

"Creating New Paths in Learning, Doing and Serving"

≅ + 27 53 928 7000 **□** 086 275 5443 **□** 441 VRYBURG 8600

Office: info@tigerkloof.org.za

www.tigerkloof.org/school

Portion 5, Waterloo Farm Kimberley road, VRYBURG 8601

EMIS No: 600102137

Parents who apply for space in 2020 please note the following:

- 1. INCOMPLETE forms, forms NOT PROPERLY COMPLETED, and forms WITHOUT THE REQUESTED DOCUMENTS e.g. Birth Certificate (pg. 2) will be rejected.
- 2. <u>FOREIGN LEARNERS</u>: Passports and Study Permits are requested by the Department of Education. Please Apply on Time and submit with application form.
- 3. It is important to remember that **FINANCIAL PLANNING IS ESSENTIAL** since school fees and transport costs need to be taken into consideration.
- 4. WE CANNOT RESPOND TO APPLICATIONS UNTIL THE END OF THE YEAR. We have limited space in all classes and we have to wait to see how many children pass, how many children repeat and how many transfers we have at the end of each year to determine the space available.
- 5. Sometimes it happens that families take transfers at the beginning of the year. IT IS RISKY FOR YOU TO WAIT UNTIL JANUARY FOR SPACE AT TIGER KLOOF SO WE ENCOURAGE YOU TO APPLY TO OTHER SCHOOLS AS WELL. If you are willing to take the risk and wait until January to see whether we have space, it will be at your own risk.
- 6. BOARDING IS ONLY AVAILABLE FOR GR. 8 12 LEARNERS.

<u>Please sign to indicate that you understand the above and that Tiger Kloof is not responsible if your child does not get space</u>

| (Name) | (Signature) | |
|--------|-------------|--|
| | | |
| (Date) | | |

We thank you for considering Tiger Kloof for the education of your child.



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Affix one ID photo of

APPLICATION FOR ADMISSION

This application is for the Year 2020 Grade: _____

Please indicate whether you are applying for?





School admission policy aligns itself with the National Department of Education's admission policy and circular 56 of 1999.

- a) Admission will not be finalized until ALL the relevant documentation has been received by the school.
- b) THE LEARNER MUST BE PROFICIENT IN ENGLISH, which is the language of learning and teaching at Tiger Kloof.
- c) Our main intake is in Gr. RR and Gr. 8
- d) Learners will be admitted on a first come first serve basis, if there is space available, seeing that the feeder zone in High school is boarders.
- e) If any fact reflected in this application form proves to be incorrect, the School reserves the right to reject the application, whether or not the application has been previously accepted. It is an offence to make a false statement about any item pertinent to this application, such as the age and identity of a child, place of residence or guardianship and financial status.
- f) BY MAKING THIS APPLICATION FOR ADMISSION TO THE SCHOOL, THE LEARNER AND THE PARENTS ACCEPT THAT ON SUCH ADMISSION, THE LEARNER WILL BE BOUND BY THE MISSION STATEMENT AND CODE OF CONDUCT OF THE SCHOOL AND THE BOARDING HOUSE.
- g) THIS FORM MUST BE COMPLETED IN FULL BY THE PERSON RESPONSIBLE FOR THE SCHOOL FEES.

| LEARNER SURNAME: | LEARNER NAME: | |
|------------------|----------------------|--|
| | | |

The application will NOT be considered if the following supporting documentation is not submitted with the application:

Highlighted below are very important documents that the school MUST receive

| 1 | Passport photograph of learner needed for sport | 9 | Guardianship (if necessary – copy of | f Court Ruling | j) |
|---|---|----|--|----------------|------------|
| 2 | ID documents/passport (both parents) | 10 | School fee agreement signed by pe | rson respons | ible |
| 3 | Proof of residential address in parents name | 11 | Medical Scheme details and if acce (Very important for Boarders) - X2 (| | Africa |
| 4 | R100 admin fee – can be deposited | 12 | Confidential report – (to fax directly | to Tiger Kloc | of) |
| 5 | Proof of income (pay slips of both parents) | 13 | Provisional Transfer letter | | |
| 6 | Latest school report | 14 | Copy of immunization records | | |
| 7 | Passport & Study permit (for foreign learners) | 15 | Code of Conduct (on application form | n) | |
| 8 | Unabridged Birth Certificate For Minors | 16 | BOARDER (please indicate) | YES | NO |

UNDERTAKING BY PARENT / GUARDIAN:

- 1. I/WE UNDERSTAND THAT COMPLETION OF THIS FORM DOES NOT GUARANTEE ADMISSION.
- 2. I/We are aware my son/daughter's application will be considered in accordance with the prescribed admission requirements and vacancies available in the school / and or hostel
- 3. I/We agree to the terms of the STANDARD AGREEMENT IN RESPECT OF TUITION FEES accompanying this application.
- 4. My/Our child will be subject to the CODE OF CONDUCT FOR LEARNERS together with the disciplinary procedures of the school as amended from time to time.
- 5. I/We accept that the school is not responsible for loss/damage to personal property, or personal injury to the learner.
- 6. I/We accept that if my child does not attend school for any reason whatsoever, I/We are still liable to pay school fees.
- 7. PARENTS NEED TO MAKE APPLICATIONS TO OTHER SCHOOLS AS WELL. THIS IS ESSENTIAL AS ACCEPTANCE AT TIGER KLOOF COMBINED SCHOOL CANNOT BE GUARANTEED.
- 8. If my child is accepted, I undertake to
 - a) Sign the "Code of Conduct"
 - b) Pay the prescribed school fees on the 1st of every month, one month in advance.
- 9. If my child is accepted in the hostel, I undertake to:
 - a. Pay the boarding fees on the 1st of every month, one month in advance.
 - b. Compensate for any damage to hostel property caused by my child, whatever it may be.

Parents/Guardian please sign that you have read and understood the above:

| Name of Parent / Guardian: | |
|----------------------------|-------|
| Parent/Guardian Signature: | Date: |
| Name of Parent / Guardian: | |
| Parent/Guardian Signature: | Date: |

SECTION 1: LEARNER INFORMATION

| Surname: | | | | | | | | Initi | ials | s: | | | | | | | |
|--|---------|---------|-------------|----------|-------|-----------------------|------|---------|------|--------|-------|---------|-----------|---------|------------|-----------|-------|
| First Name: | | | | | | | | Nic | kn | ame | e: | | | | | | |
| ID NUMBER: | | | | | | | | | | | | Ger | nder: | IV | IALE | FEM | IALE |
| RACE | | | D | ate | of E | Birth: | | У | | У | | У | У | m | m | d | d |
| Country of Residence: | | | | | | | | | T | Stu | ıdy | Perm | it Num | ber: | | | |
| Province of Residence: | | | | | | | | | L | | | | | | | | |
| Physical Address: | | | | | | | | | | | | | | | | | |
| City/Suburb: | | | | | | | | | | | | | | | | | |
| Postal code: | | | | Pre | viou | ıs Scho | ol: | | | | | | | | | | |
| Religion: | | | | \vdash | — | | | | | | | | | | | | |
| Home Language: | | | | Yea | ır: | | | | | | | (| Frade: | | | | |
| Mode of Transport: | | | | <u> </u> | | | | | _ | | | | | | | | |
| Indicate deceased parent: | | | FAT | HER | | | MC | OTHER | | | | F | вотн | | | NONE | |
| Dexterity of learner | | | | ght ha | and | ed | | | | Lef | t ha | nded | | Am | bidextrous | | |
| | | SOCIA | | | | FORMAT | TION | l (plea | se ' | | | | ct box) | | | | |
| REGISTRATI | | | | | | | | ECEIVI | | | | | <u> </u> | | GRAN | T NO. | |
| CHILD SUPPORT | | | \dashv | CHII | D SI | JPPORT | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| MAINTENANCE | | | | | | NANCE | | | | | | | | | | | |
| FOSTER CHILD | | | | FOST | ΓER (| CHILD | | | | | | | | | | | |
| CARE-DEPENDANCY | | | | CARE | E-DE | EPENDAN | NCY | | | | | | | | | | |
| Number of children in Fam | nily: | | | Posi | tion | in the fa e.g. fir | | | the | er sic | de | | Fat | her's s | ide: | | |
| | NAME (| OF BR | OTHE | ER OF | ₹ SIS | STER C | | | ΥA | ATTE | END | ING T | IGER K | LOOF | | | |
| Name of brother or sister | | | | | | | | | | | | G | Grade | | | | |
| Name of brother or sister | | | | | | | | | | | | G | Grade | | | | |
| IT WOULD BE APPRECIATED IF | YOU CAN | INDICA | ATE THE | E TOT | AL GF | ROSS (BE | FORE | E TAX & | DEI | DUCT | rions | 3) FAMI | ILY (FATH | ER + MC | THER=?) IN | COME PER | ANNUM |
| <r19 999<="" td=""><td>R20 00</td><td>)0 – R3</td><td>35 000</td><td>0</td><td>R</td><td>R36 000 -</td><td>– R8</td><td>9 999</td><td></td><td>F</td><td>R90</td><td>000 –</td><td>R119 0</td><td>00</td><td>>R</td><td>120 000</td><td></td></r19> | R20 00 |)0 – R3 | 35 000 | 0 | R | R36 000 - | – R8 | 9 999 | | F | R90 | 000 – | R119 0 | 00 | >R | 120 000 | |
| Please indicate if pare (please tick x) | ents ar | re: | | Marri | ied | | | Divor | cec | d | | | Widowe | d | | Single | |
| NB: LEARNER RESIDES WITH (PLEASE TICK BOX) | F | ATHEF | R | | MOT | THER | В | BOTH PÆ | ARI | ENTS | S | GRA | ANDPAR | ENT | ОТНЕ | ER (SPECI | IFY) |

| | | | | FATHE | R'S D | ETAILS | | | |
|---|-----------------|-------------|------------|-------------|-------|-----------------------|---------------|----------------|--------|
| Initials | | Surname | | | | | | | |
| First nam | e: | | | | Emplo | oyer: | | | |
| First name: Home language: Home address: Millinitials First name: Home language: P.O Box: Millinitials First name: Home language: P.O Box: ID or Passport number: Home address: GL Title Initials First name: Home language: P.O Box: ID or Passport number: Home address: GL Title Initials First name: Home language: P.O Box: ID or Passport number: Home address: Occupation: PERSON RESPON | | | | | | | | Postal Code | |
| ID or Passport number: Home address: MO Initials Surname First name: Home language: ID or Passport number: Home address: GU/ Title Initials Surnam First name: | | | | | | | Account payer | YES | NO |
| Home add | Iress: | | | | | | | | |
| | | | | MOTHE | R'S [| DETAILS | | | |
| Initials | | Surname | | | | | | | |
| First nam | e: | | | | Emplo | oyer: | | | |
| Home lan | guage: | | P.O Box: | | | | | Postal Code | |
| ID or Pass | sport number: | | | | | | Account payer | YES | NO |
| Home add | Iress: | | | | | | | | |
| | | | | GUARD | AN'S | DETAILS | | | |
| Title | | Initials | | Surname | | | | | |
| First nam | e: | | | | | Gender | Ма | | Female |
| Home lanç | guage: | | P.O Box: | | | | | Postal Code | |
| ID or Pass | sport number: | | | | | | Account payer | YES | NO |
| Home add | dress: | | | | | | | | |
| Occupation | on: | | | | Emplo | oyer: | | | |
| | | | PERSON R | ESPONSIBLI | E FOR | PAYING SCHOOL FE | ES | | |
| Title | | Name & Surn | iame | | | | | | |
| ID or Pass | sport number: | | | | Emplo | oyer: | | | |
| Home add | dress: | | | | | | | | |
| Physical v | work address: | | | | | | | | |
| Employer | r telephone nun | nber: | | | | | | | |
| Person | ı liable for p | payment s | signature: | | | | | | |
| | | | CONTAC | T DETAILS C | F PAI | RENTS OR GUARDIAI | N | | |
| Home tele | ephone number: | | | | Mot | ther's cell number: | | | |
| Fax number | er: | | | | Fati | her's cell number: | | | |
| Father's w | vork number: | | | | Gua | ardian's cell number: | | | |
| Mother's v | work number: | | | | Gua | ardian's work number: | | | |
| Email add | iress: | | | | | | | | |

NB: The person responsible for paying school fees should complete the attached "Agreement of Fees" form

AGREEMENT OF FEES ENTERED INTO AND BETWEEN:

Tiger Kloof Combined School (Hereinafter called the "School") PO Box 441, Vryburg, Portion 5, Waterloo Farm, Kimberley Road, Vryburg, 8600



And

| | (PERSON PAYING SCHO | OOL FEES NAME IN PRINT) | (Hereinafter referred to as | the "Responsible person") |
|------------------------|---|---|---|--|
| Identity | • | Residential Ad | ddress: | |
| | | | | |
| (legal ad | dress – domicilium citandi et executan | ıdi) | | |
| Postal A | Address: | | | |
| Telepho | one Number: | (h) | (w) | (c) |
| | (LEAR | RNER NAME IN PRINT) | (Herein | after referred to as the "Learner") |
| | | any person acting on behalf of the learner ds him or herself as a surely an co debtor. | | cle or whatsoever, where acting a |
| THE P | ARTIES AGREE AS FOLLOW | IS: | | |
| 1. | | d care for the Learner in accordance to the | | |
| 2. | The responsible person will month. (e.g. 1 February 20 | be obliged to pay required school fees, as 020 is the last day to pay the fees for Febr orm of a statement, which will be posted t | ruary 2020.) The required fees will be | advised to the Responsible perso |
| 4. | Should the responsible persapplicable at a time. Shou person. The responsible person. | son be in default with any payment, the ar uld the account be in arrears for more the erson agrees to pay all legal costs which m will be liable to pay an administration to | nan 3 (three) months, legal action will nay be incurred by the School for the r | II be taken against the responsible ecovery of outstanding fees. |
| 5. | REFUNDABLE fee and wil | Il not be refunded if the responsible per Il be obliged to make payments for school | rson decides not to bring the child t | o the School. |
| 6. | | ooses as his/her domicilium citandi ET ex | xecutandi the address as indicated or | n the application form for any lega |
| 7. | This contract shall remain in to terminate it by way of on the Code of Conduct, then a upon the date of the expulse | n force for the normal duration of the Lear ne school term's notice in writing. Should the and in such event, the School's obligations sion. The responsible person will, however which the Learner was expelled. | the Learner be expelled or suspended s in terms of this agreement will cease | I from the School as provided for i |
| 8. | such alteration or addition is | reement for fees entered into by the partics sput in writing and signed by both parties. | | · |
| | | cknowledges that he/she has prior to the | he signing of this agreement familia | arized him/herself with the School |
| 9. | regulations, Admission requ | uirements and Code of Conduct. | | |

TIGER KLOOF CODE OF CONDUCT (ABRIDGED)

I am proud to be a member of the Tiger Kloof community.

I shall show gratitude at all times and in all my actions.

I shall honor my commitments and shall attend and participate fully in meetings and events.

In the event of being unable to attend, I shall offer my apologies in advance. I shall not be late.

I shall greet all guests and make them feel welcome in our community.

I shall give selflessly of myself, my time, my energy and my talents and I shall take full ownership of my personal values.

I shall do my best in all things and shall compete fairly and sensitively.

I shall respect everyone equally.

I shall listen with care when others are talking to me. I shall respond to their needs with understanding.

I commit myself to learning and growing through teamwork and by exercising tolerance for others.

I shall not steal or tell lies

I shall abstain from taking drugs, alcohol, nicotine and all other harmful substances.

I shall control my sexual conduct and behave responsibly and appropriately in all my personal relationships.

I shall respect all people, irrespective of their place and positions.

I shall respect our leaders. I shall learn from their example and shall take care to set a good example for those who will follow in my footsteps.

I shall readily admit to my mistakes and shall apologize appropriately when it is necessary to do so.

I shall take responsibility for my actions.

I am committed to personal growth and to playing my part in building and enhancing the life of our community, in protecting and defending our environment and to making a difference in the world which we share together.

As a visible sign of my commitment to the values and implied behaviors expressed in this code of conduct, I attach my signature to this document.

| NAME AND | SURNAME (LEARNER): | | |
|-----------|---|---|----------------|
| GRADE: | SIGNATURE of LEARNER: | DATE: | |
| | of the above learner, sign in support of this code person God has intended him/her to be. | of conduct and promise to work with the sch | ool to grow my |
| SIGNATURE | OF PARENT (S): | | |
| | | | |



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HEALTH AND MEDICAL INFORMATION

| • | | |
|---|--|--|
| | | |

| PHYSICAL HEALTH OF LEARNER (Please comme page and attach to this form) | nt. If there are | e difficulties, please comment on a separate |
|---|------------------|--|
| Sight Hearing | | Speech |
| Allergies (e.g. penicillin injections) | | |
| Chronic Illnesses | | |
| Dietary Needs and or Food Allergies (for Boarding purpose | s) | |
| | (Medical Cer | tificate from a doctor must be attached) |
| MEDICAL CONDITION / CHRONIC DISEASES | YES/NO | IF YES, COMMENT BRIEFLY |
| 1. Epilepsy | 125/1(0 | 11 120, 000, 1120, 12 2120 22 2 |
| 2. Asthma | | |
| 3. Panic Attacks | | |
| 4. Psychological Problems | | |
| 5. Mental health Problems | | |
| 6. Bed wetting | | |
| 7. Previous problems with Tuberculosis | | |
| 8. Any other chronic diseases difficult to manage in hostels | | |
| NB: IT IS OF THE UTMOST IMPORTANCE THAT ALL MEDICAL AID DETAILS | DICAL CONDI | TIONS OR HEALTH DISORDERS BE |
| Name of Scheme Me | mbership No | |
| Name of Principal Member | | |
| Relationship of learner to member | | |
| PLEASE ATTACH A COPY OF THE FRONT AND BACK OF IMPORTANT IN AN EMERGENCY | YOUR MEDI | CAL AID CARD. THIS INFORMATION IS VERY |



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Principal : zackariasj@gmail.com www.tigerkloof.org/school

EMIS No: 600102137

| BE | COMPLETED BY THE F | PRINCIPAL OF | - IHE | SCHOOL THE LEA | ARNER IS PRES | <u>ENTLY ATTENDIN</u> | <u>G</u> |
|----|--|------------------|-----------|----------------------------|---------------------|-----------------------|----------|
| 1. | Learner Surname: | | | Learner First nar | ne | | |
| 2. | Present School: | | | | | Grade: | |
| 3. | Co-curriculum activities | | | | | | |
| 4. | Has the learner ever been | involved in smol | king, ald | | | ES NO | |
| | If yes, please comment | | | | | | |
| 5. | Has the learner been refer | red to an Educa | tional Ai | id Centre / Psycholog | ist or had remedial | problems? | YN |
| | Please comment: | | | | | | |
| 6. | Are fees paid regularly? | YES | NO | If no, please com | nment: | | |
| | | | | | GRADE | AND YEAR | |
| | | 1 | | 2 | 3 | ASE 4 |] |
| | Criteria Appearance | 1 Poor | | 2 Acceptable | | 4 Excellent | |
| | | | | _ | 3 | 4 |] |
| | Appearance | | | _ | 3 | 4 | |
| | Application to work | | | _ | 3 | 4 | |
| | Application to work Behavior | | | _ | 3 | 4 | |
| | Appearance Application to work Behavior School Attendance | Poor | | Acceptable | 3 Good | 4 Excellent | |
| | Appearance Application to work Behavior School Attendance Parental Involvement | Poor | O A LE | Acceptable ARNER WHOSE FO | 3 Good | 4 Excellent | |
| | Appearance Application to work Behavior School Attendance Parental Involvement NO CONSIDERATION WII | Poor | O A LE | Acceptable ARNER WHOSE FO | 3 Good | Excellent TE | |
| | Appearance Application to work Behavior School Attendance Parental Involvement NO CONSIDERATION WILL Principal's Signature: | Poor | O A LE | Acceptable ARNER WHOSE FO | 3 Good | Excellent TE | |

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Unabridged Birth Certificate For Minors - All You Need To Know

From 1 June 2015, the Department of Home Affairs in South Africa will require all passengers under 18 to travel with an Unabridged Birth Certificate.

What is it? A new immigration law is coming into effect on 1 June 2015.

Under the new law, all minors under the age of 18 years will be required to produce, in addition to their passport, an Unabridged Birth Certificate (showing the particulars of both parents) when exiting and entering South African ports of entry.

Why is it happening? This is being done to curb human trafficking. According to the Department of Home Affairs, 30 000 minors are trafficked through South African borders every year. 50% of these minors are under the age of 14.

When the new immigration regulation comes into effect on 1 June, it will be the responsibility of passengers to ensure their children have the correct documentation or risk being denied boarding. The new law will be enforced by airlines and immigration officials across the board (land, sea and air). Although airlines and travel agents are doing everything to keep passengers informed, ultimately it will be passengers' responsibility to know what is required of them. In all cases an Unabridged Birth Certificate will be required for minors departing and arriving in South Africa ... they will not be allowed to travel without it.

In cases where the Unabridged Birth Certificate is in a language other than English, it must be accompanied by a sworn translation issued by a competent authority in the country concerned.

Children travelling with only one parent

When a child travels with only one parent, additional documents should include an affidavit in which the absent parent gives consent for the child to travel, a court order granting full parental responsibilities or legal guardianship of the child, or the death certificate of the absent parent. The affidavit should be no more than 3 months old from date of travel.

Children travelling without either parent

In the case of a child travelling with a person other than a parent, the Unabridged Birth Certificate must be supplemented by affidavits from the parents or legal guardians confirming that the child may travel with that person, copies of the ID documents or passports of the parents or legal guardian, and the contact details of the parents or legal guardian.

Similarly, a child travelling as an unaccompanied minor would have to produce not only the Unabridged Birth Certificate, but also proof of consent from parents or legal guardians and contact details, plus documentation relating to the person receiving the child in South Africa. The latter documentation should include a letter stating the person's contact details and residential address, contact details where the child will be residing, plus a copy of his or her ID document, passport or residence permit.

Application process for Unabridged Birth Certificates

- Apply at your nearest Home Affairs office where your Biometric information will be verified.
- Take your ID book along, as well as your child's ID number.
- All documents submitted must be originals or certified copies.
- The Unabridged Birth Certificate costs R75.
- It can take up to 8 weeks to acquire an Unabridged Birth Certificate from the date of application.

Since last year, Unabridged Birth Certificates have been issued automatically for newborns. If your infant was born after 14 March 2013, you should be in possession of a UBC.

Certified copies of documents are usually valid for 6 months only.

Don't delay applying for Unabridged Birth Certificates as the time frame for obtaining the documentation varies greatly, from a few weeks to several months.

Department of Home Affairs toll free hotline: 0800 60 11 90

 $Home\ Affairs\ resources: \ http://www.home-affairs.gov.za/index.php/birth-certificates1\ and\ http://www.dha.gov.za/index.php/notices/474-new-immigrations-other-notices/474-new-immigration$

We urge you to take steps to obtain Unabridged Birth Certificates, and any other documentation required as soon as possible to avoid delays at the airport.