

ENROLMENT FORM 2024



NOTE: This application form does not guarantee acceptance. A letter of acceptance will be sent if you application is successful together with the Code of Conduct for Port Alfred High School and a debit order form. Please do not make any payment until an invoice is issued.

CONTACT: Jessica French, the Admissions Administrator for any queries: jfrench@pahs.co.za / 046 – 624 2440. The closing date is **18 July 2023**. The earlier you submit this application, the better.

OFFICE USE ONLY

ENROLMENT NUMBER:	REGISTER CLASS:	SPORT HOUSE:	SCHOOL ACCOUNT NO:

PERSONAL DETAILS OF APPLICANT (THE PUPIL)

GRADE S/HE IS APPLYING FOR:	
HIGHEST GRADE PASSED TO DATE:	
PREVIOUS SCHOOL:	
PROVINCE/COUNTRY:	

SURNAME OF APPLICANT:	
INITIALS OF APPLICANT:	
FIRST NAME (only) OF APPLICANT:	
2nd/OTHER NAMES OF APPLICANT:	

DATE OF BIRTH OF APPLICANT:	Year		Month		Day	
GENDER OF APPLICANT:	Male		Female			

RACE OF APPLICANT: <small>as defined by the BEE Codes of Good Practice</small>	Asian/ Indian		Coloured		Black		White	
--	------------------	--	----------	--	-------	--	-------	--

CITIZENSHIP:	SA Citizenship		Immigrant		ID/Passport Number													
---------------------	----------------	--	-----------	--	-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

PHYSICAL ADDRESS: <small>Your home address</small>	Street			Town/City			Code	
--	--------	--	--	-----------	--	--	------	--

CELL NUMBER OF APPLICANT:	
HOME NUMBER OF APPLICANT:	
EMERGENCY NUMBER: <small>Cell number of a parent/guardian</small>	

EMAIL ADDRESS OF APPLICANT:	
------------------------------------	--

LANGUAGE OF APPLICANT:	Home		Instruction	
-------------------------------	------	--	-------------	--

DEXTERITY OF APPLICANT:	Left-Handed		Right-handed		Ambidextrous (both)	
--------------------------------	-------------	--	--------------	--	---------------------	--

IF PARENT/S ARE DECEASED:	Both		Mother		Father	
----------------------------------	------	--	--------	--	--------	--

DOES APPLICANT HAVE BROTHERS/SISTERS AT PAHS	Yes		No	
---	-----	--	----	--

IF YES, WHICH HOUSE IS S/HE IN?	
--	--

HAS THE APPLICANT BEEN AT PAHS BEFORE?	Yes		WHAT YEAR?		No	
---	-----	--	------------	--	----	--

DETAILS OF PARENT/GUARDIAN RESPONSIBLE FOR PAYMENT OF THE ACCOUNT*Please note that Port Alfred High School is a Fee Paying School. This is as per the Government Gazette, November 1996, Act No 84.*

RELATIONSHIP TO THE APPLICANT:	
TITLE OF PARENT/GUARDIAN:	
INITIALS OF PARENT/GUARDIAN:	
SURNAME OF PARENT/GUARDIAN:	
FIRST NAME (only) PARENT/GUARDIAN:	
LANGUAGE OF PARENT/GUARDIAN:	
EMAIL ADDRESS OF PARENT/GUARDIAN:	

POSTAL ADDRESS: <small>Where your account will be sent</small>	Street		Town/City		Code	
--	--------	--	-----------	--	------	--

PHYSICAL ADDRESS: <small>Where you live</small>	Street		Town/City		Code	
---	--------	--	-----------	--	------	--

ARE YOU EMPLOYED?	Yes		Occupation of Employer		No	
--------------------------	-----	--	------------------------	--	----	--

OCCUPATION OF PARENT/GUARDIAN:	
EMPLOYER:	

CELL NUMBER OF PARENT/GUARDIAN:	
WORK NUMBER OF PARENT/GUARDIAN:	
HOME NUMBER OF PARENT/GUARDIAN:	

RACE OF PARENT/APPLICANT: <small>as defined by the BEE Codes of Good Practice</small>	Asian/ Indian		Coloured		Black		White	
---	------------------	--	----------	--	-------	--	-------	--

CITIZENSHIP:	SA Citizenship		Immigrant		ID/Passport Number														
---------------------	----------------	--	-----------	--	-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DETAILS OF OTHER PARENT/GUARDIAN

TITLE OF SPOUSE/PARTNER:	
INITIALS OF SPOUSE/PARTNER:	
SURNAME OF SPOUSE/PARTNER:	
FIRST NAME (only) SPOUSE/PARTNER:	
OCCUPATION OF SPOUSE/PARTNER:	
NAME OF EMPLOYER:	
EMAIL ADDRESS OF SPOUSE/PARTNER:	
CELL NUMBER OF SPOUSE/PARTNER:	
WORK NUMBER OF SPOUSE/PARTNER:	

RACE OF PARENT/APPLICANT: <small>as defined by the BEE Codes of Good Practice</small>	Asian/ Indian		Coloured		Black		White	
---	------------------	--	----------	--	-------	--	-------	--

CITIZENSHIP:	SA Citizenship		Immigrant		ID/Passport Number														
---------------------	----------------	--	-----------	--	-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IS YOUR SPOUSE/PARTNER EMPLOYED?	Yes		No	
---	-----	--	----	--

ENROLMENT UNDERTAKING



1. I/We hereby apply to have the child whose name appears on this form to attend as a learner at PORT ALFRED HIGH SCHOOL and confirm that s/he complies with the basic criteria.
2. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the aforementioned learner.
3. I/We undertake to adhere to the School rules and disciplinary code and to the various alterations in the rules a disciplinary code that may be made from time to time. A copy of this is available from the front office.
4. I/We understand and confirm that the Principal and/or any other person duly authorized will act in *loco parentis* in any matter and at any time during which I/we have entrusted our child in the care of the School.
5. I/We understand that while every reasonable effort will be made to prevent losses or damage to learner's clothing, devices and equipment, the School cannot be held liable for such.
6. I/We undertake to reimburse the School for any damage to School property that may be caused by my/our child.
7. I/We jointly and severally undertake to pay School fees and I/we understand the following:
 - a. *Payment of the annual School fees is compulsory, and the fees are due and payable on or before 1st January every year as adopted by the majority of parents at the Annual General Meeting of the Governing Body.*
 - b. *The school fees may be paid in 11 monthly instalments. The first instalment of R2000 must be paid on notification of acceptance, by the end of October of the year which the application was submitted. This deposit indicating intent to enrol, will be deducted from the total annual school fees due. The remainder of the school fees due must be paid in the remaining 10 instalments beginning in January and ending in October of the academic year.*
 - c. *If the school fees are paid in full on or before 31 January, then an eight (8%) percent discount will be deducted from your annual school fees.*
 - d. *In terms of Section 39 of the South African Schools Act, the parties to this form are liable to pay compulsory School fees. This is a statutory obligation.*
 - e. *In terms of Section 40 and 41 of the South African Schools Act, the School may enforce the payment of these compulsory school fees.*
 - f. *The parties to this application undertake to pay all legal costs, including attorney/client fees and collection costs incurred by the School in the event of the School having to take legal action for the recovery of School fees.*
 - g. *In the event of payments falling into arrears by one month, then the full amount becomes due and payable immediately.*
 - h. *In the event of non-payment of school fees, the school will initiate legal action against both parents irrespective of maintenance and court orders which may or may not exist between the parties.*
 - i. *The School fees payable by the applicant/s to the School, shall be stipulated in any notice derived by the Governing Body from time to time and the contents of such notice, directive or tariff shall be deemed incorporated in this agreement as if specifically set out herein.*
 - j. *The School's monthly statement of fees shall be prima facie proof of the amounts owed by the applicant/s in terms thereof.*

ENROLMENT UNDERTAKING



- l. If no application is received on or before the aforementioned date i/we agree and acknowledge that I/we are able to afford payment of the School fees.*
- m. If the parents fail to meet their school fee obligation the school may record the parent/s non performance with the Bureau.*
8. I/We acknowledge to give NOTICE IN WRITING of any intention to remove my/our child/ren from the School and furthermore to return any books/devices/equipment/property belonging to the School which my/our child may have.
9. I/We agree that our child be permitted to undertake group Edumetric and Psychometric tests which will have been approved by the Director of Education.
10. I/We agree that if our child is over the compulsory School-going age (15 years) s/he will attend School regularly and will only be absent for medical reasons.
11. I/We agree that our child be permitted to take part in all sports activities offered at the school and that our child may accompany the team on school transports to attend matches scheduled to be played at venues other than Port Alfred High School.
12. I/We hereby give consent for the school to
 - 12a. Collect, store and process information about me any third party or divorced or separated parent responsible for payment of any of all amounts owing in school fees.
 - 12b. Collect, store and process names, contact details and information relating to myself and my child, and to such information being made available to other parents/guardians, staff or responsible persons engaged or authorized by the school for school related purposes to the extent required for the purpose of managing relationships between the school, parents/guardians, and current learners as well as providing references and communication with the body of former learners.
 - 12c. Supply information and a reference in respect of your child to any educational institution which you propose your child may attend. We will take care to ensure that all information that is supplied relating to your child is accurate and any opinion given on his/her ability, aptitude and character is fair. However, the school cannot be liable for any loss you or your child is alleged to have suffered from opinions reasonably given, or incorrect statements of fact contained, in any reference or report given to the school.
13. The School may not distribute or otherwise publish any of your personal information in its possession, unless you give consent, in writing, to the school that it may do so. Should this be the case, the School may only distribute or otherwise publish the information specified in your consent to the people and for the purpose stated in your writing.
14. I/We understand that the School reserves the right to verify all information supplied via this application. In the event of fraudulent documents being submitted, the School reserves the right to lay a criminal charge (i.e. fraud) against any of the parties to this application.
15. I/We accept responsibility for immunizing my/our child/ren against contagious diseases and normal infections, and shall produce proof thereof if required to do so.
16. I/We accept the responsibility of the pupil's transport to and from the School.
17. I/We undertake to inform the Principal of my/our child/ren's absence from School and declare that I/we are prepared to submit a doctor's certificate if and when required.
18. I/We undertake to support the School's constitution and policy of admission, as defined and implemented by the Governing Body of the School.

ENROLMENT UNDERTAKING



11. I/We understand that smoking in School uniform and the abuse of any drug and/or alcohol beverage is an infringement of the critical School rules and will not, under any circumstances, be tolerated.
12. This commitment in its entirety will be valid from the day on which it is signed by the parent/guardian to the day on which the pupil officially leaves the School.
13. The parent/guardian declares that s/he is the legal guardian of the child and is entitled to sign this document and shall be bound hereto both as parent/guardian and in his/her personal capacity.
14. The signatory/ies hereto hereby chooses *domicillium citandi et executandi* as indicated below. In addition, the signatory/ies hereto confirm that the following email addresses are to be used for the delivery of the School statement. In the event of a change of address, the signatory/ies undertake to notify the School in writing.

I,, hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairperson of the School Governing Body or their designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me found fake, action may be taken against me.

SIGNED ON THIS DAY OF 20.....

SIGNATURE of PARENT/GUARDIAN:

SIGNATURE of PARENT/GUARDIAN:

PHYSICAL ADDRESS: <i>Where you live</i>	Street		Town/City		Code	
EMAIL ADDRESS: <i>For the statement</i>						
EMAIL ADDRESS: <i>For the statement</i>						

SCHOOL FEES SCHEDULE 2024



1. Please note that Port Alfred High School is a fee-paying school as per Government Gazette, November 1996, Act No. 84, 4.1. *"The governing body of a public school may by process of law enforce the payment of school fees by parents who are liable to pay."*
2. The first month's instalment fee of R2000 is due on notification of learner acceptance and is due to be paid on 30 October 2023. Only the payment thereof will secure your child's place at Port Alfred High School. This amount is then deducted from your annual school fees. **YOU MAY ONLY PAY THIS DEPOSIT ONCE A LETTER CONFIRMING ADMISSION HAS BEEN RECEIVED FROM THE SCHOOL OFFICE.**
3. Payment of the annual school fees is compulsory. After the first month's instalment of R2000 is due, the remainder of the school fees is payable over 10 monthly instalments beginning in January and ending in October, or you may pay the amount in full by 31 January and receive an 8% discount.
4. A sibling discount is available. Application for this is to be made through the front office. Please note that the sibling must have a track record of at least one consecutive calendar year's attendance at the School to qualify.
5. Bursaries are unfortunately limited and largely unavailable.
6. It is essential that you provide the School with a valid email address so that all account correspondence and statements can be sent to you timeously.
7. You are required to notify the School of any changes to this address as and when these may arise.
8. When doing an Electronic Funds Transfer, cash deposit or bank transfer please use your child's account number /surname and initial as the reference.
9. In the event of a failure to pay by the 7th of the month, the School reserves the right to charge interest on all overdue accounts at the rate of 25% per annum. The School's monthly statement of fees shall be *prima facie* proof of the amounts owed by the applicant/s in terms thereof. Furthermore, the parties to this application undertake to pay all legal costs, including attorney/client fees and collection costs incurred by the School in the event of the School having to take legal action for the recovery of school fees.
10. In terms of fee exemption, the following applies:
 - a. *If you want to apply for the total, partial or conditional exemption, the appropriate application form must be collected from the School's offices for completion and returned to the School by the latest, on 30 October for the following year.*
 - b. *The criteria and procedure for the application process will be explained to once the application is filed.*
 - c. *In the even of payments due falling into arrear by one month, the full amount becomes due and payable immediately.*
11. The 2023 Schedule of School Fees is as follows:

GRADE	PER YEAR	PER MONTH
NURSERY	R18 200	R1620 (Jan to Oct after R2000 Oct payment)
GRADE R	R20 300	R1830 (Jan to Oct after R2000 Oct payment)
GRADE 1 - 6	R21 800	R1980 (Jan to Oct after R2000 Oct payment)
GRADE 7 - 12	R23 300	R2130 (Jan to Oct after R2000 Oct payment)

Please note that only at the 2023 Annual General Meeting will the School Fee Schedule of Fees for 2024 year be announced.

SIGNED ON THIS DAY OF 20.....

SIGNATURE of PARENT/GUARDIAN:

.....

SIGNATURE of PARENT/GUARDIAN:

.....

SCHOOL FEES EXEMPTION INFO & CHECK LIST



As per the South African Schools Act No 84 of 1996

Mark with a cross in the applicable box:

1	Have you been informed about the amount due in terms of the annual school fees?	YES	NO
2	Have you been informed that you are liable for the payment of school fees unless you are totally exempted from paying school fees?	YES	NO
3	Have you been informed about your right to apply for exemption from paying school fees?	YES	NO
4	Do you wish to apply for such exemption?	YES	NO
5	Do you wish to be assisted in making such application?	YES	NO
6	Do you understand that the onus/responsibility is on you to collect school fee exemption application forms from the Bursar's office during office hours.	YES	NO

NAME of PARENT/GUARDIAN:

SIGNATURE of PARENT/GUARDIAN:

Signed at (place):.....on the (day)(month) (year).....

CERTIFICATE OF CONDUCT

For any queries or assistance please contact Jessica French, the Admissions Secretary at the Front Office: (046) 624 2440 / jfrench@pahs.co.za



TO BE COMPLETED BY THE SCHOOL WHERE THE APPLICANT IS CURRENTY ENROLLED (not applicable if at PAHS)

NAME OF PRESENT SCHOOL:	
SCHOOL TELEPHONE NUMBER:	
SCHOOL EMAIL ADDRESS:	

This is to certify that:

NAME OF APPLICANT:	
---------------------------	--

Was a pupil at this school

FROM (date):	
TO (date):	

During this time, his/her conduct has been:

EXCELLENT:	
GOOD:	
SATISFACTORY:	
DISAPPOINTING:	

During this time, the payment of school fees was:

REGULAR:	
ERRATIC:	

At the present time, school fees for this pupil are:

UP TO DATE:	
IN ARREARS:	

Any other comments:

.....

.....

.....

.....

.....
Signature of the Principal/Deputy

.....
Date

--

IMAGE RELEASE FORM



I, the undersigned, do hereby confirm that I am the parent/legal guardian of (learner's name) and have legal authority to execute this release on his/her behalf. I hereby grant PORT ALFRED HIGH SCHOOL irrevocable permission to publish photographs of my son/daughter taken during the duration of his/her scholastic career at the aforementioned-school including but not limited to official and unofficial school events and including events both on and off the school premises.

These images may be published in any reasonable manner, including (but not limited to) calendars, advertisements, periodicals, posts on social media and press releases. Furthermore, I will hold harmless any photographer and his/her legal representatives and assigns, from any liability by virtue of minor cropping that may be required, and colour and exposure shifts that may occur in reproducing this photograph.

I have read this release and fully understand its implications.

Parent/legal guardian's name _____

Parent/legal guardian's Signature _____ Date _____

Witness's Name _____

Witness's Signature _____ Date _____

ENROLMENT PAPERWORK CHECKLIST



For any queries or assistance please contact Jessica French at the Front Office: jfrench@pahs.co.za

In order to facilitate your application, please ensure that all the paperwork is in order and attached. **Incomplete forms will not be considered.** Please take a moment to check the following:

1.	Enrolment Form – all the pages are complete and signed where necessary.	
2.	A recent ID – size photo of the learner (please attach it to the Enrolment Form).	
3.	The learner’s MOST RECENT school report.	
4.	A transfer card/letter from the learner’s current school.	
5.	The completed, stamped, and signed Certificate of Conduct from current school.	
6.	A copy of the learner’s up to date immunization card. (This is a requirement and not optional)	
7.	Proof of residence. For example, a copy of your your water & lights account. It may not be older than 3 months.	
8.	A copy of the learner’s unabridged birth certificate.	
9.	Copies of BOTH parent/guardians’ IDs (even if separated/divorced/unmarried). Or court documentation indicating guardianship/foster placement.	
10.	Proof of income (not older than 3 months). <ul style="list-style-type: none"> • If employed a certified copy of both parents’ salary slip/ bank statement • If unemployed, a letter from the Department of Labour indicating the last date of employment. • If self-employed, a copy of the last audited Income Statement or a letter from SARS indicating your income. • If self-employed, a copy of the last 3 months’ bank statements 	
11.	The completed and signed School Fees Exemption Fees list.	
12.	The complete and signed Enrolment Undertaking form.	
13.	The complete and signed school fee (schedule) 2024 form.	
14.	A signed copy of the Image Release form.	
15.	Your signature in the block below.	

I/We hereby acknowledge that:

- I/We have read and understood the enrolment undertaking form.
- I/We have read the School Fees (Schedule) document and am/are aware that Port Alfred High is a fee-paying school.
- I/We am aware that, to secure my/our child’s place, should s/he be accepted, an upfront First Instalment must be paid by 30 October. This will be deducted from the school fees.

SIGNATURE of PARENT/GUARDIAN:

SIGNATURE of PARENT/GUARDIAN:

Signed at (place):.....on the (day)(month) (year).....