



HAMPTONS HIGH

A tradition of excellence

APPLICATION FOR ADMISSION

GRADE 8 - 2026

LEARNER'S PERSONAL DETAILS

NECESSARY SUPPORTING DOCUMENTS

<input type="checkbox"/>	Copy of learner's birth certificate	<input type="checkbox"/>	Any assessment reports (Educational Psychologist, etc.)
<input type="checkbox"/>	Copy of Road to Health card	<input type="checkbox"/>	Completed application form
<input type="checkbox"/>	Copy of parents/legal guardians ID documents	<input type="checkbox"/>	Proof of payment of registration fee
<input type="checkbox"/>	Copy of latest school report		
Surname: _____			Full Names: _____
Gender: _____			Identity Number: _____
Date of Birth: _____			Age: _____
Religious Affiliation: _____			Home Language: _____
First Additional Language: Afrikaans or isiZulu _____			

CURRENT SCHOOL DETAILS

School Name: _____

Address: _____

Contact Number: _____

Contact Person: _____

Hamptons
HIGH

Page 1 of 12



+27 31 109 1478



30 Sunshine Drive,
Sunningdale, Umhlanga,
4051

hamptonhigh@hamptons-school.com

<https://hamptonhigh.co.za>





HAMPTONS HIGH

A tradition of excellence

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

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: _____

Page 2 of 12



+27 31 109 1478



30 Sunshine Drive,
Sunningdale, Umhlanga,
4051

hamptonhigh@hamptons-school.com

<https://hamptonhigh.co.za>

Page 2 of 12





HAMPTONS HIGH

A tradition of excellence

DETAILS OF PARENTS/STEP-PARENTS/LEGAL GUARDIANS

MOTHER

Surname: _____

Name: _____

ID Number: _____

Profession: _____

Employer: _____

Home Tel. No.: _____

Work Tel. No.: _____

Cell phone No.: _____

Email: _____

Work Address: _____

Home Address: _____

Postal Address: _____

FATHER

Surname: _____

Name: _____

ID Number: _____

Profession: _____

Employer: _____

Home Tel. No.: _____

Work Tel. No.: _____

Cell phone No.: _____

Email: _____

Work Address: _____

Home Address: _____

Postal Address: _____



+27 31 109 1478



30 Sunshine Drive,
Sunningdale, Umhlanga,
4051

hamptonhigh@hamptons-school.com

<https://hamptonhigh.co.za>





HAMPTONS HIGH

A tradition of excellence

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 800. 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: _____



Page 4 of 12



+27 31 109 1478



30 Sunshine Drive,
Sunningdale, Umhlanga,
4051

hamptonhigh@hamptons-school.com

<https://hamptonhigh.co.za>





HAMPTONS HIGH

A tradition of excellence

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: R80 148 per annum

R20 037 per term/quarter (4)

R6 679 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) R72 133 if paid upfront by the 5th of January 2026 (10% discount).
- (b) R80 148 if not paid by 5th of January 2026.
- (c) R20 037 before the 3rd of the first month of each term.
- (d) R6 679 monthly in advance before/on the 3rd 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: _____

**Hamptons
HIGH**

Page 5 of 12



+27 31 109 1478



**30 Sunshine Drive,
Sunningdale, Umhlanga,
4051**

hamptonshigh@hamptons-school.com

<https://hamptonshigh.co.za>





HAMPTONS HIGH

A tradition of excellence

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 7th 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.

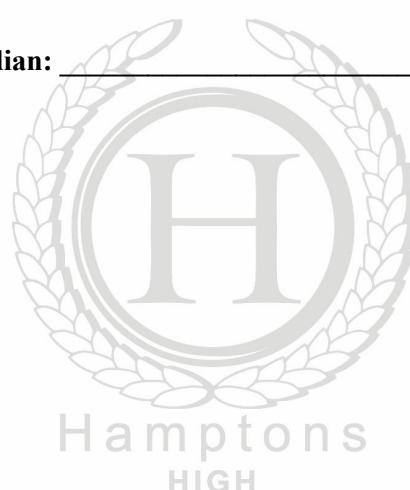
I _____ parent of _____

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: _____



Page 6 of 12



+27 31 109 1478



**30 Sunshine Drive,
Sunningdale, Umhlanga,
4051**

hamptonhigh@hamptons-school.com

<https://hamptonhigh.co.za>





HAMPTONS HIGH

A tradition of excellence

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.

Hamptons
HIGH

Page 7 of 12



+27 31 109 1478



30 Sunshine Drive,
Sunningdale, Umhlanga,
4051

hamptonhigh@hamptons-school.com

<https://hamptonhigh.co.za>





HAMPTONS HIGH

A tradition of excellence

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: _____



Page 8 of 12



+27 31 109 1478



30 Sunshine Drive,
Sunningdale, Umhlanga,
4051

hamptonhigh@hamptons-school.com

<https://hamptonhigh.co.za>





HAMPTONS HIGH

A tradition of excellence

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: _____



Page 9 of 12



+27 31 109 1478



30 Sunshine Drive,
Sunningdale, Umhlanga,
4051

hamptonhigh@hamptons-school.com

<https://hamptonhigh.co.za>





HAMPTONS HIGH

A tradition of excellence

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 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: _____



Page 10 of 12



+27 31 109 1478



30 Sunshine Drive,
Sunningdale, Umhlanga,
4051

hamptonhigh@hamptons-school.com
<https://hamptonhigh.co.za>





HAMPTONS HIGH

A tradition of excellence

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: _____



Page 11 of 12



+27 31 109 1478



30 Sunshine Drive,
Sunningdale, Umhlanga,
4051

hamptonhigh@hamptons-school.com

<https://hamptonhigh.co.za>





HAMPTONS HIGH

A tradition of excellence

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: _____



Page 12 of 12



+27 31 109 1478



30 Sunshine Drive,
Sunningdale, Umhlanga,
4051

hamptonhigh@hamptons-school.com
<https://hamptonhigh.co.za>

