

ENROLMENT FORM 2026

NOTE: This application form does not guarantee acceptance. A letter of acceptance will be sent if your application is successful. Please do not make any payment until an invoice is issued.

CONTACT: Jessica Kleinhans, the Admissions Administrator for any queries:
hr@pahs.co.za / 0466242440.

SUBMIT TO THE PAHS FRONT OFFICE IN A SEALED ENVELOPE BY: 31 JULY 2025



OFFICE USE ONLY	ENROLMENT NUMBER:	REGISTER CLASS:	SCHOOL ACCOUNT NO:

PERSONAL DETAILS OF APPLICANT (THE LEARNER)

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

SURNAME OF APPLICANT:	
INITIALS OF APPLICANT:	
FIRST NAME (only) 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	
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CITIZENSHIP:	SA Citizenship		Immigrant		ID/Passport Number												
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PHYSICAL ADDRESS:	Street		Town/City		Code	
<small>Your home address</small>						

CELL NUMBER OF APPLICANT:	
HOME NUMBER OF APPLICANT:	
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT NUMBER:	
EMERGENCY CONTACT RELATION TO APPLICANT:	

LANGUAGE OF APPLICANT:	Home		Instruction	
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DEXTERITY OF APPLICANT:	Left-Handed		Right-handed		Ambidextrous (both)	
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IF PARENT/S ARE DECEASED:	Both		Mother		Father	
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DOES APPLICANT HAVE BROTHERS/SISTERS AT PAHS CURRENTLY	Yes		No	
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HAS THE APPLICANT BEEN AT PAHS BEFORE?	Yes		WHAT YEAR?		No	
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GRADE 4 – 10 ONLY: 2 ND LANGUAGE CHOICE <small>Please tick ONLY one language option. 1st Language is compulsory English Home Language</small>	AFRIKAANS FAL		ISIXHOSA FAL	
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DETAILS OF PARENTS 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.

If someone other than the biological parents will be responsible for paying the fees, please contact the front office at hr@pahs.co.za to request a sponsorship form.



RELATIONSHIP TO THE APPLICANT:	BIOLOGICAL FATHER
INITIALS OF FATHER:	
SURNAME OF FATHER:	
FIRST NAME FATHER:	
LANGUAGE OF FATHER:	
EMAIL ADDRESS OF FATHER:	

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

OCCUPATION OF FATHER:	
NAME OF THE EMPLOYER:	

CELL NUMBER OF FATHER:	
WORK NUMBER OF FATHER:	
HOME NUMBER OF FATHER:	

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

CITIZENSHIP:	SA Citizenship	Immigrant	ID/Passport Number																

RELATIONSHIP TO THE APPLICANT:	BIOLOGICAL MOTHER
INITIALS OF MOTHER:	
SURNAME OF MOTHER:	
FIRST NAME MOTHER:	
LANGUAGE OF MOTHER:	
EMAIL ADDRESS OF MOTHER:	

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

OCCUPATION OF MOTHER:	
NAME OF THE EMPLOYER:	

CELL NUMBER OF MOTHER:	
WORK NUMBER OF MOTHER:	
HOME NUMBER OF MOTHER:	

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

CITIZENSHIP:	SA Citizenship	Immigrant	ID/Passport Number																

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.
2. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the aforementioned learner.
3. I/We, parents of the child whose name appears on this form jointly and severally undertake to pay School fees.
4. I/We undertake to adhere to the School rules, disciplinary code for learners and parents, 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/school website (www.portalfredschool.co.za).
5. 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.
6. 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.
7. I/We undertake to reimburse the School for any damage to School property that may be caused by my/our child.
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
 - 11a. 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. 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.
 - 11b. 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 learner's transport to and from the School.
17. I/We undertake to inform the register teacher 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.
19. I/We confirm that I am the parent/legal guardian of the learner whose name appears on this application and have the authority to sign this release. I grant PORT ALFRED HIGH SCHOOL permission to use photographs of my child taken during their time at the school, including events on and off school premises. These images may be used in school-related materials such as calendars, advertisements, social media posts, and press releases. I release the school and photographers from any liability for minor edits or adjustments. I have read and understand this release.



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 be found false, action may be taken against me.

SIGNED ON THIS DAY OF 20.....

SIGNATURE of FATHER:

SIGNATURE of MOTHER:

The signatory/ies hereto hereby chooses domicilium 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.

CONSENT FOR ADMISSION TO PAHS

I, _____ being the parent/guardian of _____ hereby consent to the processing of personal information as required for the admission of my child to Port Alfred High School. I understand that the personal information provided will be used for the purpose of processing my child's admission application, including but not limited to:

- Verifying the accuracy of the information provided.
- Communicating with me regarding the admission process.
- Assessing my child's eligibility for enrolment.
- Fulfilling legal obligations related to enrolment and education.

I acknowledge that the personal information collected may include, but is not limited to, my child's name, date of birth, address, contact details, academic records, medical information, and any other information relevant to the admission process. I understand that the personal information provided will be treated confidentially and will only be accessed by authorized personnel involved in the admission process. The information will not be disclosed to third parties without my consent, except as required by law. I further understand that I have the right to access, correct, or request the deletion of my child's personal information held by the school, in accordance with the provisions of the Protection of Personal Information Act (POPIA). By signing this consent form, I confirm that I have read and understood the school's privacy policy regarding the processing of personal information for admission purposes, and I consent to the collection, use, and disclosure of my child's personal information as described herein.

PHYSICAL ADDRESS: <small>Where you live</small>	Street		Town/City		Code	
FATHER EMAIL ADDRESS:						
MOTHER EMAIL ADDRESS:						

SCHEDULE OF SCHOOL FEES: 2026



SCHEDULE OF SCHOOL FEES

The 2025 Schedule of School Fees is as follows:

Please note that Port Alfred High School is a Fee-Paying School. This is as per the 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." The 2026 School Fees will be announced at the 2025 Annual General Meeting.

GRADE		AMOUNT PER YEAR
NURSERY	AGE GROUP: 3 MONTH – 2 YEARS	R 20 400.00
PRE-GRADE & GRADE R	AGE GROUP: 2 YEARS – 6 YEARS	R 22 800.00
GRADE 1 - 6		R 24 500.00
GRADE 7 - 12		R 26 200.00

1. PREAMBLE

- 1.1 School fees are determined in consultation with the parents of this school at the Annual General Meeting.
- 1.2 School fees are payable in advance on or before 31 January 2026. The Governing Body is prepared to accept payment of school fees in accordance with this agreement. No indulgence or latitude will be construed as a waiver or novation of any rights the Governing Body may have.
- 1.3 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. 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.
c. In terms of Section 40 and 41 of the South African Schools Act, the School may enforce the payment of these compulsory school fees.

2. PAYMENT

- 2.1 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.
- 2.2 The first month's instalment fee of R2000 is due on notification of learner acceptance and is due to be paid on 31 October 2025. 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 ONCE A LETTER CONFIRMING ADMISSION HAS BEEN RECEIVED FROM THE SCHOOL OFFICE
- 2.3 If the school fees are paid in full on or before 31 January, then a ten (10%) percent discount will be deducted from your annual school fees.

3. APPLICATION FOR SIBLING DISCOUNT

- 3.1 A sibling discount is available, and the onus is on the parent/guardian to apply for it through the Bursar's office. Please note that qualification for the discount rests on the following:
 - a. That the sibling has a track record of at least one consecutive calendar year's attendance at the school.
 - b. That the compulsory annual school fees for all siblings are paid up to date on or before 31 August.
- 3.2 The discount is only credited to the account in September of each year.

4. DEFAULT

- 4.1 Should you fail to make payments in accordance with this agreement, the balance of the year's school fees immediately become due and payable.
- 4.2 Should you fail to make payments in accordance with this agreement, the Governing Body may institute legal action against you for collection of the full amount of the compulsory annual school fees, in which event you would be liable for costs on the scale as between attorney and client, including collection commission; furthermore, your credit rating may be blacklisted.

- 4.3 In the event of payments falling into arrears by one month, then the full amount becomes due and payable immediately.
- 4.4 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.
- 4.5 The Pre-Primary (Cherubs – Cubs) is run separately. The first missed payment will be followed up by a letter from PAHS requesting immediate payment of fees. Should a second letter requesting payment have to be sent, a notification of your child / children's termination date from the Port Alfred Pre-Primary will also be included.



5. GENERAL

- 5.1 Parents/Guardians shall be jointly and severally liable for payment of school fees irrespective of their marital status.
- 5.2 This agreement must be signed by both parents/guardians.
- 5.3 No variation or amendment of this agreement will be of any force or effect, unless it is reduced to writing and signed by the parents/guardians and the school.
- 5.4 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.
- 5.5 You are required to notify the School of any changes to this address as and when these may arise.
- 5.6 When doing an Electronic Funds Transfer, cash deposit or bank transfer please use your child's account number / surname and initial as the reference.
- 5.7 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 event of payments due falling into arrear by one month, the full amount becomes due and payable immediately.

6. PAYMENT CYCLE

Please indicate your preferred school fee payment cycle:

- ☐ - Full amount by 31 January 2026.
- ☐ - Over 10 months from January to October by the 30th of each month.

7. APPLICATION FOR REDUCED FEES/EXEMPTION

- 7.1 Parents/guardians needing to apply for the total, partial or conditional exemption (Grade R – 12 only) must collect the appropriate application form from the Finance Office for completion and return to the Finance Office by the latest, on 30 September of this year for the following year. The criteria and procedure for the application process will be explained once the application is filed. If no application is received on or before the aforementioned date the school will interpret this as the parents/guardians agreeing and acknowledging that they are able to afford payment of the school fees. The parents/guardians shall ipso facto be barred from applying for a reduction of school fees, and the school fees as determined by the parents of the school shall apply to you, regardless of whether you would qualify for reduced school fees or not.
- 7.2 Should no applications for reduced school fees on the prescribed form be received in respect of learners admitted to the school after 28/02/2026 and/or parents/guardians whose circumstances change after 28/02/2026, within 60 days of admission or change in circumstances, as the case may be, you shall be ipso facto barred from applying for a reduction in school fees and these annual compulsory school fees as determined by the parents of the school shall apply to you, regardless of whether you qualify for reduced fees or not.
- 7.3 If parents/guardians are in arrears with one instalment, then the **FULL AMOUNT FOR THE YEAR** becomes due and payable **IMMEDIATELY**. In the event of a failure to pay by the last day 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.

8. WAIVER

- 8.1 Your attention is drawn to the provisions of the Regulations for the Exemption of parents from payment of school fees, and specifically Regulation 3(1) published in the Government Gazette R1052 dated 18 October 2006, a copy of which is available at the school, dealing with applications for school fee reduction and/or exemption.
- 8.2 I/We hereby renounce any right I/we may have in terms of the abovementioned regulations, provided that there is no material change in my/our financial circumstances. I/we hereby accept that I/we bear the onus to prove any material change in financial circumstances.

SCHOOL FEES & EXEMPTION CHECKLIST



As per the South African Schools Act No 84 of 1996

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."

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

SIGNED ON THIS DAY OF 20.....

NAME of FATHER:

SIGNATURE of FATHER:

NAME of MOTHER:

SIGNATURE of MOTHER:

CERTIFICATE OF CONDUCT

For any queries or assistance please contact Jessica Kleinhans,
the Admissions Administrator, 046 624 2440 or hr@pahs.co.za



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

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

This is to certify that:

NAME OF APPLICANT:	
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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:

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.....
Signature of the Principal/Deputy

.....
Date

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ENROLMENT PAPERWORK CHECKLIST

For any queries or assistance please contact Jessica Kleinhans,
the Admissions Administrator, 046 624 2440 or hr@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 the 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 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 parents' IDs (even if separated/divorced/unmarried). Or court documentation indicating guardianship/foster placement. If a parent is deceased, a death certificate is required.	
10.	Proof of income (not older than 3 months). <ul style="list-style-type: none"> <i>If employed a certified copy of both parents' salary slip/ bank statement</i> <i>If unemployed, a letter from the Department of Labour indicating the last date of employment.</i> <i>If self-employed, a copy of the last audited Income Statement or a letter from SARS indicating your income.</i> <i>If self-employed, a copy of the last 3 months' bank statements</i> 	
11.	Your signature in the block below.	

I/We, the undersigned parent/legal guardian of the learner whose name appears on this application, declare that all information provided is true and correct to the best of my knowledge.

I confirm that I have read, understood, and agree to the terms and conditions outlined in this application, including the:

- Learner and Parent Information
- Enrolment Undertaking
- School Fee Schedule
- Exemption Checklist (where applicable)

I/We acknowledge that submission of this application does not guarantee admission and that acceptance is at the discretion of the School Governing Body in accordance with the school's policies.

SIGNATURE of FATHER:

SIGNATURE of MOTHER:

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