

# Stutterheim High School

Co-Ed School

2026/



Telephone: 043 – 683 1144

Private Bag X1  
STUTTERHEIM 4930

Gr

in 2026

ADMISSION NUMBER	26/
ADMITTED TO GRADE	
HOUSE	

Receipt No: \_\_\_\_\_

Date Ret.: \_\_\_\_\_

Fees (for 2025) – to be reviewed in Sept for 2026  
School: R22 800 pa  
Hostel: R40 480 pa

Date	Accepted	Yes	No
Office use	Admin A	Admin B	d6 Bursar

## APPLICATION FOR ADMISSION – 2026

## CLOSING DATE 7 AUGUST 2025

- 1 **Completion of an Application Form does NOT mean the child is accepted in the School or Hostel.**
- 2 **PLEASE NOTE THAT STUTTERHEIM HIGH SCHOOL IS A FEE PAYING SCHOOL.**
- 3 This application is relevant for the year 2026 only.
- 4 This form is to be completed and signed by the person wishing to enrol the child, i.e. the parents. Only the parent/parents may receive an application. / The person completing this form will also be responsible for paying the school fees, i.e. Sponsor / Guardian / Parent/s
- 5 This is a Co-Ed Combined Public School – Section 21. We therefore ask for school fees set by our SGB and Parent Body.

Certified Documents by a Commissioner of Oaths must accompany this Application form	Attached (tick)
• Non-refundable administration levy of R50.00 If the application is successful R40 will go to the school fees account	
• Learner's <u>Unabridged</u> Birth Certificate (apply at Home Affairs & bring a copy of the receipt & normal birth certificate in the interim)	
• June report, this year (please submit with the Application)	
• Immunization Card	
• A recent ID size Photo of the Learner to be attached to this form	
• Parents'/guardian's / Sponsors I.D. Documents (both parents)	
• Copy of death certificate if one or both parent/s are deceased	
• <u>Affidavit</u> or legal guardianship documents should you not be the natural parents of the child applied for	
• Proof of residence i.e. (Electricity / Water / Rates account or Electricity card) <b>Please Note:</b> if living on rented property or in a granny flat, please supply an <u>affidavit from the landlord as proof of residence as well as proof of payment for rental.</u>	
• Last 3 months' bank statements of each parent – Please print these 2-sided	
• Last 3 months' payslips of each parent / guardian	
• Declaration on admission form to be signed by both parents / legal guardians / Sponsors	
• <b>If divorced, please furnish proof of custodian rights i.e. copy of divorce order</b>	

### INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

(A R500 voluntary payment is required once your child is accepted.)

Please take note	Criteria when considering applications
It would be in your best interest to not only apply at Stutterheim High School, as we have very few vacancies and cannot guarantee your child a space in the school.	• Age Cohort
Kindly note that, should any debit order be met with the response of "No Funds" or "Refer to Drawer", the school will charge a penalty fee as per Bank pricing for each such occurrence.	• Disciplinary record
<b>Applications must be handed in at the administration office of the school</b>	• Academic record
	• Bad Debt record
	• Hostel accommodation

## Personal Information of the Learner who is being registered to the School:

Use this side only – Print in **Black Ink**

Grade Applied for		Highest Grade Passed		Year when Grade was passed	
Surname – as shown on birth certificate					
First Name(s) – as shown on birth certificate					
Gender (x appropriate box)		Female		Male	
Place of Birth					
Nationality					
Date of Birth		Day		Month	Year
Identity Number / Passport Number					
Date of Arrival in South Africa (If applicable)		Day		Month	Year
Home Language					
Language of Instruction		English Home Language			
Hostel (not for Gr R - Gr 3)		Yes		No	

**Certified Copy**

Residential Address	Street and No.		
	Suburb		
	City		
	Postal Code		
Person/s responsible for child at above address			
Learner resides with this parent		Yes	No

<b>Medical Details</b>				
Name of your Medical Aid				
Medical Aid Plan				
Medical Aid Membership Number				
Medical Aid Main Member Name				
Illness(es) Learner has been immunised against (x appropriate box)	Tuberculosis (B.C.G)	Diphtheria	Measles	Whooping Cough
	German Measles	Tetanus	Mumps	Poliomyelitis
Illness(es) Learner has had (x appropriate box)	Whooping Cough		German Measles	
	Measles	Chicken Pox	Mumps	
List Important Illness(es) from which the Learner is suffering or has suffered e.g. Asthma, Epilepsy, TB				
List any permanent medication that your child is on				
Special Problems Requiring Counselling:				

<b>Dexterity of Learner:</b>	<b>Right Handed</b>		<b>Left Handed</b>		<b>Ambidextrous</b>	
<b>Special Medical Condition(s)</b> (x appropriate box)			If Yes, then please specify the details below.			
Chronic Illness(es)	Yes	No				
Allergies to Medicine	Yes	No				
Allergies to Food	Yes	No				
Recent Operation(s)	Yes	No				
Recent Hospitalisation	Yes	No				

<b>Full name of you Family Doctor</b>					
Physical Address of Medical Practice	Street				
	Suburb				
	City				
Doctor's Telephone Number		Area Code		Number	
Doctor's Email Address					
Doctor's Mobile Phone Number					

<b>Name of Emergency Contact Person</b>					
Physical Address	Street				
	Suburb				
	City				
Relationship to the Learner					
Home Telephone Number		Area Code		Number	
Work Telephone Number		Area Code		Number	
Mobile Telephone Number					
Email address					

How will your child get to and from school?	Walk	Bus	Taxi	Bicycle	Private Transport
Do you object to your appearing on social media platforms?	Yes			No	
Will your child be able to participate in extra mural activities?	Yes			No	

Is a Social Grant received for this Learner?	Yes	No
Name of Person who applied for the Grant		
ID Number of Person who applied for the Grant		
Attach Proof of Social Grant received		

### Present School Details

<b>Present School / Preschool Name</b>					
Physical Address	Street				
	Suburb				
	City				
	Postal Code				
School Telephone Number		Area Code		Number	
School Email Address					
Mobile Phone Number					
Specify in which province the Learner is presently at (x appropriate box)		Eastern Cape	Limpopo	Western Cape	
		Free State	Mpumalanga	Other Countries:	
		Gauteng	Northern Cape	Specify	
		KwaZulu-Natal	North West		

### Siblings attending Stutterheim High School

<i>Please note:</i>	i) The Unabridged Birth Certificate of each Learner must be attached to this application form ii) In the case of a Foster Child, a copy of the Court Order <b><u>MUST</u></b> be attached to this application form.			
Name	Surname	Specify the relationship to Parent	ID Number	Grade

### Siblings attending other Schools

<i>Please note:</i>					
Name	Surname	Specify relationship to Parent	Date of Birth	Grade	Name of School

In the case of a "broken family", state who has legal custody of the child (x appropriate box)	Father	Mother	Guardian
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**PARTICULARS OF PARENT 1: Father (compulsory)**

Use this side only – Print in Black Ink

Surname										
First Name (s)										
Place of Birth	Town					Country				
Nationality										
Date of Birth	Day			Month			Year			
Identity Number / Passport Number										
Your Marital Status (x appropriate box)	Single	Married ANC	Married COP	Divorced	Re-Married					
	Engaged	Separated	Widowed	Living Together	Other					
Income Tax Number										
Home Telephone Number										
Personal Mobile Phone Number										
Personal e-mail Address										

**Accommodation (Fill in applicable section):**

Residential Address	Street and No										
	Suburb										
	City										
	Postal Code										
How long have you lived at this address?											
1. Property owned		Yes				No					
Financial Institution (if owned)											
Account Holder											
Account Number											
2. Rent (x appropriate box)		Yes				No					
Landlord Name											
Telephone number											
3. Leased (x appropriate box)		Yes				No					
From Whom											
Telephone number											
Previous Address											
How long did you stay at this address?											

**Employment (Fill in applicable section):**

Employment Status (x appropriate box)	Employed	Self-employed	Unemployed	Retired
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Name of Current Employer											
Permanent (x appropriate box)		Yes	No	Date of employment							
Contract (x appropriate box)		Yes	No	Start date:			End date:				
Occupation											
Employer's Address	Street and No										
	Suburb										
	City										
	Postal Code										
Work Telephone Number		Area Code			Number						
Work Mobile Phone Number											
Work e-mail Address											

If Self employed – Name of Business											
Occupation											
Business Address	Street and No										
	Suburb										
	City										
	Postal Code										

**PARTICULARS OF PARENT 2: Mother (compulsory)**

Use this side only – Print in Black Ink

Surname										
First Name (s)										
Place of Birth	Town					Country				
Nationality										
Date of Birth	Day			Month			Year			
Identity Number / Passport Number										
Your Marital Status (x appropriate box)	Single	Married ANC	Married COP	Divorced	Re-Married					
	Engaged	Separated	Widowed	Living Together	Other					
Income Tax Number										
Home Telephone Number										
Personal Mobile Phone Number										
Personal e-mail Address										

**Accommodation (Fill in applicable section):**

Residential Address	Street and No										
	Suburb										
	City										
	Postal Code										
How long have you lived at this address?											
1. Property owned		Yes				No					
Financial Institution (if owned)											
Account Holder											
Account Number											
2. Rent (x appropriate box)		Yes				No					
Landlord Name											
Telephone number											
3. Leased (x appropriate box)		Yes				No					
From Whom											
Telephone number											
Previous Address											
How long did you stay at this address?											

**Employment (Fill in applicable section):**

Employment Status (x appropriate box)	Employed	Self-employed	Unemployed	Retired
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Name of Current Employer											
Permanent (x appropriate box)		Yes	No	Date of employment							
Contract (x appropriate box)		Yes	No	Start date:				End date:			
Occupation											
Employer's Address	Street and No										
	Suburb										
	City										
	Postal Code										
Work Telephone Number		Area Code			Number						
Work Mobile Phone Number											
Work e-mail Address											

If Self employed – Name of Business											
Occupation											
Business Address	Street and No										
	Suburb										
	City										
	Postal Code										

**PARTICULARS OF GUARDIAN / SPONSOR / WARD (if applicable)** Use this side only – Print in Black Ink

Surname										
First Name (s)										
Place of Birth	Town					Country				
Nationality										
Date of Birth	Day			Month			Year			
Identity Number / Passport Number										
Your Marital Status (x appropriate box)	Single	Married ANC		Married COP		Divorced		Re-Married		
	Engaged	Separated		Widowed		Living Together		Other		
Income Tax Number										
Home Telephone Number										
Personal Mobile Phone Number										
Personal e-mail Address										

Accommodation (Fill in applicable section):

Residential Address	Street and No										
	Suburb										
	City										
	Postal Code										
How long have you lived at this address?											
1. Property owned		Yes				No					
Financial Institution (if owned)											
Account Holder											
Account Number											
2. Rent (x appropriate box)		Yes				No					
Landlord Name											
Telephone number											
3. Leased (x appropriate box)		Yes				No					
From Whom											
Telephone number											
Previous Address											
How long did you stay at this address?											

Employment (Fill in applicable section):

Employment Status (x appropriate box)	Employed	Self-employed	Unemployed	Retired
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Name of Current Employer											
Permanent (x appropriate box)		Yes	No	Date of employment							
Contract (x appropriate box)		Yes	No	Start date:				End date:			
Occupation											
Employer's Address	Street and No										
	Suburb										
	City										
	Postal Code										
Work Telephone Number		Area Code				Number					
Work Mobile Phone Number											
Work e-mail Address											

If Self employed – Name of Business											
Occupation											
Business Address	Street and No										
	Suburb										
	City										
	Postal Code										

**DECLARATION** (completed in full)

I, parent 1 (Father) \_\_\_\_\_

parent 2 (Mother) \_\_\_\_\_

guardian (only if applicable) (Affidavit to be completed) \_\_\_\_\_

of the abovementioned child in respect of whom application is made, declare that I am legally entitled to make this application and that the information furnished on this application is to the best of my knowledge complete and correct and undertake to inform the school of any changes in respect of this information. Should I fail to notify the school of required information, the Governing Body or their representative will conduct an ITC search.

I hereby declare that all the information and documentation accompanying this application are true and correct. I further accept that if it is established that the information given is incorrect, Stutterheim High School reserve the right to refuse this application, which will be declared null and void.

I acknowledge and agree that acceptance of this application will result in a valid and binding agreement between the school and myself, the terms and conditions of which agreement shall be as follows:

1. I undertake to acquaint myself and my child with the school rules and agree to accept the consequences of a breach of such rules.
2. **I am aware of the school fees which are presently levied by the Governing Body in terms of Section 39 of the S.A. School Act and I undertake to pay the school fees as may be determined by the Governing Body of the school from time to time. I furthermore acknowledge that should I be in breach of this agreement by failing and / neglecting to make such payment of such school fees:**
  - a) the Governing Body shall be entitled in terms of Section 40 of the S.A. School's Act is to take action against me as it may deem fit in this regard. I acknowledge liability for all costs so incurred by the Governing Body, including attorney and client costs and collection commission. Arrear accounts will be blacklisted with ITC.
  - b) I shall be liable for interest at 24% p.a. on any outstanding school fees.
  - c) I choose as my domicillum citandi et executandi either of the addresses referred to in this application.
  - d) I consent to the Governing Body Implementing an Emoluments Attachment Order against my salary.
  - e) I/we agree that the School may disclose information about my personal debt of the manner in which I/we conduct my/our account.
  - f) School fees are a statutory debt, which is prescribed by law and not to be referred to a Debt. Counsellor for debt review under Section 129 of National Credit Act. Schools are exempt from the National Credit Act.
3. I specifically indemnify Stutterheim High School and/or its employees against any bona fide action in the event of a medical emergency such as first aid administered and all bona fide attempts to prevent injury, alleviate pain and discomfort and the like.

Signed at \_\_\_\_\_ on \_\_\_\_\_ 2\_\_\_\_\_.

To be signed by both parents: \_\_\_\_\_  
Parent 1 – (Father)

\_\_\_\_\_  
Parent 2 – (Mother)

\_\_\_\_\_  
Guardian / Sponsor (if applicable)

# **Affidavit**

Affidavit to be completed by those that are not the natural / biological parents, and that do not have legal documents.

I/We, \_\_\_\_\_

ID No: \_\_\_\_\_

\_\_\_\_\_

ID No: \_\_\_\_\_

hereby accept the responsibility to undertake to be responsible to sponsor monies for school and hostel related fees.

Learner: \_\_\_\_\_

ID/Birth date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## **Commissioner of Oaths**

Name: \_\_\_\_\_

Position / Rank: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp