prescribed by the South African Schools Act (Act No. 84 of 1996) and complies with the School Rules and Regulations presently applicable or as amended from time to time.

2. SCHOOL FEES

I/We acknowledge that:

- 2.1 Wartburg Kirchdorf School is a **fee paying School**, the payment of which is compulsory;
- 2.2 the annual School Fees, as determined by the School's Governing Body and approved at a meeting of the parents, are compulsory and binding on me/us;
- 2.3 I/We are liable for the payment of the School Fees, unless I/we qualify for partial or full exemption (application forms available from the School). Parents seeking exemption shall apply annually, by completing and submitting the prescribed form to the School on or before 31 January of every year, or within 60 days of admission in the event of admission of a learner after 31 January of a year.

2.4 I/We undertake to pay the annual School Fees due as follows: (Please tick appropriate block)

- *A single payment on or before end February each year with a **discount of 5%***
- *A single payment on or before end March each year with a **discount of 3%***
- *Two (2) equal payments on or before 28th February and 31st July each year;*
- *Ten (10) equal payments from February to November each year via debit order*

Failure to adhere to the above will result in the account being handed over.

- 2.5 I/We acknowledge that in the event of my/our **failure to pay the School Fees** before a period of 30 days of due date, the School will issue a Section 41 letter, allowing me/us three months to bring my/our account up to date. After this three month period and without further notice, the account (if not at a nil balance) will be handed over to the School's Attorneys for collection. All postage and legal costs will be for the parent's account and at this point the parent will be black listed on Credit Bureau records.
- 2.6 I/We acknowledge that in the event that I/we would need to remove our child from the School, that a terms notice be given in writing and that the full outstanding School fees will be settled before my/our departure date.

3. JOINT AND SEVERAL LIABILITY

- 3.1 We acknowledge that our liability shall be joint and several, the one paying the other to be absolved, for the full amount owing. In the event that we are separated or divorced then, by our signature hereto, we acknowledge our joint and several liability and confirm that any agreement between us regarding the payment of School fees is not binding upon the School.

4. INCIDENTAL EXPENSES

- 4.1 I/We understand and accept that in addition to the School fees, the child may incur further charges which are payable and that such charges may include (but are not limited to) the cost of leadership courses, tours and lost textbooks (i.e. textbooks issued by the School).

5. BOOK DEPOSITS

- 5.1 A refundable textbook deposit must be paid for each learner in the School. When books are not returned at the end of an academic year the value of the book will be deducted from the deposit. If this is depleted a further deposit must be paid. The deposit, or balance thereof, will be returned when the learner leaves the School permanently.

Initials: *Father*..... *Mother*.....

6. PARTICIPATION IN SCHOOL ACTIVITIES AND CONVEYANCE

- 6.1 I/We consent to my/our child taking part in all activities, whether conducted on the School premises or extramurally, including but not limited to, games, athletics, tours, and excursions of general or vocational, educational, historical and scientific interest.
- 6.2 I/We fully understand and accept that all such activities shall be undertaken at my/our child's own risk, and I/we undertake on behalf of myself/ourselves, my spouse, my/our executors and my/our aforesaid child to indemnify, hold harmless and absolve the Department, the Principal, his Staff and any delegated authority against and from any or all claims whatsoever which may arise in connection with any loss or damage to the person or property of my/our child in the course of such activities.
- 6.3 I/We hereby give consent for my/our child to be conveyed by the School's transport or by private transport if required by the School, to such activities of the School and in which my/our child is participating or is required to participate.
- 6.4 I/We fully understand and accept that any conveyance in terms hereof shall be undertaken at my/our child's own risk and on behalf of myself/ourselves, my/our executors, my spouse and my/our child.
- 6.5 I/We indemnify and keep indemnified the School, the Principal, Staff members and any other designated authority, against any actions, proceedings, claims, liabilities, damages, costs and/or expenses of whatsoever nature that may arise in connection with any loss of or damage to the property or injury to my/our child which may occur in the course of such conveyance.
- 6.6 I/We further understand that the vehicle used in the conveyance of my/our child shall or may be driven by a member of the School staff, parent or other person subject to being lawfully authorized thereto and this indemnity therefore extends to such driver of the vehicle.
- 6.7 I/We consent to photographs of my/our child/children being used for internal and external School purposes, i.e. Wartburg Newsletter, the Wartburg website, School notice-boards, newspapers, external publications, etc.

7. LOCO PARENTIS

- 7.1 I/We agree that the Principal of the School or designate, act in *loco parentis* in the event of any injury/accident involving my/our child.

8. CONDITIONS OF ACCEPTANCE

- 8.1 Notwithstanding my/our signature hereto, the acceptance and admission of my/our child to attend the School is subject to the approval in writing by the Principal.

9. UNDERSTANDING

I/We fully understand and accept the contents of this Application Form.

Signed at _____ on _____.

Father / Guardian

Mother / Guardian

FOR OFFICIAL USE

The admission of the aforesaid learner into the School is hereby:

APPROVED:

DECLINED:

PRINCIPAL

DATE

Initials: Father..... Mother.....

CODE OF CONDUCT FOR PUPILS AT THE WARTBURG KIRCHDORF SCHOOL

I, _____,
(Name of Child in Grade 4 to 12) OR (Name of Parent of Child in Gr 1 to 3)

- Am committed to developing my full potential as well as being supportive to the School community in the achievement of this goal.
- Recognise that every person within the school community is entitled to be taught OR teach without interference.
- Dissociate myself from s any form of violence, vandalism, and any other inappropriate conduct at School or in public, as listed in the school rules.
- Support and be subject to appropriate and fair school discipline.
- Will be punctual at all times.
- Will show respect in my dealings with all persons in the school community.
- Commit myself to do homework, class work, tests and other academic assignments when required to do so.
- Once I commit myself to participate in any extra-curricular activity I will honour my commitment.
- I will wear the stipulated school uniform with pride at all times.
- I accept that if I do not comply with the above that I am subject to school discipline.

SIGNATURE

DATE

CURRENT GRADE

As the parent/guardian of _____, I will accept any disciplinary measures the School Authority imposes when School rules have been broken.

SIGNATURE

DATE

Initials: Father..... Mother.....



QUESTIONNAIRE (High School Applicants)

(To be completed by the learner in his/her own handwriting)

Name: _____

Current School: _____ Grade: _____

1. Why do you wish to be a Learner at Wartburg Kirchorf School?

2. Describe yourself (character) in one sentence.

3. What is your favourite subject at school and why is it your favourite?

4. If you could remove 1 subject from your current grade which subject would it be and why?

5. At Wartburg Kirchorf we love our sports. Tell us about the sport you play.

6. We at WKS encourage our learners to fulfil their dreams and goals. Enlighten us about your dreams and goals for the future.

7. If you were to experience bullying at school, how would you deal with the situation?

Please note the subjects we offer in the FET Band (Gr 10-12):

English (HL), Afrikaans / IsiZulu (FAL), Life Orientation, Maths / Maths Literacy, Business Studies, Consumer Studies, Geography, German, Life Science and Physical Science

Thank you for taking the time to tell us about yourself.

Initials: Father..... Mother.....



WARTBURG KIRCHDORF SCHOOL ANTI-DRUG POLICY (Grade 6 – 12)

AIM:

1. To discourage the learners of WKS from experimenting with and using illegal substances.
2. To initiate the rehabilitation of those learners who are using drugs.
3. To create an ethos whereby drug taking is unacceptable.
4. To convey a message to drug pushers that WKS is a zero-tolerance zone.

PROCEDURE:

1. If there is any suspicion that a learner is in possession of, or is using or dealing in illegal substances or alcohol, the matter will be referred to relevant management members for investigation.
2. Suspension / expulsion procedures, as laid down in the School's Code of Conduct, will be implemented should a learner be caught in possession of an illegal substance at school or during any official school function.
3. If there is a suspicion that a learner is in possession of illegal substances, the following procedure will be taken:
 - searched by a designated staff member and witness
 - searched by the drug squad and their sniffer dogs
 - subjected to a drug test
4. Should a learner test positive the parents / guardians will be notified and a disciplinary hearing will be set up.

NOTE:

1. At every occasion when a learner tests positive, his / her parents / guardians will be held responsible for all costs incurred during testing, or any counselling or rehabilitation program.
2. Failure by the parent / guardian to undertake recommended counselling and / or rehabilitation may lead to the immediate suspension / expulsion of the learner concerned.
3. The school will commit itself to an ongoing program of drug awareness. This will involve:
 - Staff attending courses (SANCA)
 - Inviting guest speakers to the School
 - Implementing a life orientation program that deals with appropriate material.
4. "Illegal substances" include:
 - Tobacco, Dagga, Alcohol and Drugs
 - Other addictive and hallucinogenic substances such as methylated spirits, carbon tetrachloride, thinners, moon flower etc.
 - The abuse of prescription drugs.

Initials: Father..... Mother.....

PERMISSION FOR SEARCH AND DRUG TESTING

Annexure A (Parent / Guardian)

I, _____ parent/guardian of _____

understand and uphold the DRUG FREE and ZERO TOLERANCE Policy of the Wartburg Kirchdorf School. If there is a suspicion that my child is in possession of illegal substances or any other illegal items or is suspected of using illegal substances, I give my consent to:

- A search of his/her person by a designated member of staff and witness.
- A search of his/her possessions by the drug squad and their dogs.
- A breathalyser test and/or urine drug test.

I also agree to allow my child to be eligible for a random urine drug test that will be conducted by qualified medical staff.

In the event of my child testing positive I will be responsible for all costs incurred. This permission is granted for the full duration of my child's enrolment at the School.

Parent/Guardian signature _____

Date _____

PERMISSION FOR SEARCH AND DRUG TESTING

Annexure B (Learner)

I, _____ understand and uphold the DRUG FREE and ZERO

TOLERANCE Policy of the Wartburg Kirchdorf School. If there is a suspicion that I am in possession of illegal substances or any other illegal items or am suspected of using illegal substances, I agree to allow:

- A search of my person by a designated member of staff and witness.
- A search of my possessions by the drug squad and their dogs.
- A breathalyser test and/or urine drug test.

I also agree to a random urine drug test that will be conducted by qualified medical staff. This permission is granted for the full duration of my enrolment at the School.

Learner signature _____

Date _____

Parent/Guardian signature _____

Date _____

Initials: Father..... Mother.....

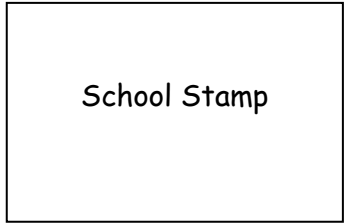
7. **Overall Recommendation**

Excellent		Good		Average			Below Average			Poor
10	9	8	7	6	5	4	3	2	1	0

8. **Management Comment**

Date: _____

Signature of Principal



We thank you for your time.
Please fax or email report directly to:

Admissions
Wartburg Kirchorf School
Fax to email: 086 573 1205
Email: school@wartburg.co.za



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3233
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WARTBURG KIRCHDORF SCHOOL

EST 1881

TO WHOM IT MAY CONCERN

This confidential report represents an important part of our admissions process. We ask that you please complete the report as accurately as possible and fax / email it directly to the Admissions Secretary at the above address.
Thank you for your co-operation.

**CONFIDENTIAL
FINANCIAL CLEARANCE CERTIFICATE**

Name of Learner: _____ Lurits Number _____

Date Of Birth / I.D. Number: _____ Race: _____

Full Names of Father: _____

I.D. Number: _____

Full Names of Mother: _____

I.D. Number: _____

Name of School at which Learner is currently enrolled:

Telephone Number: _____ Email: _____

Annual School Fees for current year: _____ Fees paid to date: _____

Fees outstanding: _____ Has this account ever been handed over: _____

Comments: _____

Signature Of Bursar/Principal

Date: _____

Name of Learner: _____ Current Grade: _____

1. Academic

English _____ %

Maths _____ %

Please rate out of 10 and tick appropriate box:

	Excellent		Good		Average			Below Average			Poor
	10	9	8	7	6	5	4	3	2	1	0
English											
Mathematics											
Overall Academic Achievement											
Academic Attitude											

Additional Comments: _____

2. General Character And Behaviour

Please rate out of 10 and tick appropriate box:

	Excellent		Good		Average			Below Average			Poor
	10	9	8	7	6	5	4	3	2	1	0
Behaviour & Self Discipline											
Leadership Potential											
Relations With Peers											
Character & Personality											

Has the Learner been involved in, or accused of smoking/use of drugs/alcohol at school? **YES/NO**.

If YES, please comment: _____

Has the Learner been involved in, or accused of bad behaviour/disciplinary hearing? **YES/NO**.

If YES, please comment: _____

Additional Comments: _____

3. Co-Curricular Ability And Involvement

Please rate out of 10 and tick appropriate box:

	Excellent		Good		Average			Below Average			Poor
	10	9	8	7	6	5	4	3	2	1	0
Ability & Proficiency											
Extent Of Involvement											
Sportsmanship & Attitude											

Teams participated in and achievement:

4. Parental Attitude:

Please rate out of 10 and tick appropriate box:

	Excellent		Good		Average			Below Average			Poor
	10	9	8	7	6	5	4	3	2	1	0
Attitude Towards School											
Co-Operation With School											
Support Of School											

5. Has the learner repeated any Grades? **YES/NO**. If YES, please specify which grades

6. Has the Learner required Remedial Teaching or been referred to an Educational Psychologist? **YES/NO**.

If YES, please comment _____
