

# GLEN AUSTIN HIGH SCHOOL

38 Hampton Road, Glen Austin, Midrand, 1685. P O Box 3868 Halfway House, 1686  
Telephone No. 011-023-7340/41 Telefax No. 086-610-4313 Email Address: 086-610-4313 GDE Registration: 700-400-706

## APPLICATION FOR ADMISSION

### SECTION A: LEARNER INFORMATION:

Acceptance/Receipt of this form by GLEN AUSTIN HIGH SCHOOL does not imply acceptance into the school. An interview with both parents and the child's assessment will be required before the child can be accepted. The child will need to write an English and Mathematical assessment test prior to acceptance. The parents/guardian will be advised of the test date and time.

#### Learner's Details: (please print clearly)

Proposed Entrance Date	(DD)	(MM)	(YY)	Grade	Current Age						
Indicate your interest in our additional services for your child:	My child will make use of the <b>Cafeteria Services</b>		Yes	No	My child will make use of the <b>Bus Transport Services</b>		Mornings	Afternoons	Both	None	
Learner's Surname											
Learner's Full Names											
Learner's Preferred Name											
Learner's Home Address											
Date of birth	(YY)	(MM)	(DD)	Gender:	Male	Female					
City and Country of Birth											
Learner Dexterity	Left Hand			Right Hand			Ambidextrous				
Identification Number	ID Number:				Passport:						
Home Language	Afrikaans		English		IsiNdebele		Sepedi		SiSwati		Xitsonga
	Tshivenda		Setswana		IsiZulu		IsiXhosa		Sesotho		Other:
Population Group	Black African		Coloured		White		Indian		Other:		
Siblings	Full Name				Current Grade			School			

#### CURRENT/PREVIOUS SCHOOL:

Current School Name							
Current School Address							
Principal's Name					Telephone No.		
Current Grade	Any Grades repeated?	YES	NO	Has admission to this or any other school been Refused?	Yes	No	

#### MEDICAL INFORMATION:

Name of family doctor	Telephone Number:
Provide medical information that the school must be aware of, e.g. Allergies, Epilepsy, Medication, Dietary, Learning disorders etc.	

#### TWO RELATIVES/FRIENDS WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY IF YOU ARE NOT AVAILABLE:

Full Name	Full Name		
Relationship to Learner	Relationship to Learner		
Cell No.	Cell No.		
Name and Surname	ID Number	Learners Name and Surname	Signature
I,	ID No.	parent/guardian of:	

**SECTION B: PARENT 1/GUARDIAN 1 INFORMATION**

PARENT/GUARDIAN DETAILS: PLEASE PRINT CLEARLY										
Relation to Learner	Father	Stepfather	Uncle	Brother	Guardian	Sponsor				
Marital Status	Married	Living Together	Widow(er)	Divorced	Separated	Never Married				
Population Group	Black African	Coloured	White	Indian	Other					
Title	Mr	Mrs	Ms	Dr	Prof	Other				
Full Name										
Preferred Name										
I.D. Number										
Company Name (Employer)						Length of service				
Company Physical Address										
Occupation										
Position in Company										
Contact telephone Numbers	Cellular Number									
	Home					Work				
E-mail Address										
Physical Home Address										
Postal Address										

**PARENT 1/ GUARDIAN 1 MEDICAL AID DETAILS**

Name of Medical Aid		
Medical Aid Membership Number		
Principal Member's name		
Is the learner a member on this medical aid	YES	NO

## SECTION C: PARENT 2/GUARDIAN 2 INFORMATION

PARENT/GUARDIAN DETAILS: PLEASE PRINT CLEARLY										
Relation to Learner	Mother	Stepmother	Aunt	Sister	Guardian	Sponsor				
Marital Status	Married	Living Together	Widow(er)	Divorced	Separated	Never Married				
Population Group	Black African	Coloured	White	Indian	Other					
Title	Mr	Mrs	Ms	Dr	Prof	Other				
Full Name										
Preferred Name										
I.D. Number										
Company Name (Employer)						Length of service				
Company Physical Address										
Occupation										
Position in Company										
Contact telephone Numbers	Cellular Number									
	Home			Work						
E-mail Address										
Physical Home Address										
Postal Address										

### PARENT 2/ GUARDIAN 2 MEDICAL AID DETAILS

Name of Medical Aid		Medical Aid Number	
Principal Member's name			
Is the learner a member on this medical aid?	YES		NO

## SECTION D

### ADMISSION PROCEDURE:

#### APPLICATION REQUIREMENTS, DOCUMENTATION AND ASSESSMENT TESTS

The following requirements, documentation and tests will be required in order to complete the application and forms part of the approval of applications process:

**Please note:** Applications that do not have a full complement of documentation will not be processed.

#### **A Application Requirements:**

1. Every page must be signed by applicants on the signature lines provided.
2. Application Form must be accompanied by proof of the EFT payment of the non-refundable application fee per application.  
One application fee is payable per child. Bank details are on the application form on page.
3. All supportive documentation must be attached to or included with the application form.
4. A formal interview will be conducted with the parent(s) and student upon the application receipt on the day immediately after the assessment test is written and marked.
5. Applications may be scanned and emailed to [admin@glenaustinhigh.co.za](mailto:admin@glenaustinhigh.co.za) or delivered (clearly marked and addressed) to Glen Austin High School, The Admissions Officer, 38 Hampton Road, Glen Austin, Midrand, 1685 in a sealed envelope.
6. Applications will only be processed once the application fee is paid the assessment tests written and the school has Received the completed and stamped "Learner Confidential Report" from your child's current school.

#### **B Documentation Learner:**

1. A copy of the child's birth certificate/ ID document / Passport.
2. Two full colour ID size photos to be attached to the application form.
3. A copy of the child's latest school report.
4. A copy of any professional or medical report e.g. occupational therapy, IQ evaluation.
5. A copy of the child's vaccination record.
6. Full profile if being transferred from another school.
7. Study permit for international students.

#### **C Documentation Parent(s)/Guardian(s):**

1. A copy of both parent's ID document(s) / Passport(s).
2. A copy of the parent/guardian's latest salary slip.
3. Three months bank statement to verify salary deposit.
4. Proof of residence (e.g. electrical account).

#### **D Assessment Tests:**

1. Learner will be required to write two assessment tests, both English and Mathematics.
2. Costs of the tests included in the Application Fee.
3. Tests can be written Monday to Friday between 09h00 and 14h00 daily as per appointment.
4. Test duration is one hour for both tests.



## SECTION E

### PAYMENT OPTIONS: ACKNOWLEDGEMENT OF DEBT AND PAYMENT AGREEMENT

#### PAYMENT PLAN OPTIONS

MONTHLY PAYMENT PLAN – BY DEBIT ORDER

ONLY QUARTERLY PAYMENT PLAN

YEARLY PAYMENT PLAN

**Discounts:**

Termly Payment Plan: 3% Discount on Tuition Fees Only.

Annual Payment Plan: 5% Discount on Tuition Fees Only.

Sibling Discount: 5% per learner per annum on Tuition Fees Only.

**Glen Austin High School Bank Details:**

**First National Bank: Carlswald Branch**

**Account No: 622-780-07656**

**Branch No: 250-117, Business Transact Account**

**Reference: Name of Learner and Service/Item**

*I/we declare that all the information supplied on this is form is accurate and true. By my/our signature(s) above I/we indicate my/our understanding, acceptance and agreement to/of the terms and conditions of payment and the finance policy of the school. I/we declare that I/we fully understand that Glen Austin High School Fees (all fees) are payable (paid and cleared) in advance by the **last day of each month in advance** by debit order and via EFT for Monthly fees; Termly (**by the last day of each month in advance of the term**) and Annual Payments (**by the 30<sup>th</sup> of January the year in advance**). My/our signature on/to this form is completely free and voluntary. Failure to keep to the payment agreement (s) may result in my/our account being handed over to the school's legal representatives, who in turn will be entitled, to recover all necessary fees outstanding as well as costs incurred. I/we hereby give permission that the necessary credit enquiries may to be made on all the information contained and supplied within this document for verification purposes. I/we further accept that academic and progress reports may be withheld in lieu of outstanding fees (any and all). Accounts in arrears will be handed over for collection. Overdue accounts will attract interest at the prevailing prime lending rate. I agree that my child (ren) may be allowed to attend class once I can supply proof of payment. This agreement constitutes the whole agreement and includes all of the school's policies.*

Name and Surname	ID Number	Learners Name and Surname	Signature
I,	ID No.	parent/guardian of:	
I,	ID No.	Parent/guardian of:	

## SECTION F

### FINANCIAL TERMS AND CONDITIONS

#### 1. ACCEPTANCE OF LIABILITY

1.1 The person responsible for the Account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) herewith assumes liability for the Account, alternatively binds him-/herself as co-debtor and surety for payment of all fees to the School.

1.2 The legal guardian, as described in the Application, binds him-/herself as surety and co-debtor for the payment of all fees by the Account Holder or any other payments that may arise from this Agreement.

#### 2. TERMS OF PAYMENT

2.1 It is recorded that fees are determined at the by the third quarter of the preceding year and that the Account Holder is informed of the result in writing.

2.2 The Account Holder shall immediately inform the School if he / she has not received an invoice at the start or during the course of the academic year.

2.3 Fees for 12 (twelve) months are payable monthly in advance by means of debit order on or before the last day of each calendar month in advance or annually in advance by 30<sup>th</sup> of January, depending on the fee payment option exercised by the Account Holder in the Application.

2.4 The School reserves the right to charge interest of 15% (fifteen percent) on all accounts that are in arrears by 30 (thirty) days or longer.

2.5 Payment of monthly fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the School.

2.6 In the event where an existing account is / has not been managed in the proper manner, no further Applications will be considered.

#### 3. BREACH OF CONTRACT

In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the School may in its sole discretion:

3.1 Conduct appropriate intervention.

3.2 Claim damages from the Account Holder and / or the surety and legal guardian; or

3.3 Take whatever legal steps that may be necessary.

#### 4. GENERAL

This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or of any Agreement, bill or exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

5. JURISDICTION

This Agreement is subject to South African law.

6. CREDIT INFORMATION

The Account Holder, surety or legal guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the National Credit Act.

7. DOMICILIUM

The parties choose as their Domicilia citandi et executandi the addresses set out in the Application.

8. LEGAL FEES In the event where the School takes legal action against the Account Holder, he / she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

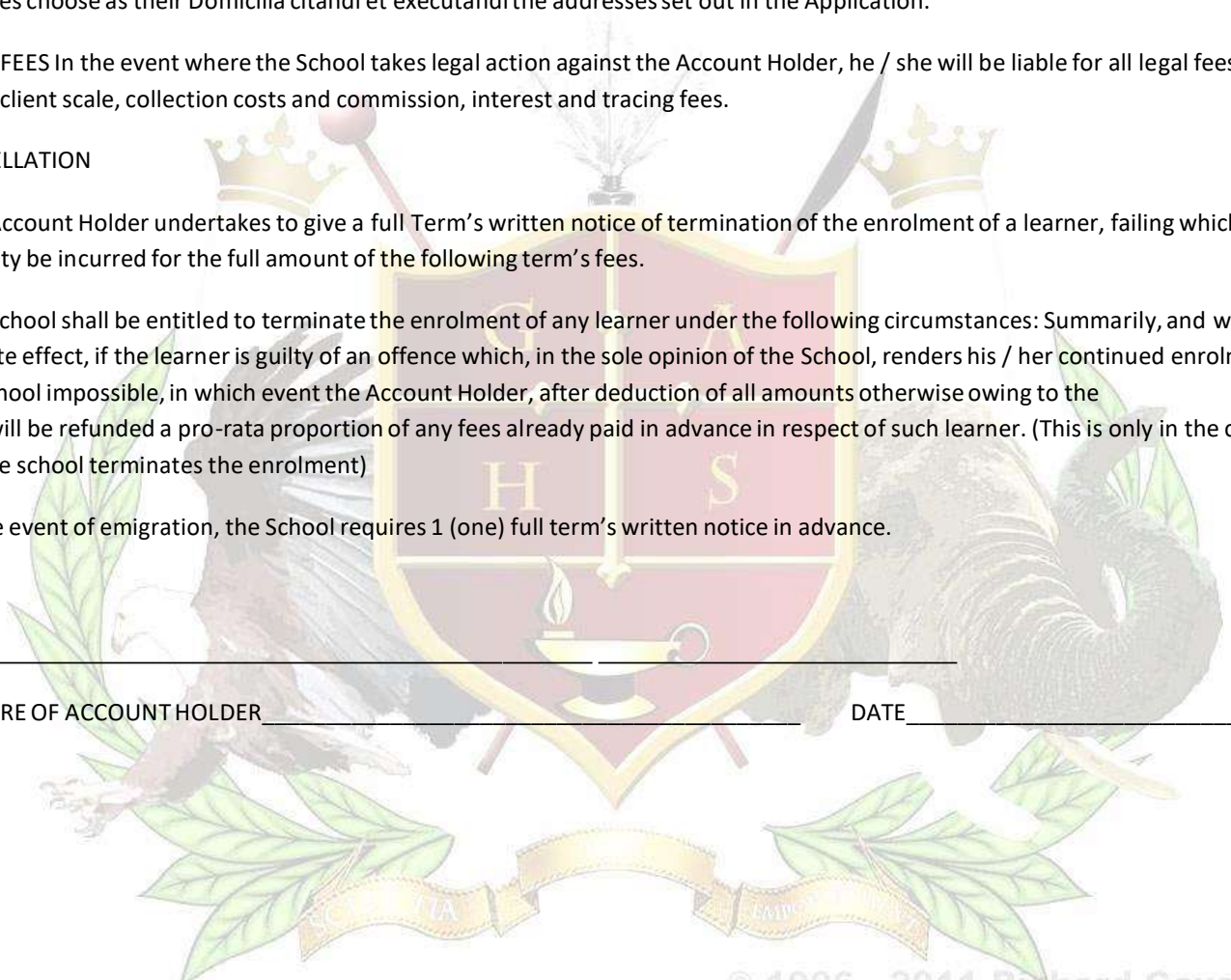
9. CANCELLATION

9.1 The Account Holder undertakes to give a full Term's written notice of termination of the enrolment of a learner, failing which the liability be incurred for the full amount of the following term's fees.

9.2 The School shall be entitled to terminate the enrolment of any learner under the following circumstances: Summarily, and with immediate effect, if the learner is guilty of an offence which, in the sole opinion of the School, renders his / her continued enrolment at the School impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the School, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such learner. (This is only in the case where the school terminates the enrolment)

9.3 In the event of emigration, the School requires 1 (one) full term's written notice in advance.

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER \_\_\_\_\_ DATE \_\_\_\_\_



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## SECTION G PAYMENT OPTIONS:

### MEMORANDUM OF AGREEMENT, ACCEPTANCE, INDEMNITY AND DECLARATION

MOA/ACCEPTANCE
Upon receipt of the application form the application fee is payable to the school finance officer via EFT.
Upon receipt of the payment and marked tests the application will be processed and an outcome advised to the parent within 48 hours. The parent will be supplied with an acceptance letter.
Upon acceptance of the child the registration fee (non-refundable) becomes payable via Electronic Bank Transfer which has to be paid within 10 working days of the issue/receipt of the acceptance letter.
I/we herewith agree to pay the school fees by debit order by the last day of each month in advance, make a deposit at the bank (Termly/Annual payment options). I understand that late payments will attract interest at the prevailing prime interest lending rate.
I/we undertake to inform Glen Austin High School promptly of any changes in our personal details such as employment changes, address changes and the like.
Before removing my child from the school, for any reason whatsoever, I understand and agree that I have to give one full Term's notice and pay in full the Term's fees (any and all) in lieu of the notice.
The fact that my child cannot attend school does not relieve me of my liability to pay school fees (any and all).
I understand that school holidays are a part of the school calendar and hence school fees (any and all) are payable in full every month.
I/we understand that failure to settle school fees may result not only in legal action being taken against me/us but my child not being allowed in class until all the fees are fully paid and up to date.
Any letter sent by pre-paid registered post is deemed to have been received by me four days after posting and any written notice handed to my child, or mailed to my stated address, or emailed to me, shall be deemed to have been received by me or a reasonable time frame or on the day of handing such correspondence to my child.
By my/our signature we/I consent to the jurisdiction of the Randburg Magistrate Court in the event of any dispute arising in relation to any claim against me/us under this agreement. If attorneys are instructed to recover any amounts from me/us, I/we will be liable for all costs and collection fees involved on the attorney and client scale. Should Glen Austin High School institute legal action against the person(s) liable for the account or school fees (any and all), payable in terms of the latest statement, the person(s), choose(s) the <u>domicilium citandi et executandi</u> for the purpose of giving such a notice. The payment of any sum of money, the service of any process and for any purpose arising from this agreement, the aforementioned address as given in this admission form, will be used.
I/we understand that the school fees will increase with every New Year and that I/we will be advised of such increases in the month of September prior to the following year.
I/we accept joint and several liability to the school for due and punctual payment of all fees, subscriptions, levies or other amounts that may be payable to the school in respect of his/her participation in any extra mural activity.
INDEMNITY
I/we absolve the school, its management, board of directors and all staff of any responsibility and will not hold them responsible for any damage or loss of personal property of my child(ren) (this includes the tablet acquired from the school) although reasonable precautions will be taken in regard to them. We further agree and understand that my/our child (ren) is subject to the rules and system of discipline of the school.
I hereby authorize that my child may take part in the extramural activities of the school including games and educational tours, country excursions. I indemnify, hold harmless and absolve Glen Austin High School, the Principal and his staff from all claims whatsoever that may arise in connection with any loss or damage of the property or the injury of my aforesaid child (ren) in the course of such activities and/or during his/her stay at the school during the day in the knowledge that the principal and his staff will nevertheless take reasonable precaution for the safety and welfare of my child.

Parent/Guardian: Name and Surname	ID Number	Learners Name and Surname	Signature
I,	ID No.	parent/guardian of:	
I,	ID No.	Parent/guardian of:	
I,	ID No.	Parent/guardian of:	



## SECTION H: PARENT(S)/GUARDIAN(S) AND STUDENT(S) DECLARATION

Hereby declare as follows:

<p>I/we undertake to see to it that my/our child (ren) attends school daily. Should my/our child (ren) be absent from school for any reason, I will notify the principal in writing - stating the reason (s) in full via email to <a href="mailto:admin@glenaustinhigh.co.za">admin@glenaustinhigh.co.za</a> by no later than 08h00 on the said day.</p>
<p>I/we undertake to ensure that my/our child (ren) does not arrive late for school. I/we also undertake to ensure that my child (ren) completes their homework tasks given. I/we further understand that my/our child must wear the correct uniform to school. I/we agree that it is mandatory that I/we have to acquire the correct school uniform as well as sports uniforms for our child/ren. Should we not comply with these requirements our child (ren) will not be allowed to attend said activities at school such as assembly/classroom attendance and or sport/cultural activities. I/we understand that continual infringement of these aforementioned rules may lead to disciplinary action.</p>
<p>I/we agree to attend parents meetings and any other meetings necessary to support my/our child and the school.</p>
<p>I/we understand that sport and cultural activities are compulsory and will ensure that my/our child (ren) takes part in these activities. I/we hereby consent for my child to take part in educational activities, tours and excursions offered by <b>Glen Austin High School</b>.</p>
<p>I/we agree to purchase the prescribed tablet GAHS has set out. I/we agree and understand that I/we will be responsible for the upkeep for the tablet. Also in event of theft/loss or damage of the tablet I/we will be responsible for the replacement thereof. Even though GAHS will supply a short induction to my child (ren) on the correct use of the table I/we understand that responsibility for the tablet lies with.</p>
<p>I/we fully understand that all tours an excursion, will be taken at my/our own risk and I/we indemnify, hold harmless and absolve the school, board of directors, principal and all staff against any claims whatsoever that may arise in regards to loss or damage to the property of or injury to my/our child(ren) in the course of such tours and activities in the knowledge that the principal and the staff will nevertheless, take all reasonable precautions for the safety and welfare of my/our child.</p>
<p>I agree that the principal and staff may act in loco parentis in the event of any injury which my child may be involved in at school or on excursion. I agree to pay any doctor's fees should the need arise in such circumstances.</p>
<p>I hereby acknowledge and understand that the <b>Glen Austin High School</b> is an English medium school and that my child will be expected to conduct himself/herself in that language whilst at the school.</p>

<b>Parent: Name and Surname</b>	<b>Signature</b>	<b>Date</b>
<b>Parent: Name and Surname</b>	<b>Signature</b>	<b>Date</b>
<b>Learner: Name and Surname</b>	<b>Signature</b>	<b>Date</b>
<b>Learner: Name and Surname</b>	<b>Signature</b>	<b>Date</b>

**SECTION I:  
SUBJECT CHOICES**

**APPLICATION FOR GRADE 8 AND 9**

Afrikaans First Additional  OR IsiZulu First Additional

**SUBJECT SELECTION FORM GRADE 10 – 11**

**CORE SUBJECTS**

- 1. LIFE ORIENTATION
- 2. ENGLISH HOME LANGUAGE

*(For subjects 3 and 4 tick box for your selection)*

3.	MATHS		MATHS LITERACY	
4.	ISIZULU		AFRIKAANS	

**ELECTIVE SUBJECTS**

**(Tick box for subjects 5-6-7)**

5.

ECONOMICS		LIFE SCIENCES		DESIGN		CAT	
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6.

BUSINESS STUDIES		PHYSICAL SCIENCES		VISUAL ARTS		HISTORY	
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7.

ACCOUNTING		GEOGRAPHY		EGD		IT	
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\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

## SECTION J

### DEBIT ORDER FORM COMPLETION

Glen Austin High School (Registration number : 2010/011168/07)

#### BANK DEBIT ORDER INSTRUCTION

Full Name : \_\_\_\_\_ Date : \_\_\_\_\_

Address : \_\_\_\_\_ Account No. : \_\_\_\_\_

\_\_\_\_\_ Debit Amount : \_\_\_\_\_

\_\_\_\_\_ Commencement Date : \_\_\_\_\_

Contact No : \_\_\_\_\_ Abbreviated name as  
registered with the bank : \_\_\_\_\_

ID Number : \_\_\_\_\_ Email Address : \_\_\_\_\_

Cell Number: \_\_\_\_\_ Alternative contact No : \_\_\_\_\_

Dear Sirs/Madams

The details of my/our account are as follows:

BANK : \_\_\_\_\_ BRANCH : \_\_\_\_\_

BRANCH NO : \_\_\_\_\_ ACCOUNT NAME : \_\_\_\_\_

ACCOUNT NO. : \_\_\_\_\_ TYPE OF A/C : \_\_\_\_\_  
(savings, current, transmission)

<b>SCHOOL FEES</b>		<b>NAME OF LEARNER 1</b>	<b>GR</b>
<b>BUS</b>		<b>NAME OF LEARNER 2</b>	<b>GR</b>
<b>OTHER</b>		<b>NAME OF LEARNER 3</b>	<b>GR</b>

<b>TOTAL DEBIT ORDER AMOUNT : January</b>	<b>R</b>
<b>TOTAL DEBIT ORDER AMOUNT : February</b>	<b>R</b>
<b>TOTAL DEBIT ORDER AMOUNT : March</b>	<b>R</b>
<b>TOTAL DEBIT ORDER AMOUNT : (April to November)</b>	<b>R</b>

(as per figure above)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows

i. On the \_\_30th\_\_ day ("payment day") of each and every month commencing on \_\_\_\_\_. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

[DELETE THAT WHICH IS NOT APPLICABLE]:

ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

iii. Bi-monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

iv. Three-monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

v. Six-monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

vi. Annually; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

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GAHS APPLICATION FORM:

Rev 01.09.2023



**MANDATE**

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally.

**CANCELLATION**

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

**ASSIGNMENT**

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

Assisted by: \_\_\_\_\_

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER

This Agreement reference number is: \_\_\_\_\_



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