



# MILNERTON HIGH SCHOOL

Telephone: 551 2217  
Fax: 551 3248  
E-mail: headmaster@milnertonhigh.co.za  
Headmaster: P.R. Besener BA(Hons) M.Ed. D.S.E.

Pienaar Road  
Milnerton  
Cape Town  
7441

## APPLICATION FOR ADMISSION TO GRADE 9, 10, 11 - 2019

MILNERTON HIGH is an English-medium, co-educational school

Enrolment is limited by the facilities available and the rules of admission as laid down by the Western Cape Education Department. Applications for enrolment must be made on the attached form.

### CLOSING DATE FOR APPLICATIONS

The application form and supporting documents must be received as a hard copy by the High School on or before the 23<sup>rd</sup> March 2018 (delivered to the school). Forms that are incomplete or lacking necessary supporting documents will only be regarded as submitted once the deficiencies have been attended to.

### INFORMATION SESSIONS

Based on historical trends we expect applications to exceed available places. Selection for admission is based on the school's Admission Policy, which can be viewed on [www.milnertonhighschool.co.za](http://www.milnertonhighschool.co.za)

Applications for Admission will be finalised as soon as possible. Unsuccessful applicants will be placed on a waiting list. Unfortunately, if the school is full we can only notify you at the end of the year when we know how many spaces will be available in 2019. Should your child receive a formal notice offering them a place at Milnerton High School, an amount of R4 980 is payable on receipt of your acceptance letter. This amount covers:

Assessment fee	R 200.00
Educational consumables fee	R 840.00
First instalment for 2019 school fees	<u>R3 940.00</u> *(R1 970 x 2)

**R4 980.00**

\*This amount (R3 940) will be offset against school fees for January and February 2019, ie. you will only pay fees in March for the first time.

## 2.

The assessment fee will be utilized to fund preliminary psychological, aptitude and ability tests in the GET Phase. You will receive feedback and the option for further evaluation with the professionals involved, should it be necessary.

### MUSIC

Music can be taken as an extra subject (R5 160 per annum).

### SCHOOL FEES

Payment of school fees is compulsory. These must be paid in advance either for the whole year or quarterly by EFT payment or by debit card at our cash office. Fees can also be paid monthly from January to December, **by debit order only**. The projected school fees for 2019 are R23 640 per annum, i.e. R1 970 per month (still to be finalized at the Annual Budget Meeting in October/November 2018).

### SUMMARY OF COSTS

Parents will be responsible for the following expenses: (Where possible, figures for the current year are given).

	<u>2018</u>	<u>2019</u>
1. School fees	R21 360	R23 640
2. Assessment fee	R 190	R 200
3. Educational consumables fee	R 780	R 840
4. Purchase of textbooks not covered by book rental	(for own account)	
5. Stationery (pens, pencils, etc.)	(for own account)	
6. School uniform which includes blazer	(for own account)	
	± R 2 000	± R 3 000

### PARTICIPATION IN THE SCHOOL PROGRAMME

Learners are required to participate in the educational programme as prescribed by the Education Department, unless exemption has been granted by the Department.

Participation in the sport and cultural programme is compulsory, as a formal task of assessment in Life Orientation.

3.

**SPORTS RECORD** (both school sports and outside school: state team e.g. U/13A)

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**SUMMER:** .....

**WINTER:** .....

List all provincial and national representation, (e.g. WP U/14 Hockey)

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**ORGANISED INTELLECTUAL ACTIVITIES** (e.g. chess, quiz team ,etc., state team)

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**CULTURAL ACHIEVEMENTS** (music, art, dancing, drama, etc.)

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**LEADERSHIP ROLES** (e.g. prefect, captain, monitor, etc.) .....

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**MOTIVATE** why you wish to enrol your child at Milnerton High School

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I hereby apply for the admission of learner . . . . . (print) to Milnerton High School. I declare that all the above particulars are true and I agree to abide by the rules and regulations of the school. Once my child has been accepted, I will pay my initial R4 980 to secure his/her place. I acknowledge that I am aware payment of school fees is compulsory and agree and undertake to pay school fees. If I am unable to pay the full school fees, I undertake to contact the school during January to make an arrangement in this regard. This includes completing the correct forms and furnishing the school with the correct financial information.

I/We hereby authorise Milnerton High School to verify the information provided in this application and to make any enquiries that the school may deem necessary in order to assess this application. I/We accept that furnishing false information may be dealt with by adjustment of the application date to the date on which the application form is corrected to reflect the truth.

SIGNED: ..... DATE: .....  
(Father)

SIGNED: ..... DATE: .....  
(Mother)

Please note that this application will not be processed unless **ALL** of the following documents (**certified copies, not originals**) have been submitted:

	<i>For office use only</i>
1. Copy of learner's unabridged birth certificate (receipt of application and copy of normal birth certificate)	
2. Copy of December 2017 report	
3. Copy of June 2018 report (when available)	
4. Copy of December 2018 report (when available)	
5. Copy of 2017 school fee statement	
6. Proof of residential address (i.e. utility bill) not older than 3 months	
7. 2 Recently-taken passport-sized photographs	
8. Certified copy of both biological parents' identity book	
9. For immigrants/foreigners/asylum seekers etc. 9.1 Copy of valid passports showing entry date in R.S.A. 9.2 Copy of study permit up to the end of the projected matric year (maximum 6 years) 9.3 A police clearance certificate of the parent/s 9.4 Proof of medical aid for the period of study (plus affidavit undertaking by parents) 9.5 Proof of sufficient financial means available to the learner whilst resident in R.S.A.	

FOR OFFICE USE

Tracking Number				
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# MILNERTON HS.

Physical Address: Pienaar Road  
Milnerton WESTERN CAPE SOUTH AFRICA

Postal Address: Pienaar Road  
Milnerton WESTERN CAPE SOUTH AFRICA 7441

School Phone: (021)5512217

School Fax: (021)5513248

## Admission Application

### LEARNER INFORMATION:

Grade Application:		Highest Grade Achieved:		Year of Highest Grade Achieved:	
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Surname:		Initials:	
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Name:		Preferred Name:	
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Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MM: <input type="text"/> <input type="text"/>	DD: <input type="text"/> <input type="text"/>	Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
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Country:		Ethnic Group:	
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Citizenship:		Religion:	
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Identity Number:	<input type="text"/>
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Passport Number:	<input type="text"/>
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Physical Address:		Postal Address:		Same as Physical Address?:	<input type="checkbox"/>
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.....		.....			
.....		.....			

Province:		Province:	
Country:		Country:	
Postal Code:	<input type="text"/>	Postal Code:	<input type="text"/>

Learner resides with:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Both
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Home Phone:		Home Language:	
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Alternative Phone:		Preferred Language:	
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Mobile Telephone:		Parents Deceased:	Both <input type="checkbox"/>	Father <input type="checkbox"/>	Mother <input type="checkbox"/>
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Email Address:	
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Name of previous School:	
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Physical Address:		Postal Address:		Same as Physical Address?:	<input type="checkbox"/>
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.....		.....			
.....		.....			

Province:		Province:	
Country:		Country:	
Postal Code:	<input type="text"/>	Postal Code:	<input type="text"/>

Medical Aid Name:		Doctor:	
Aid Main Member:		Doctor Telephone:	
Medical Aid Number:		Social Grant:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Medical Condition:			

Special problems requiring Counselling: \_\_\_\_\_

**NON DISCLOSURE OF REMEDIAL INTERVENTION REQUIREMENTS WILL RESULT IN NO CONCESSIONS**

Number of children in family:	<input type="checkbox"/>	Position of child in family:	<input type="checkbox"/>
Number of other Children in the School:	<input type="checkbox"/>	Family Code:	<input type="text"/>

( For office use only)

**Specify if sibling or parent attended MHS (past or present)**

Name:	<input type="text"/>	Grade:	Class:	Position:
Name:	<input type="text"/>	Grade:	Class:	Position:
Name:	<input type="text"/>	Grade:	Class:	Position:

Marital status of parents:  Married  Widower  Widow  Divorced  Step Father  Step Mother  Single

**FATHER / GUARDIAN DETAILS:**

Surname:	<input type="text"/>	Initials:	<input type="text"/>
Name:	<input type="text"/>	Title:	<input type="text"/>
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/> DD: <input type="text"/> <input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country:	<input type="text"/>	Ethnic Group:	<input type="text"/>
Citizenship:	<input type="text"/>	Religion:	<input type="text"/>
Identity Number:	<input type="text"/>	Home Language:	<input type="text"/>
Passport Number:	<input type="text"/>	Preferred Language:	<input type="text"/>
Physical Address:	<input type="text"/>	Postal Address:	Same as Physical Address?: <input type="checkbox"/>
Province:	<input type="text"/>	Province:	<input type="text"/>
Country:	<input type="text"/>	Country:	<input type="text"/>
Postal Code:	<input type="text"/>	Postal Code:	<input type="text"/>

Occupation:		Work Address:	
Employer:		Work Telephone:	
Email Address:			
Home Phone:		Mobile Telephone:	
Relationship to Learner:			

**MOTHER / GUARDIAN DETAILS:**

Surname:		Initials:	
Name:		Title:	
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/> DD: <input type="text"/> <input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country:		Ethnic Group:	
Citizenship:		Religion:	
Identity Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Language:	
Passport Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Preferred Language:	

Physical Address:		Postal Address:		Same as Physical Address?:
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>		
Province:		Province:		
Country:		Country:		
	Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Stays in the area (Within 10km)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Works in the area (Within 10km)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Occupation:		Work Telephone:	
Employer:		Relationship to learner:	
Home Phone:		Mobile Telephone:	
Email Address:			

**Alternative Contact Details:**

Name and Surname:		Contact Number:	
Relationship:			

<b>Physical Address:</b>	<b>Postal Address:</b> <span style="float:right;">Same as Physical Address?:</span>
Province:	Province:
Country:	Country:
Postal Code:	Postal Code:
Home Phone:	Mobile Telephone:
Alternative Phone:	
Email Address:	

**Account Holder Details: COMPULSORY TO BE COMPLETED**

Account Holder:	Father / Guardian: <input type="checkbox"/>	Mother / Guardian: <input type="checkbox"/>	Other/Company: <input type="checkbox"/>
Payment Agreement:	Monthly: <input type="checkbox"/>	By Term: <input type="checkbox"/>	Annually: <input type="checkbox"/>
EFT:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	

Account Holder:	Account Number:
Bank Name:	Branch Code:

<b>Physical Address:</b>	<b>Postal Address:</b> <span style="float:right;">Same as Physical Address?:</span>
Province:	Province:
Country:	Country:
Postal Code:	Postal Code:

**Email address to whom the statement needs to be sent**

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Signature of applicant (Father): \_\_\_\_\_ Signature of applicant (Mother): \_\_\_\_\_

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