



BURGERSDORP HIGH SCHOOL

CLOSING DATE: 31 JULY 2025

APPLICATION FORM

Surname					
Name					
Grade (2026)					
Boy			Girl		
Hostel	Yes		No		
Bus	Steynsburg		Dordrecht		
Payment	Year		Quarterly		Monthly Debit Order

Furnish the school with:

(NO APPLICATION WILL BE CONSIDERED WITHOUT DOCUMENTS 1-5)

1. Child's birth certificate or ID
2. Last 3 months of bank statements of both parents
3. Your child's report - End 2024, 1st and 2nd Quarter 2025
4. Both Parents' ID's and proof of residence
5. Salary advice of both parents
6. Transfer letter from previous school (only when application is successful)

QUINTILE 4 SCHOOL - FEE PAYING SCHOOL



APPLICATION FOR ADMISSION TO SCHOOL

CLOSING DATE: 31 JULY 2025

Burgersdorp High School

TEL: 051-6531715

FAX: 0865614337

YEAR:

2026

Admin No.	
School Account No.	
Hostel No	
Bus	
SASAMS	

Note: This form must be completed in full. All changes to be initialled or signed by parent / guardian.

No email or fax applications will be accepted.

Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applied for:		Highest Grade Passed:		Year when Grade was passed:		
Surname:				Initials:		Nickname:
First Name:				Other Names:		
Date of Birth : YYYY		MM		DD		
Race:				Gender:	Male	Female
Province of residence:				Identification / Passport Number:		
				Citizenship:	RSA	Other
Physical Address:				Home Telephone:		
				Emergency Number:		
City / Town:				Learner Cell:		
Code:		Learner Email Address:				
Home Language:		Preferred Language of Instruction:		ENG		AFR
Boarder:	Yes	No				
Deceased Parent	Mother	Father	Both	Mode of Transport:		
Religion:						
Sports activities:	Crieket	Rugby	Netball	Hockey	Tennis	Cross Country
						Athletics
						Target Shooting
						Golf
Highest achievement in sport:						
Previous School Information						
Name of Previous School:						
Previous School Address:						
Code:		Province:		Telephone no:		
Learner Medical Information						
Medical Aid Number:		Medical Aid Name:				
Medical Aid Main Member:		Doctor Name:				
Address of Doctor:		Doctor Telephone Number:				
Medical Condition:						
Special Problems Requiring Counselling:						
Dexterity of Learner:	Right Handed	Left Handed		Spectacles	Social grant:	Yes
						No

The following documents must be submitted to the school:

(NO APPLICATION WILL BE CONSIDERED WITHOUT DOCUMENTS 1-5)

1. Child's birth certificate or ID.
2. Last 3 month bank statements of both parents
3. Your child's report - End 2024, 1st and 2nd Term 2025
4. Both parents' ID's and proof of residence
5. Salary advise of both parents
6. Transfer letter from previous school - when application is successful

APPLICATION FOR ADMISSION TO SCHOOL

Siblings:										
Number of other Children at this school:						Position in the family (e.g. first):				
Please supply full names below:										
Name:							Grade:			
Name:							Grade:			
Name:							Grade:			
Father's Details:										
Title:				Initials:				Surname:		
First Name(s):										
Home Language:						Race:				
Identification / Passport Number:										
Telephone :		Work				Home:				
Cell:				E-mail:						
Residential Address:										
								Code:		
Postal Address:										
								Code:		
Occupation:										
Mother's Details:										
Title:				Initials:				Surname:		
First Name(s):										
Home Language:						Race:				
Identification / Passport Number:										
Telephone :		Work				Home:				
Cell:				E-mail:						
Residential Address:										
								Code		
Postal Address:										
								Code		
Occupation:										
Account payer:		FATHER				MOTHER				
Next of Kin :										
Title:				Initials:				Surname:		
First Name(s):						Relationship:				
Telephone :		Work				Home:				
Cell:				E-mail:						
Residential Address:										
								Code		

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print) : _____

Signature of Parent / Guardian : _____

Date : _____

DECLARATION AND IDEMNITY BY PARENT/GUARDIAN

I, the undersigned parent/guardian of

.....
hereby declare:

1. SCHOOL FEES:

I understand and accept that:

- * as parent/guardian of the above-mentioned child/children
I am accountable for the full payment of all school fees as laid down by the Governing Body of the school.
 - * all school fees are payable in advance before or on the 7th day of each month.
 - * school fees may be settled by means of a monthly debit order.
 - * all arrangements regarding the payment of school fees should be dealt with in WRITING.
 - * the school reserves the right to apply to the court for a garnishee order against my salary if I neglect to pay the school fees.
2. By undersigning this form I fully accept the admission requirements and policy of the school and undertake to make my child/children abide by these and to participate in activities organised by Burgersdorp High S. These activities include, but are not limited to the following : Field trips, adventure courses, hiking, class outings, sport and sporting tours. This includes any form of school transport.
3. My child/children may participate in organised school tours, outings, gatherings or any other school-related activities and the headmaster/staff members may make the necessary transport arrangements in this regard provided that these be reasonable and that my child/children's safety be taken into consideration. I further confirm that I am aware that some of these activities can be physically challenging.
4. I declare that my child/children is/are free of any contagious disease or any other disease/handicap that may endanger the lives of his/her/their fellow students or teachers.
Should my child be unwell shortly before or on the day of their Adventure activity, I undertake to take responsibility for ensuring that he/she will not participate.

He/she/they suffers/suffer from the following allergy and needs/need the following treatment:

.....

Permission is hereby granted to get medical-aid in an emergency and act accordingly.

Dolorol tablets and/or Pheregan (10mg) may be given for bee-sting, (according to the prescribed dosage)

I, the undersigned spouse of
hereby declare that I have been informed of the content of this document and understand and accept that I am compelled to meet all obligations contained in this document in the event of my husband's/wife's failure to do so.

SIGNED at BURGERSDORP

(Date)

WITNESS:

1.

.....
SIGNATURE: PARENT/GUARDIAN

(Only for Hostel application)

**DECLARATION BY PARENT/GUARDIAN
HOSTELS**

(Hostels are closed during weekends and holidays)

1. I, the undersigned parent/guardian of _____
hereby declare, that the information as given is correct, to the best of my knowledge, and I undertake-

1.1 To be accountable for the full amount of hostel fees due the 1st term if my child is accepted but refuses the accommodation, unless otherwise resolved by the hostel committee;

1.2 To be accountable for the full amount of hostel fees for the date of registration/admission, unless otherwise resolved by the hostel committee.

1.3 To give a month's notice in writing of any intention of mine to remove my child from the hostel and be accountable for the full amount of hostel fees that quarter if I failed to notify the hostel committee of such an intention, unless otherwise resolved by the hostel committee.

1.4 To pay the hostel fees, as set by the hostel committee, in advance every quarter and

1.5 abide by all other resolutions passed by the hostel committee.

2. I hereby grant the superintendent of the hostel permission to act in *loco parentis* for my child and fully accept him/her as my assignee in an emergency or any other instance in which his/her authority may be required.

3. a) Boarder whose hostel fees are overdue a full quarter will be excluded from the hostel the following quarter and will only be accepted into the hostel again once their account has been fully settled

b) The school and hostels will not be accountable for any loss of or damage to personal possessions of its boarders, regardless of the manner in which it occurred.

c) Parents are advised to insure their children's possessions against fire, theft, etc.

d) Learners will at all times adhere to hostel rules.

e) Learners who transgress will lose certain benefits or receive other punishment.

4. Gr 1 - 4 **Day students** will not be tutored by hostel staff.

Gr 5 - 12 **Day students** may study in the study hall.

.....
SIGNATURE

.....
DATE