

GREENSIDE HIGH SCHOOL

(Gauteng Department of Education)

GEERS AVENUE • GREENSIDE • JOHANNESBURG • 2193
P O BOX 84042 • GREENSIDE • 2034
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WEB SITE: http://www.greensidehigh.co.za E-MAIL: admissions@greensidehigh.co.za

| Supporting docum Online Ref nur | | | | | | application for 2021 | | | |
|--|--------------|------------|--------------|-----------|--------------|----------------------|--|--|--|
| | | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | |
| D6 Admission No: | | | | P.A | STEL Ref. no | o: | | | |
| L LEARNER'S INFORM | IATION | | | | | | | | |
| Surname: | | | | | | | | | |
| Names: (As per birth ce | rtificate) | | | | | | | | |
| Grade applying for in 2021: Learner Cell No: | | | | | | | | | |
| Date of Birth: Age: | | | | | | | | | |
| Learner email address: | | | | | | | | | |
| | | | | | | | | | |
| Passport Number: | |] | | | | | | | |
| Gender: Male | remaie | | | | | | | | |
| Home Language: | | | | | | | | | |
| Previous School: | | | | | | | | | |
| The following statistics | are required | l by the (| Gauteng Depa | artment (| of Education | <u>ı</u> : | | | |
| Race: | African | Asian | Coloured | Indian | White | | | | |
| Religion: | Muslim | | Hindu | | Christian | Jewish | | | |
| | Other (Sp | ecify) | | | | 1 | | | |
| Country of Birth: | | | | | | | | | |

| | : | Year matriculated: |
|----------------------------|---------------------------------|---|
| Number of siblings curren | tly attending Greenside High Sc | hool : |
| Name/s of siblings: | | Grade |
| | | Grade |
| n the event that BOTH par | ents cannot be contacted, pleas | e provide details of the guardian or next of kin: |
| | | UARDIAN / NEXT OF KIN |
| SURNAME | | |
| NAME | | |
| RELATIONSHIP TO LEARNER | | |
| TITLE | | |
| | | |
| ID NUMBER | | |
| RESIDENTIAL ADDRESS | | Cell Number: |
| | | Tel: |
| | Postal Code: | |
| | | |
| Medical Information (COM | <u> </u> | |
| Name of Family Doctor: | | |
| Tel: | | |
| Name of Medical Aid: | | |
| Medical Aid No: | | |
| Allergies: | | |
| Medication: | | |
| Chronic illness: | | |
| | | |

3. BIOLOGICAL PARENT, LEGAL GUARDIAN'S OR STEP PARENT'S DETAILS:

| 3.1 | Biological Parent 1: | | | | | Biological Parent 2: | | | | | |
|------------------------------|----------------------|-----|----------|--------|--------|----------------------|-----|-----------|--------|---------|--|
| SURNAME | | | | | | | | | | | |
| NAME | | | | | | | | | | | |
| TITLE | | | | | | | | | | | |
| ID NUMBER | | | | | | | | | | | |
| Marital Status | Married | | Divorced | t | Single | Married Divorced | | | Single | | |
| (Tick the box) | Widower | | Separate | ed | | Widow | S | Separated | | | |
| RESIDENTIAL | | | | | | | • | | | | |
| ADDRESS | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Postal Cod | e: | | | | Postal Cod | le: | | | | |
| POSTAL ADDRESS | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Postal Cod | e: | | | | Postal Code: | | | | | |
| TYPE OF RESIDENCE | Own | Ren | ted | Living | with | Own Rented | | | Livi | ng with | |
| | | | emp | | | | | employer | | | |
| | | | | - | | | | | | | |
| TEL HOME | | | | | | | • | | | | |
| CELL NUMBER | | | | | | | | | | | |
| TEL WORK | | | | | | | | | | | |
| FAX NUMBER | | | | | | | | | | | |
| OCCUPATION | | | | | | | | | | | |
| | | | | | | | | | | | |
| EMPLOYER | | | | | | | | | | | |
| | | | | | | | | | | | |
| WORK ADDRESS | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Postal Cod | e: | | | | Postal Code: | | | | | |
| HOME LANGUAGE | | | | | | | | | | | |
| ENANU ADDDESS | | | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | | |
| /Diocco verito doculer | | | | | | | | | | | |
| (Please write clearly | | | | | | | | | | | |
| as this the primary means of | | | | | | | | | | | |
| | | | | | | | | | | | |
| correspondence) | | | | | | | | | | | |

If applicable, please complete the following:

| 3.2 | Guardian 1/ | | Guardia | n 2/ Ste | epparen | t 2: | | | | |
|-------------------------------------|-------------------|---------------------------------|---------|----------|----------------|----------|--------|----|-------------|--|
| SURNAME | | | | | | | | | | |
| NAME | | | | | | | | | | |
| TITLE | | | | | | | | | | |
| ID NUMBER | | | | | | | | | | |
| Marital Status | Married | Divord | ced | Single | Married Divorc | | | ed | Single | |
| (Tick the box) | Widower Separated | | | | | Widow | | | | |
| RESIDENTIAL ADDRESS | | | | | | | | | | |
| | Postal Code | : | | | | Postal C | ode: | | | |
| POSTAL ADDRESS | Postal Code | : | | | | Postal C | ode: | | | |
| TYPE OF | Own | | | | | | Rented | | Living with | |
| RESIDENCE | OWII | Own Rented Living with employer | | | | Own | Kerree | 4 | emplo | |
| TEL HOME | | | | | | | | | | |
| CELL NUMBER | | | | | | | | | | |
| TEL WORK | | | | | | | | | | |
| FAX NUMBER | | | | | | | | | | |
| OCCUPATION | | | | | | | | | | |
| EMPLOYER | | | | | | | | | | |
| WORK ADDRESS | Postal Code | | | | | Postal C | ode: | | | |
| HOME | FOSTAI COUE | • | | | | FUSIAIC | oue. | | | |
| LANGUAGE | | | | | | | | | | |
| EMAILADDRESS (PLEASE WRITE CLEARLY) | | | | | | | | | | |

| (Cross the box) | I: (COMPULSORY) | |
|--|-------------------------------|---------------------------------------|
| BOTH PARENTS MOT | HER FATHER ST | EPPARENT GUARDIAN |
| 4.1 IF LEARNER LIVES WITH | H PERSONS OTHER THAN TH | HE PARENTS, PLEASE PROVIDE DETAILS AS |
| FOLLOWS: | | |
| Name of person: | | |
| Relationship to learner: | | |
| Address: | | |
| Contact numbers: | CELL: | |
| | Email | |
| | WORK: | HOME: |
| 4.4 Details of person responses | ulsory and payable in advance | |
| legal relation to learn | er. | |
| SURNAME | | |
| NAME | | |
| I TITI C | | |
| TITLE | | |
| ID NUMBER | | |
| ID NUMBER NAME OF EMPLOYER | CEII: | |
| ID NUMBER | CELL: WORK: | HOME: |
| ID NUMBER NAME OF EMPLOYER | CELL: WORK: | HOME: |
| ID NUMBER NAME OF EMPLOYER CONTACT NUMBERS | | HOME: |

Please submit the following documents:

IF DIFFERENT FROM PARENTS (for example sponsor, employer, etc.)

- 1. A certified copy of the Identification Document
- 2. Proof of residence
- 3. Proof of employment

| DETAILS OF FUND | |
|---|---|
| ADMINISTRATOR OF FUND | |
| CONTACT DETAILS | |
| TRUST FUND NUMBER | |
| SIGNATURE: | |
| 6. Extra-curricular activities: Any extra-curricular activities i | involved in at Primary School: |
| | |
| | |
| | |
| | |
| | |
| List of achievements: | |
| | |
| | |
| | |
| | |
| | |
| Please attach copies of said ac | hievements or extra-curricular certificates (if possible) |
| | |
| 7. Other Relevant Information | : |
| Where did you hear about Gree | enside High School? |
| | |
| | |
| | |
| What is your primary reason fo | or applying to Greenside High School? |
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5. If school fees are paid for by a Trust Fund, all the following details must be supplied:

8. ACADEMIC INFORMATION: **ONLY FOR GRADE 8 and 9** Choose Afrikaans or isiZulu as a second language (place an X next to your choice): Afrikaans isiZulu ONLY FOR GRADE 10, 11 and 12 **COMPULSORY SUBJECTS:** 2. Afrikaans isiZulu 1. English Home Language OR 3. Life Orientation 4. Mathematics OR **Mathematical Literacy CHOOSE AN ADDITIONAL THREE SUBJECTS FROM THIS LIST: Accounting Business Studies Computer Applications Technology Consumer Studies Dramatic Arts Electrical Technology Engineering Graphics and Design** Geography History **Information Technology Life Sciences Physical Sciences Visual Arts** Office use: (Timetable)

9. DOCUMENTS TO BE SUPPLIED WITH THIS APPLICATION FORM

| | Documents required as per online system (MUST BE SUBMITTED WITHIN 7 SCHOOL DAYS) | YES | NO | If outstanding, date Submitted |
|-----|---|-----|----|--------------------------------|
| 1. | ID/Passport/Refugee Permit/Asylum Permit/Permanent Residence Permit – Certified copy – Parent that applied online | | | |
| 2. | SA Birth Certificate -A certified copy of the learner's UNABRIDGED birth certificate | | | |
| 3. | Proof of Address The only accepted proof of Residence are: The current ORIGINAL utility / municipality bill. No telephone/retail accounts will be accepted for proof of address. A valid legal lease agreement duly signed and witnessed, accompanied by a current original utility bill from the owners | | | |
| 4. | Proof of Work Address | | | |
| 5. | Latest School Report – 1st term report from 2020 | | | |
| | Additional documents required by the School (MUST BE SUBMITTED WITHIN 7 SCHOOL DAYS) | YES | NO | If outstanding, date Submitted |
| 1 | South African Citizens: A certified photocopy of BOTH biological parents'/legal guardians'/ step parents' Identification Documents. | | | |
| 1.1 | MOTHER | | | |
| 1.2 | FATHER | | | |
| 2 | A certified photocopy of the learner's Immunization Card. Not compulsory, but please provide if you can. | | | |
| 3 | One recent ID-size photograph of the learner. | | | |
| 4 | Proof of employment: for BOTH biological parents'/legal guardians'/ stepparents'. Even if Divorced /Separated or Single | | | |
| 4.1 | MOTHER | | | |
| 4.2 | FATHER | | | |
| 5 | If unemployed, please provide an affidavit to this effect. | | | |
| 5.1 | MOTHER | | | |
| 5.2 | FATHER | | | |
| 6 | If not South African Citizens: Valid Visa for Temporary or Permanent residence issued by DHA. Parent / Legal Guardian Passport /Asylum Seeker/ Refugee Permit / Original Work and Study Permit for both Parents and Learner. | | | |
| 7 | Biological parents'/legal guardians'/ step parents' death certificate/s if deceased | | | |
| 8 | If learner is adopted OR fostered, certified copy of the court order. | | | |
| 9 | A certified copy of the learner's final report for 2019. (Academic and Conduct) | | | |
| 10 | IF FEES PAID BY THIRD PARTY (NOT THE PARENTS) Identification document, proof of residence and proof of employment of person responsible for school fees (for example sponsor employer, etc.) | | | |

10. AGREEMENT BY PARENTS

- 1. Admission shall become final only upon acceptance by the school and then on signature by the parent of the *Agreement of Tuition*.
- 2. Any admission shall lapse should the *Agreement of Tuition* not be entered into between the parent and the School within one week of the date upon which the first term of the year or the first day upon which the learner in fact attends classes (whichever is applicable) commences.
- 3. Until such time as the admission has become final, the principal shall not be bound to admit the learner to the school and the principal reserves the right, at any time following the admission of the learner, to cancel such admission at his or her complete discretion.
- 4. No indulgence or extension of time shall constitute a waiver of the School's rights in terms of this agreement.
- 5. The school reserves the right to verify all information supplied on this form, either telephonically or via the credit bureau.
- 6. It is an offence to submit any false statements or documents. Any fraud or misrepresentation in the factual information supplied on the admissions form will entitle the school to refuse the application or set aside any decision already made on the strength of incorrect information.

BOTH PARENTS MUST SIGN

FULL NAMES:

| Biological Parent 1 : | Signature: |
|-----------------------|------------|
| Biological Parent 2 : | Signature: |
| Legal guardian 1: | Signature: |
| Legal guardian 2: | Signature: |
| Step Parent 1: | Signature: |
| Step Parent 2: | Signature: |

In agreement of the above conditions