



# Hamptons High School

## APPLICATION FOR ADMISSION GRADE 8 - 2025

### LEARNER'S PERSONAL DETAILS

### NECESSARY SUPPORTING DOCUMENTS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Copy of learner's birth certificate

Copy of Road to Health card

Copy of parents/legal guardians ID documents

Copy of latest school report

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Any assessment reports (Educational Psychologist, etc.)

Completed application form

Proof of payment of registration fee

Surname: \_\_\_\_\_

Full Names: \_\_\_\_\_

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

Identity Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Home Language: \_\_\_\_\_

First Additional Language: Afrikaans or isiZulu \_\_\_\_\_

Hamptons High Jacket Size (from XS to XXXL): \_\_\_\_\_

### CURRENT SCHOOL DETAILS

School Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_





## LEARNER'S MEDICAL DETAILS

Doctor's Name: \_\_\_\_\_ Tel No. \_\_\_\_\_

Address: \_\_\_\_\_

### MEDICAL AID DETAILS

Name: \_\_\_\_\_ Member No. \_\_\_\_\_

Has the learner received all the necessary immunisations? If no, please state reason.	YES	NO
Does the learner suffer from any allergies? If yes, please give details:	YES	NO
Does the learner suffer from any illnesses or disabilities? If yes, please give details:	YES	NO
Is the learner receiving medical treatment for any condition? If yes, please give details:	YES	NO

### Administration of medication

Do you grant the school authority to administer medication in the form of paracetamol/antiseptic ointment/antihistamine ointment should the occasion arise.	YES	NO
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Please specify any other relevant medical details: \_\_\_\_\_

In a critical medical situation, please bear in mind that there may not be time to refer to the child's records.

The school therefore reserves the right to utilise the quickest medical service available.

I, \_\_\_\_\_ being the parent/legal guardian of \_\_\_\_\_ hereby agree that a medical practitioner may provide emergency treatment as may be necessary.

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## DETAILS OF PARENTS/STEP-PARENTS/LEGAL GUARDIANS

### MOTHER

### FATHER

Surname: \_\_\_\_\_ Surname: \_\_\_\_\_

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

ID Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Profession: \_\_\_\_\_ Profession: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Tel. No.: \_\_\_\_\_ Home Tel. No.: \_\_\_\_\_

Work Tel. No.: \_\_\_\_\_ Work Tel. No.: \_\_\_\_\_

Cell phone No.: \_\_\_\_\_ Cell phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_





# Hamptons High School

## DETAILS OF AN ALTERNATE CONTACT IN THE CASE OF AN EMERGENCY

Full Name: \_\_\_\_\_ Cell phone No.: \_\_\_\_\_

Relationship: \_\_\_\_\_ Alternative No.: \_\_\_\_\_

## REGISTRATION

Name of learner: \_\_\_\_\_ Grade: \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of the above-mentioned learner, hereby pay the registration fee of R2 500. It represents a lump sum payment in order to be able to enrol my child as a learner at Hamptons High.

I understand that I forfeit this registration fee if I decide:

- (a) not to place my child at Hamptons High or
- (b) to withdraw my child even after one day of school attendance.

### PARENT / GUARDIAN

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

Signed: \_\_\_\_\_

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





## SCHOOL FEES

**REGISTRATION FEES:** R2 800 (once off)  
**BOOK LEVY:** R2 800 (once off)  
**TECHNOLOGY AND FACILITY LEVY:** R 650 (annually)

**No admission if registration fees are not paid in advance.**

**School Fees:** R77 817 per annum  
R19 454 per term/quarter (4)  
R 6 485 per month x 12

**Banking Details** Hamptons High  
First National Bank  
Account Number: 62764163152  
Branch Code: 250 655

**Name of learner:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**I hereby agree to pay the school fees as follows for any education received at Hamptons High:**

- (a) R70 000 if paid upfront by the 5<sup>th</sup> of January 2025 (10% discount).
- (b) R77 817 if not paid by 5<sup>th</sup> of January 2025.
- (c) R19 454 before the 3<sup>rd</sup> of the first month of each term.
- (d) R 6 485 monthly in advance before/on the 3<sup>rd</sup> day of every month.

**I understand that my child will only be entitled to attend classes if school fees are settled in full and I also understand that my child will be removed from class if school fees fall in arrears.**

**I understand that should I need to give notice for any reason, I should give a FULL term's notice. In the event that I don't give a full term notice I understand that I will be liable for the following term's school fees.**

**Signature of parent/legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## POLICY REGARDING SCHOOL FEES

It is in the interest of your child that school fees are settled in advance either annually, quarterly or on a monthly basis. The school fees are carefully administered by the Governing Body of the school.

School fees may be settled as follows:

- (a) by EFT
- (b) by debit order
- (c) by direct deposit

School fees must be settled on or before the fifth day of every month.

If school fees accrue, the learner will be excluded from school by the 7<sup>th</sup> of that same month, therefore no leeway for default is given.

Hamptons High School reserves the right to give a learner notice should a learner's school fees account be in constant arrears.

I \_\_\_\_\_ parent of \_\_\_\_\_

commit myself to the following regarding payment of school fees for any education received at Hamptons High:

I will pay monthly in advance by \_\_\_\_\_ (EFT/direct deposit/debit order.)

I will be paying by lump sum \_\_\_\_\_ (termly /annually)

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_







## DEBIT ORDER INSTRUCTIONS

Account Holder: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Office Number: \_\_\_\_\_

NAME AND SURNAME OF CHILDREN	CLASS	AMOUNT MONTHLY	FIRST DEBIT AMOUNT
1.			
2.			
3.			

**PAYMENT OF SCHOOL FEES** – The details of my/our bank account is as follows:

**BANK:**

**BRANCH NAME AND TOWN:**

**BRANCH NUMBER:**

**ACCOUNT NUMBER:**

**TYPE OF ACCOUNT:**

I/We hereby instruct and authorise you to draw against my/our account with the above mentioned bank (or any other bank or branch which I/we may transfer my/our account) the sum of R \_\_\_\_\_ amount in words \_\_\_\_\_ being the amount necessary for payment of the monthly instalment due in respect of school fees commencing on \_\_\_\_\_ and continuing every month (as the case may be.) All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally.





## GENERAL INDEMNITY

Name of learner: \_\_\_\_\_

Grade: \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of the  
aforementioned learner, indemnify Hamptons High from any injuries/damage that my child may  
incur during school hours or on the school grounds of Hamptons High.

I understand that Hamptons High may not be held responsible for any personal goods/belongings  
of my child that may be lost/damaged and may be stolen during the course of a school day.

I take full responsibility for any goods/belongings that my child may bring onto the school  
grounds of Hamptons High and cannot claim compensation for any loss of such goods/belongings  
from Hamptons High.

I realise that I must claim any loss/damage that my child or I may incur from  
aforementioned loss/damage/theft from my personal insurance.

Signed at \_\_\_\_\_ on \_\_\_\_\_ (date).

Signature of parent/legal guardian: \_\_\_\_\_







## INJURY AND THEFT INDEMNITY

Name of learner: \_\_\_\_\_

Grade: \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of the aforementioned student, indemnify Hamptons High from any injuries/damage that my child may incur during school hours or on the school grounds of Hamptons High.

I understand that Hamptons High may not be held responsible for any personal goods/belongings of my child that may be lost/damaged and may be stolen during the course of a school day.

I take full responsibility for any goods/belongings that my child may bring onto the school grounds of Hamptons High and cannot claim compensation for any loss of such goods/belongings from Hamptons High.

I realise that I must claim any loss/damage that my child or I may incur from aforementioned loss/damage/theft from my personal insurance.

Signed at \_\_\_\_\_ on \_\_\_\_\_ (date).

Signature of parent/legal guardian: \_\_\_\_\_





# Hamptons High School

## SOCIAL MEDIA PERMISSION SLIP

Name of learner: \_\_\_\_\_

Grade: \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of the aforementioned student, give Hamptons High School permission to upload photographs of my child to the D6, the school's Facebook page and Instagram page. Hamptons High School will always be discrete about the type of photographs that are published.

Signed at \_\_\_\_\_ on \_\_\_\_\_ (date).

Signature of parent/legal guardian: \_\_\_\_\_





## TRANSPORT INDEMNITY

Name of learner: \_\_\_\_\_

Grade: \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of the  
aforementioned, hereby indemnify HAMPTONS HIGH SCHOOL, as well as his/her employees  
against any lawsuit, prosecution and other actions that may arise as a result of injuries sustained  
by the said minor \_\_\_\_\_ (minor's name and surname) or his/her death  
during transport provided at any time or place by the employer or his/her employees regardless of  
the purpose of the transport.

I declare that I understand the meaning and implications of this indemnity, which was explained  
to me.

Signed at \_\_\_\_\_ on \_\_\_\_\_ (date).

Signature of parent/legal guardian: \_\_\_\_\_





# Hamptons High School

## DRUG TESTING POLICY

Name of learner: \_\_\_\_\_

Grade: \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of the aforementioned, hereby give HAMPTONS HIGH SCHOOL permission to do random urine drug testing on my child. I understand that Hamptons High School has zero tolerance for drugs and to ensure that my child has a safe environment at school, this policy is imperative. I understand that the results of these tests will only be discussed with my child and with myself as his/her legal guardian.

I declare that I understand the meaning and implications of this policy.

Signed at \_\_\_\_\_ on \_\_\_\_\_ (date).

Signature of parent/legal guardian: \_\_\_\_\_

