



POTCHEFSTROOM HIGH SCHOOL FOR BOYS

APPLICATION FOR ADMISSION 2021

Nr _____

Private Bag X45
 Potchefstroom
 2520
 Tel: 018 294-5339/0
 Fax: 018 293-3338
 E-mail: admin@potchboyshigh.co.za
 Web Site: www.potchboyshigh.co.za

1 passport
 photo
 required
 Attach
 here

Learner Surname:		
Learner First Names:		
Grade applying for:	Year applying for:	Age:
Do you require boarding facilities: Yes <input type="checkbox"/> No <input type="checkbox"/> Preferred language of teaching:		

Please Note

1. All documents must be attached to this application form.
2. No copies of any documents will be made at school.
3. All copies must be certified.
4. No application will be processed if all documentation is not attached and/or all information required is not completed.
5. Applications must be hand-delivered or mailed (posted) to the school at the above address.
6. Applications may not be faxed or e-mailed to the school.

The following documents must be attached:

	Office use only
1. One recent ID-size photograph of the learner, to be attached to this form	<input type="checkbox"/>
2. Confidential report. (To be mailed/faxed to us by the learner's present school)	<input type="checkbox"/>
3. The learner's most recent school report	<input type="checkbox"/>
4. Proof of residential address of main parent (Copy of municipal/water & lights account)	<input type="checkbox"/>
5. Salary advice of BOTH parents / guardians, EVEN IF DIVORCED / SEPARATED OR SINGLE. (Copy of salary advice or letter from auditors stating amount earned monthly if self-employed, bank statements NOT accepted). Applications will not be considered without BOTH parents details, even if divorced, separated or single. AFFIDAVIT MUST BE PROVIDED IF BOTH PARENTS' DETAILS ARE NOT SUBMITTED / Death certificate if applicable	<input type="checkbox"/>
6. Copy of ID of BOTH parents / guardian, EVEN IF DIVORCED / SEPARATED OR SINGLE. Applications will not be considered without BOTH parents details, even if divorced, separated or single. AFFIDAVIT MUST BE PROVIDED IF BOTH PARENTS' DETAILS ARE NOT SUBMITTED / Death certificate if applicable	<input type="checkbox"/>
7. A certified copy of the learner's Birth certificate & unabridged birth certificate. Applications will not be considered without an unabridged certificate (NOT ABRIDGED, BUT UNABRIDGED – SEE ATTACHED EXAMPLE (to be submitted only if you DON'T supply BOTH parents' ID documents))	<input type="checkbox"/>
8. Subject choice (Applicable for Grade 10 – 12 learners only)	<input type="checkbox"/>
9. Study permit (all immigrants)	<input type="checkbox"/>

Office use only:			
Date Applied:		Account nr:	
Age next year:		Pencilbox:	
Accepted:		Acceptance letter:	
Hostel:		Sport House:	

SECTION A: PARTICULARS OF LEARNER

1. Surname:		
2. First names (as on birth certificate):		
3. Preferred or nick name:		
4. Date of birth:		
5. ID Number :		
6. Grade/s repeated:	Grade:	Year:
7. Brothers attending this school:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Year:
8. Your children attending other schools:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:
8.1 Name of schools :		
9. Immigrant:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. If Yes:	8.1 Date of arrival in RSA:	
	8.2 Passport Number:	
	8.3 Country of origin / Birth:	
11. Population group (e.g. Xhosa, etc):		
12. Home Language:		
13. Church denomination (if applicable):		
14. Present school Name:		
14.1 Address:		
14.2 Province:		
14.3 Telephone Number:		
14.4 Fax Number:		
15. School(s) attended last three years (if applicable):		
15.1 Name of School:		
15.2 Telephone Number:		
16. Medical information:		
16.1 Medical aid:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
16.2 Name of medical aid:		
16.3 Medical aid number:		
16.4 Name of main member of medical aid:		
16.5 Home doctor:		
16.6 Home doctor telephone number and address:		
16.7 Allergies (if any):		
16.8 Blood type		
16.9 Physical disability /s:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
16.10 Learning disability:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
17. Special dietary requirements (boarders only):		
No pork <input type="checkbox"/>	No fish <input type="checkbox"/>	
Halaal <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	
Diabetic <input type="checkbox"/>	Other (specify):	
18. Learner's cell phone number:		

SECTION B : PARTICULARS OF PARENT(S) / GUARDIAN(S) TAKING CARE OF THE LEARNER AND RESPONSIBLE FOR ALL FEES

1. Father / Guardian (male):		Father: <input type="checkbox"/>	Guardian: <input type="checkbox"/>	Responsible for account:
<input type="checkbox"/>				
1.1 Title (e.g. Mr, Dr):				
1.2 Surname:				
1.3 Full Names:				
1.4 ID Number:				
1.5 Date of Birth:				
1.6 Residential Address:				
Postal Code:		Province:		
Number of years at current residential address:				
1.7 Home telephone number:				
1.8 Fax number:				
1.9 Cell number:				
1.10 Postal address (for accounts and correspondence):				
				Postal Code:
1.11 e-mail (work):				
1.12 e-mail (home):				
1.13 Occupation:				
1.14 Name of employer:				
1.15 Telephone number of employer:				
1.16 Physical Work address:				
				Postal Code:
2. Mother / Guardian (female):		Mother: <input type="checkbox"/>	Guardian: <input type="checkbox"/>	Responsible for account:
<input type="checkbox"/>				
2.1 Title (e.g. Ms, Mrs, Dr):				
2.2 Surname:				
2.3 Full Names:				
2.4 ID Number:				
2.5 Date of Birth:				
2.6 Residential Address:				
Postal Code:		Province:		
Number of years at current residential address:				
2.7 Home telephone number:				
2.8 Fax number:				
2.9 Cell number:				
2.10 Postal address (for accounts and correspondence):				
				Postal Code:
2.11 e-mail (work):				
2.12 e-mail (home):				
2.13 Occupation:				
2.14 Name of employer:				
2.15 Telephone number of employer:				
2.16 Physical Work address:				
				Postal Code:

3. *Other person responsible for account (if Father or Mother is not paying the account)**

Responsible for account:

Relationship to learner (e.g. Grandparent / Sister / Brother / Trust Fund etc.):

3.1 Title (e.g. Ms, Mrs, Dr):

3.2 Surname:

3.3 Full Names:

3.4 ID Number:

3.5 Date of Birth:

3.6 Residential Address:

Postal Code:

Province:

Number of years at current residential address:

3.7 Home telephone number:

3.8 Fax number:

3.9 Cell number:

3.10 Postal address (for accounts and correspondence):

Postal Code:

3.11 e-mail (work):

3.12 e-mail (home):

3.13 Occupation:

3.14 Name of employer:

3.15 Telephone number of employer:

3.16 Physical Work address:

Postal Code:

*** ID, Payslip and proof of address must be submitted if another person is paying the account

4. Signature

RESPONSIBLE FOR ALL FEES if parents are not paying account

5. Status of parent(s) or guardian(s)

Parents (married)

Parents divorced

Parents separated

Father deceased

Mother deceased

Both parents deceased

Other (please explain)

Please provide death certificate if applicable

6. In case of emergency (NOT PARENTS) OTHER DETAILS NOT ALREADY SUPPLIED

Friends or relatives to be contacted if parents cannot be contacted in emergency:

4.1 Name:

Relationship to learner:

Telephone number:

4.2 Name:

Relationship to learner:

Telephone number:

7. Signatures

1. PARENT/GUARDIAN (1)
(RESPONSIBLE FOR ALL FEES)

2. PARENT/GUARDIAN (2)
(RESPONSIBLE FOR ALL FEES)

SECTION C : GETTING TO KNOW YOU (Must be completed by the learner in his own handwriting)

1. Do you participate in sport? Yes No

If yes, what sport and what team?

2. Do you participate in cultural activities? Yes No

If yes, what activities and at what level?

3. Are you a leader in your present school? Yes No

If yes, specify e.g. Prefect, RCL, Class Captain, Monitor

4. Have you ever been to a disciplinary hearing? Yes No

If yes, what were the charges and what was the outcome of the hearing?

5. What would you like to become one day when you have completed school?



POTCHEFSTROOM HIGH SCHOOL FOR BOYS

2020 : FEES

School Fees	R	23,500.00	all day scholars
Hostel Fees	R	58,000.00	
Total Fee payable	R	<u>81,500.00</u>	all boarders

If you have a second child at school, you will receive a 5% discount on his fees

PAYMENT OPTIONS:	PER ANNUM	PER TERM	PER MONTH
	Once off - not later than 31 January 2020 less 10% discount	4x termly payments payable on 1 st day of term	Gr 8 - 11 learners : 10 x monthly payments Gr 12 learners : 9 x monthly payments
School Fees	R 21 150	Jan 2020 = R7 050 Apr 2020 = R7 050 July 2020 = R7 050 Oct 2020 = R2 350	Gr 8 - 11 learners : Jan - Oct 2020 = R2 350 Gr 12 learners : Jan - Aug 2020 = R2 650 and Sep 2020 = R2 300
Hostel Fees	R 52 200	Jan 2020 = R14 500 Apr 2020 = R14 500 Jul 2020 = R14 500 Oct 2020 = R14 500	monthly payments may still be done on the condition that by the start of a new term the required termly fees are already settled

REGISTRATION FEE: 10% of annual fees payable during Oct - Nov of current year but not later than January of the following year (school and hostel fees)

PAYMENT METHODS:

- D/O - debit order (the school to be authorised to do on your behalf)
- EFT - electronic fund transfer (internet payment performed by you)
- DEP - bank deposit (performed by you)
- CARD - debit or credit card (machine available at school)
- CASH - still accepted but not preferred

BANK DETAILS FOR PAYMENT OF FEES ARE:

<u>School Bank details:</u>		<u>Hostel Bank details:</u>	
Potch Boys High School	Name:	PBHS - Hostel	
FNB	Bank:	FNB	
62115812655	Acc. No.	62115927800	
240438	Branch:	240438	
Fax / E-mail deposit slip on the same day to:		Fax. No. (018) 293 3338 or finance@potchboyshigh.co.za	
Reference no. for deposit slips - use your own unique number as issued by the school			

A 3345



C 1254740
DEPARTMENT HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

83/BI - 5

XXXXX
BI-12

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

20080739251
UNABRIDGED
BIRTH CERTIFICATE

CHILD
SURNAME:
FORENAMES:

IDENTITY NUMBER:

GENDER:
PLACE OF BIRTH:
COUNTRY OF BIRTH:

FEMALE DATE OF BIRTH: 1971-09-24
JOHANNESBURG
SOUTH AFRICA

FATHER
SURNAME:
FORENAMES:

IDENTITY NUMBER: -----

DATE OF BIRTH:
PLACE OF BIRTH:
COUNTRY OF BIRTH:

1945.05.22
JOHANNESBURG
SOUTH AFRICA

MOTHER

IDENTITY NUMBER: -----

MAIDEN NAME:
FORENAMES:

DATE OF BIRTH:
PLACE OF BIRTH:
COUNTRY OF BIRTH:

1948.01.09
DURBAN
SOUTH AFRICA

ENDORSEMENTS:
NONE

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X3001
NIGEL, 1450
2009-01-14
OFFICIAL DATE STAMP
DISTRICT OFFICE NIGEL (4)

DIRECTOR GENERAL: HOME AFFAIRS

DATE PRINTED: 20081124 ISSUED BY: YGO287

Please note: This document MUST be attached if you do not supply BOTH the father and the mother's ID's and payslips, otherwise the application WILL NOT BE CONSIDERED



POTCHEFSTROOM HIGH SCHOOL
FOR BOYS

CONFIDENTIAL REPORT

(This form is to be completed by the learner's current School and returned directly to Potchefstroom High School for Boys)

Private Bag X45
Potchefstroom
2520
Tel: 018 294-5339/0
Fax: 018 293-3338
E-mail: admin@potchboyshigh.co.za
Web Site: www.potchboyshigh.co.za

LEARNER SURNAME: _____

LEARNERS FIRST NAMES: _____

GRADE: _____ AGE: _____

ACADEMIC ACHIEVEMENT (as per last report)

SUBJECT	PERCENTAGE
English	
Afrikaans	
Mathematics	
Mathematical Literacy	
Physical Science	

SPORT: Comment on ability, Participation, Sportsmanship and Team Membership:

CULTURAL AND CREATIVE ACTIVITIES

CHARACTER AND LEADERSHIP POTENTIAL

ANY KNOWN PROBLEMS (e.g. Family, Emotional, Remedial, Medical, SGB Disciplinary hearing)

Has all school/boardings fees been paid to date? Yes No

If "No" please specify _____

NAME _____

SIGNATURE _____

SCHOOL STAMP

Thank you for your assistance and co-operation.