

Office Use:  
Sibling:  
Feeder zone:



## RIEBEEK COLLEGE GIRLS' HIGH SCHOOL

The Admissions Secretary, P.O. Box 361, Uitenhage, 6230  
Tel: 041 9922442  
Fax: 041 9911077  
E-mail: admissions@riebeekcollege.co.za

**APPLICATIONS WILL OPEN ON THE 5<sup>TH</sup> OF APRIL 2022 AND CLOSE ON THE 6<sup>TH</sup> MAY 2022**

**No vacancies currently exist for Grades 5-7 and Grades 9-11.**

Applications for these grades will be kept on a waiting list until the end of 2022.

### APPLICATION FOR ADMISSION 2023

#### Admission Acceptance

1. Completion of this application form does not automatically guarantee acceptance of your child at Riebeek College.
2. It must be appreciated that by virtue of the number of applications received, not all applicants will be accepted and some fair process of selection is inevitable.
3. The number of learners accepted each year will be dependent on the capacity of the school.
4. You will be informed of the school's decision by either email or sms.
5. Learners with siblings (not cousins or friends) who are currently at Riebeek College and learners who live within 5km of the school will be considered first.
6. If you have not received correspondence from the school by the end of August 2022 regarding your child's admittance, it is your responsibility as the parent to contact the school.
7. The decision of the Admission Panel is final and no appointments will be granted once the outcome has been communicated.

<b>LEARNER'S FULL NAME &amp; SURNAME:</b>	
<b>GRADE APPLIED FOR:</b>	

#### PLEASE SUPPLY THE FOLLOWING DOCUMENTS:

Learner's 2021 end of year report		OFFICE USE
Learner's most recent 2022 report		OFFICE USE
<ul style="list-style-type: none"> <li>Learner's <b>Unabridged</b> Birth Certificate</li> <li>Alternatively: Abridged Birth Certificate</li> </ul> Passport accompanied by an Affidavit		OFFICE USE
Learner's ID Photo		OFFICE USE
Learner's Immunization Card (clinic card)		OFFICE USE
ID of Payee (if not a parent)		OFFICE USE
ID of Biological/Legal Father		OFFICE USE
ID of Biological/Legal Mother		OFFICE USE
Proof of Residence (Municipal account not older than 3 months) <b>(NOT FROM A WARD COUNCILLOR)</b>		OFFICE USE
Certificate of Conduct (completed by current principal)		OFFICE USE
Transfer Form ( <u>only required once learner has been accepted</u> )		OFFICE USE

*Please attach the learner's ID photo here*

- **If a parent is deceased**, please attach a certified copy of the death certificate
- **If a parent is unemployed**, please attach letter from SARS or an affidavit (NOT FROM A WARD COUNCILLOR)

*(Parent as defined by the SA Schools Act 84 of 1996)*

*In terms of the Regulation for Admission of learners to Public Schools (General Notice 4138 of 2001) parents are requested to supply the principal with the above documentation*

<b>LEARNER'S DETAILS:</b>														
SURNAME:														
FIRST NAMES:														
ID NUMBER:														
IMMIGRANT: (IF A NON SA CITIZEN PLEASE INCLUDE COPIES OF PASSPORT & STUDY PERMIT)		PASSPORT NUMBER:												
		STUDY PERMIT NUMBER:												
DATE OF BIRTH:														
AGE:						YEARS							MONTHS	
NATIONALITY:														
HOME LANGUAGE:														
POPULATION GROUP: (REQUIRED FOR DEPARTMENT PURPOSES)														
ADDRESS WHERE LEARNER RESIDES:														
WHO DOES LEARNER RESIDE WITH:														
HOME TELEPHONE NUMBER:														
LEARNER CELL NUMBER:														
RELIGION:														
DOES LEARNER HAVE A SISTER AT RIEBEEK COLLEGE:					YES			NO						
IF YES, PLEASE SUPPLY NAME & GRADE:														
IF FAMILY MEMBER WAS A RIEBEEK GIRL, PLEASE INDICATE BELOW HOUSE PREFERENCE:														
ELTON			ELIZABETH				ELEANOR							
SECOND LANGUAGE CHOICE: (ONLY APPLICABLE TO SENIOR GRADES)		ISIXHOSA (HOME)					AFRIKAANS (FIRST ADDITIONAL)							
DO YOU WISH LEARNER TO BE A BOARDER?							YES		NO					
DO YOU WISH LEARNER TO ATTEND AFTERCARE?							YES		NO					
WE HEREBY GRANT RIEBEEK COLLEGE PERMISSION TO PUBLISH PHOTOS OF OUR DAUGHTER ON ITS SOCIAL MEDIA PLATFORMS							YES		NO					

<b>CURRENT SCHOOL DETAILS:</b>			
NAME OF SCHOOL:			
ADDRESS:			
TELEPHONE NUMBER:		FAX NUMBER:	
HAVE REMEDIAL CLASSES BEEN REQUIRED:			

<b>SPECIFY DETAILS OF REMEDIAL:</b>	
-------------------------------------	--

<b>LEARNER EXTRAMURAL HISTORY AND ACHIEVEMENTS:</b>	
<p><b>SPORT:</b> DOES LEARNER PARTICIPATE ACTIVELY IN THE SCHOOL PROGRAMME?</p> <p>IF ANSWER IS "NO" PLEASE SPECIFY THE REASON:</p> <p>PLEASE SPECIFY THE SPORT(S) IN WHICH SHE PARTAKES AND TEAM:</p>	
<p><b>CULTURAL:</b> SPECIFY SOCIETIES IN OR OUT OF SCHOOL:</p>	
<p><b>LEADERSHIP:</b> LEADERSHIP AT SCHOOL, SPORT, SOCIETIES (GIVE DETAILS):</p>	
<p><b>AWARDS:</b> DETAILS OF PRIZES, MEDALS, ETC IN OR OUT OF SCHOOL:</p>	
<p><b>SPECIAL TALENTS:</b> EXCLUDES ACADEMICS OR SPORT EG ART, MUSIC, ETC:</p>	

<b>LEARNER MEDICAL AND PSYCHOLOGICAL HISTORY:</b>			
<b>MEDICAL AID:</b>			
<b>MEDICAL AID NUMBER:</b>			
<b>MAIN MEMBER:</b>			
<b>NAME OF DOCTOR:</b>			
<b>TEL. NO. OF DOCTOR:</b>			
<b>MEDICAL CONDITIONS:</b>			
<b>SPECIAL CONDITIONS REQUIRING COUNSELING:</b>			
<b>DEXTERITY OF LEARNER:</b>	<b>RIGHT HANDED</b>	<b>LEFT HANDED</b>	<b>AMBIDEXTROUS</b>

## PARENT INFORMATION:

DECEASED PARENT:	FATHER	MOTHER
------------------	--------	--------

### FATHER'S DETAILS: (BIOLOGICAL FATHER ONLY)

SURNAME:													
FIRST NAMES:													
ID No. / PASSPORT No.:													
POPULATION GROUP: (REQUIRED FOR DEPARTMENT PURPOSES)							HOME LANGUAGE:						
MARITAL STATUS:	SINGLE	MARRIED	SEPARATED	DIVORCED	REMARRIED	WIDOWED	COHABIT						
ADDRESS:													
OCCUPATION:													
EMPLOYER/COMPANY:													
CLOCK NUMBER:							GROSS INCOME: (IF POSSIBLE)						
EMPLOYER ADDRESS:													
TEL NO. : (H)							TEL NO. : (W)						
CELL NO.:													
EMAIL:													
PRINT CLEARLY - WILL BE USED FOR ALL CORRESPONDENCE													
RECEIVING SOCIAL GRANT:	YES						No						

### MOTHER'S DETAILS: (BIOLOGICAL MOTHER ONLY)

SURNAME:													
FIRST NAMES:													
ID No. / PASSPORT No.:													
POPULATION GROUP: (REQUIRED FOR DEPARTMENT PURPOSES)							HOME LANGUAGE:						
MARITAL STATUS:	SINGLE	MARRIED	SEPARATED	DIVORCED	REMARRIED	WIDOWED	COHABIT						
ADDRESS:													
OCCUPATION:													
EMPLOYER/COMPANY:													
CLOCK NUMBER:							GROSS INCOME: (IF POSSIBLE)						
EMPLOYER ADDRESS:													
TEL NO. : (H)							TEL NO. : (W)						
CELL NO.:													
EMAIL:													

PRINT CLEARLY - WILL BE USED FOR ALL CORRESPONDENCE		
RECEIVING SOCIAL GRANT:	YES	NO

## LEGAL GUARDIAN / STEPPARENT'S DETAILS:

RELATIONSHIP TO LEARNER:															
SURNAME:															
FIRST NAMES:															
ID No. / PASSPORT No.:															
POPULATION GROUP: <small>(REQUIRED FOR DEPARTMENT PURPOSES)</small>								HOME LANGUAGE:							
MARITAL STATUS:	SINGLE	MARRIED	SEPARATED	DIVORCED	REARRIED	WIDOWED	COHABIT								
ADDRESS:															
OCCUPATION:															
EMPLOYER/COMPANY:															
CLOCK NUMBER:								GROSS INCOME: (IF POSSIBLE)							
EMPLOYER ADDRESS:															
TEL No. : (H)								TEL No. : (W)							
CELL No.:															
EMAIL:		PRINT CLEARLY - WILL BE USED FOR ALL CORRESPONDENCE													
RECEIVING SOCIAL GRANT:		YES						NO							

## LEGAL GUARDIAN / STEPPARENT'S DETAILS:

RELATIONSHIP TO LEARNER:															
SURNAME:															
FIRST NAMES:															
ID No. / PASSPORT No.:															
POPULATION GROUP: <small>(REQUIRED FOR DEPARTMENT PURPOSES)</small>								HOME LANGUAGE:							
MARITAL STATUS:	SINGLE	MARRIED	SEPARATED	DIVORCED	REARRIED	WIDOWED	COHABIT								
ADDRESS:															
OCCUPATION:															
EMPLOYER/COMPANY:															
CLOCK NUMBER:								GROSS INCOME: (IF POSSIBLE)							
EMPLOYER ADDRESS:															
TEL No. : (H)								TEL No. : (W)							
CELL No.:															
EMAIL:		PRINT CLEARLY - WILL BE USED FOR ALL CORRESPONDENCE													
RECEIVING SOCIAL GRANT:		YES						NO							

## EMERGENCY CONTACT DETAILS:

(EXCLUDES PARENTS)

RELATIONSHIP TO LEARNER:			
SURNAME:			
FIRST NAMES:			
ADDRESS:			
TEL No. : (H)			TEL No. : (W)
CELL No.:			

## PAYMENT OF SCHOOL FEES:

**BOTH PARENTS ARE LIABLE FOR PAYMENT OF SCHOOL FEES.**

Riebeek College Girls' High School is a fee paying school, in terms of the relevant legislation, and by enrolling your daughter at the school, you are accepting an obligation to contribute financially to her education.

PLEASE INDICATE BELOW WHO WILL BE RESPONSIBLE FOR PAYMENT OF SCHOOL FEES.

FATHER	MOTHER	OTHER
--------	--------	-------

IF "OTHER" IS SELECTED PLEASE PROVIDE INFORMATION BELOW:

RELATIONSHIP TO LEARNER:			
SURNAME:			
FIRST NAMES:			
ID No. / PASSPORT No.:			
MARITAL STATUS:	SINGLE	MARRIED	SEPARATED
		DIVORCED	REMARRIED
		WIDOWED	COHABIT
ADDRESS:			
OCCUPATION:			
EMPLOYER/COMPANY:			
CLOCK NUMBER:		GROSS INCOME: (IF POSSIBLE)	
EMPLOYER ADDRESS:			
TEL No. : (H)		TEL No. : (W)	
CELL No.:			
EMAIL:			

PRINT CLEARLY

**GENERAL INFORMATION:**

(ANY OTHER INFORMATION YOU WOULD LIKE THE SCHOOL TO BE AWARE OF)


**Please note:**

**SPACE IS LIMITED – PLEASE APPLY TO OTHER SCHOOLS**

**We regret that no copies of documents will be made at the School**

**Please ensure that copies are submitted to the school as  
No documents will be returned once submitted**

**The school uses the D6 as the main channel of communication. Please download  
if accepted.**

**OFFICE USE:**


# DECLARATION BY PARENTS/GUARDIANS:

## UNDERTAKING BY PARENTS/GUARDIANS

1. I/We hereby apply to have the child whose name appears on this form as a learner at Riebeeck College Girls' High School and confirm that she complies with the basic criteria.
  2. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the above mentioned learner.
  3. I/We undertake to adhere to the school rules and disciplinary code and to the various alterations in the rules and disciplinary code that may be made from time to time.
  4. I/We understand that while every reasonable effort will be made to prevent losses or damage to learner's clothing and equipment, the school cannot be held liable for such.
  5. I/We undertake to reimburse the school for any damage to school property that may be caused by our child.
  6. In terms of family law, parents are jointly and severally liable for the payment of the school fees irrespective of their marital status.
  7. In the event of non-payment of school fees the school will institute legal action against both parents irrespective of maintenance and court orders which may exist between the parties.
  8. In terms of Section 39 of the South African Schools Act, parents are liable to pay compulsory school fees.
  9. In terms of Section 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
  10. 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.
  11. I/We jointly and severally undertake to pay school fees and I /we understand the following:
    - a) The annual school fees will be a compulsory sum of R19 000 per annum for 2022 as adopted by the majority of parents at the AGM. **(2023) fees not yet available**
    - b) School fees are payable in advance and are due on the first day of school.
    - c) Our terms are as follows:
      - i) Fees can be paid in full at the beginning of the year.
      - ii) Fees can be paid quarterly in advance or in 10 monthly installments (Jan-Oct)
    - d) A sum of R4000 is to be paid on acceptance. An additional R100 is payable in the first week of the term for compulsory badges.
  12. The school may conduct an enquiry and/or information search about the parents with an information bureau, persons acting as their agents and/or credit grantors.
  13. If parent/s fail to meet their school fee obligations the school may record the parent/s non-performance with an information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.
  14. Applications for the exemption of parents from payment of school fees can be obtained from the Principal.
  15. Should there be a dispute on your statement of account please notify the Bursar in writing.
  16. I/We acknowledge that completion of this form does not necessarily imply confirmation of our daughter(s) acceptance at Riebeeck College Girls' High School. (This will be done by letter from the Principal.)
  17. I/We undertake to give notice in writing of any intention to remove my/our child from the school and furthermore to return any books and/or equipment belonging to the school which our child may have.
  18. I/We understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application
- 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.

The parent/guardian declares that he/she 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.

**ADDRESS:** The signatory/signatories hereto hereby choose *domicillium citandi et executandi* (official physical address) (**Not Postbox number**) as:

.....

### DECLARATION

I/We .....(parents/guardians) hereby declare that the information which we have recorded in this form is true and correct.

Signed on this .....day of.....20.....

.....  
**SIGNATURE FATHER/LEGAL GUARDIAN**

.....  
**SIGNATURE MOTHER/LEGAL GUARDIAN**





# RIEBEEK COLLEGE GIRLS' HIGH SCHOOL

The Admissions Secretary, P.O. Box 361, Uitenhage, 6230

Tel: 041 9922442

Fax: 041 9911077

E-mail: admissions@riebeekcollege.co.za

**Please detach this page for completion by your daughter's current school**

## Certificate of Conduct

We have received an application form for a pupil from your school and would appreciate it if the information below could be provided.

**If possible, please could the completed form be faxed to 041 9911077.**

Thank you in anticipation for your co-operation: Riebeek College School Governing Body

Surname of Pupil:							
First Names of Pupil:						Grade:	
Was a pupil at this school		from:			to:		
Her conduct was:		Exemplary	Good	Satisfactory		Not satisfactory	
Parent involvement:		Good		Satisfactory		Not satisfactory	
All fees are:		Paid up to date		Not paid up to date		Exemption	

Name of School:								
Address of School:								
Tel. No.:					Fax No.:			
Principal's Signature:						Date:		

SCHOOL STAMP