



CAPRICORN HIGH SCHOOL

"Not just a school but a way of life"

Thabo Mbeki Street
Polokwane
0699

School Tel.: (015) 295-9333/4
School Fax: (015) 295-5165 E-mail: info@capricornhigh.co.za

Registration No

Application Form for Admission 2017

INFORMATION SHEET

1. Submission of application forms will be from 17 May 2016
2. Closing Date for application forms: 21 June 2016
3. No photocopies will be made by the school
4. Grade 8 acceptances letters will be issued from 22 June 2016. Early submission of completed application forms is advised.
5. Grade 9 to 11 applicants will be informed if their application is successful or not by end of November 2016
6. The school will not be held responsible for any forms sent by post and not timeously received

6.	HAND IN THE FOLLOWING ITEMS WITH THIS COMPLETED FORM:	PLEASE TICK		
6.1	ONE ID PHOTO OF LEARNER			
6.2	CERTIFIED COPY OF LEARNER'S BIRTH CERTIFICATE			
6.3	CERTIFIED COPY OF LEARNER'S RECENT SCHOOL REPORT			
6.4	CERTIFIED COPY OF LATEST MUNICIPAL ACCOUNT (must not be older than 3 months)			
6.5	ENVELOPE WITH POSTAGE STAMP AND ADDRESSED TO YOURSELF			
6.6	CERTIFIED COPY OF I.D DOCUMENTS OF PARENT(S)/GUARDIAN(S) & THE PERSON RESPONSIBLE FOR PAYING FEES			
6.7	COPY OF BIRTH CERTIFICATE(S) OF BIOLOGICAL BROTHERS/SISTERS CURRENTLY ATTENDING OUR SCHOOL			
6.8	(Guardians Only) COPY OF LEGAL GUARDIANSHIP PAPERS			
6.9	(Immigrants Only) COPY OF STUDY PERMIT	Permit No	Expiry Date	
6.10	TESTIMONIAL/BEHAVIOURAL REPORT (Gr9-11)			

SCHOOL FEES 2016 (These are subject to an annual increase)

SCHOOL FEES		
Monthly	(x1)	R800
Quarterly	(x4)	R3200.00
Annum	(x12)	R9600.00

ADMISSIONS POLICY

Admission will be administered in accordance with the South African Constitution Act 108 of 1996, South African Schools Act 84 of 1996 and the National Education Policy Act 27 of 1996

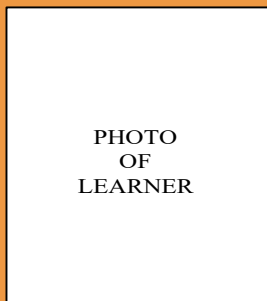
Acceptance for admission will be on a first come first served basis using the following criteria

1. First preference will be given to learners from PEMPS, PCS, Noordskool and Flora Park Primary Schools; biological children of CHS staff members; siblings of learners currently enrolled at CHS; no transfers will be considered on a first come first serve basis.
2. Second preference will be given to learners enrolled at other primary schools in Polokwane and who reside with their parents/guardians and live closest to CHS (e.g. Ivy Park, Nirvana, and Piet Hugo) provided there is still space available
3. Third preference will be given to learners applying to stay in the hostel.
4. Learners transferred into town with their parents/guardians are NOT automatically accepted but will be placed on the waiting list.

Please Note:

- There is a preferred maximum intake of 250 Grade 8 learners including transfers and failures. Acceptance into any other grade is subject to the availability of space in the grade applied for.
- Capricorn High School does not accept Grade 12 applications. Very limited space may be available in Grade 11
- The language of instruction at this school is English. English and Sepedi are the ONLY languages taught at Home Language level.
- All documentation requested must be provided upon application in order for the application forms to be considered.
- Should it be discovered that a learner has gained admission as a result of false or incorrect information, misrepresentation or any other improper means, Capricorn High School reserves the right to withdraw the application/enrolment of the learner.
- The Admission Committee has the authority to verify the authenticity of the applicant's information.
- It will be expected of learners and parents to understand the following school policies as detailed on the last page of this application form
 - (a) Drug/Alcohol Policy
 - (b) Code of Conduct
 - (c) Textbook Policy
 - (d) School Accounts Policy

CAPRICORN HIGH SCHOOL



OFFICE USE ONLY			
Admin No.	Grade & Class	Sports House	Pastel No.
Approved (Signature)			Registration No.

SECTION ONE

About the Learner				
Surname:		Grade applied for in 2017		
First Names		Learner's Cell phone No.		
ID No. / Passport No.		Disability (yes/no)		
Date of Birth		Parents' Marital Status		
Gender	Male		Female	Who does the applicant live with?

Current of School Name	
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Current of School Name				
Province		Telephone No	Code:	

Learner's Ethnic Group	Learner's Home Language	Indicate below which 2 languages the learner will take as subjects at our school			
		Home Language (1 st Language):	English or Sepedi		
		First Additional Language (2 nd Language):	English or Sepedi or Venda or Tsonga or Afrikaans		
		Home Lang		First Additional	

Please mark the correct box:

SA Citizen		Immigrant	
		Permit No.	Expiry Date

Name of Doctor		Doctor Telephone Number	
Name of Medical Aid		Medical Aid Number	

Learner's Extra Mural Activities (Sport, Drama etc)	Learner's Leadership Positions (Prefect, LRC etc)	Academic/Other Achievements (Top 20, Provincial Representation etc)

Names and Grade of brothers or sisters attending Capricorn High School

Biological brothers or/and sisters ONLY; must share BIOLOGICAL mother and/or father. Please do not write the names of your brothers or sister's children or your cousins. Copy of Birth Certificates or ID for the below mentioned brothers/sisters must be submitted.

Admin Number	Name	Grade	ID Number or Birth Certificate

SECTION TWO

FATHER/GUARDIAN		Please indicate your relationship to the learner:			
Title		Surname		Initials	
First Names				ID No. / Passport No.	
Occupation				Employer's Tel No	()
Name of Company/Employer					
Home Tel No	()	Your Cell No			
e-mail				Please print email address clearly	
Residential Address:			Postal Address:		
		Code		Code	

SECTION 3

MOTHER/GUARDIAN		Please indicate your relationship to the learner:			
Title		Surname		Initials	
First Names				ID No. / Passport No.	
Occupation				Employer's Tel No	()
Name of Company/Employer					
Home Tel No	()	Your Cell No			
e-mail				Please print email address clearly	
Residential Address:			Postal Address:		
		Code		Code	

SECTION 4 (COMPULSORY)

NEXT OF KIN CONTACT DETAILS		Indicate your relationship to the learner:			
Title		Surname			
Initials		First names			
Home Tel No	()	Cell No			

Who is responsible for paying learners school fees? If 'other person' is ticked complete SECTION 5	<input type="checkbox"/> Mother/Guardian	<input type="checkbox"/> Father/Guardian	<input type="checkbox"/> Other Person	
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SECTION 5

OTHER PERSON		If Guardian please indicate your relationship to the learner:			
Title		Surname		Initials	
First Names				ID No. / Passport No.	
Occupation				Employer's Tel No	()
Home Tel No	()	Cell No			
e-mail					
Residential Address:			Postal Address:		
		Code		Code	

I/We, _____ whose details appear above, agree that we am/are fully and legally responsible for the payment of this learner's school fees and that the information provided is correct.

Signature (Father/Guardian)

Signature (Mother/Guardian)

Date

CAPRICORN HIGH SCHOOL

PLEASE SIGN THIS FORM WHICH SUMMARISES RULES AND POLICIES OF CAPRICORN HIGH SCHOOL

1. THE CODE OF CONDUCT, RULES AND STANDING INSTRUCTIONS

I/we are aware of the Code of Conduct, rules and standing instructions of the school and/or department as well as the consequences specified for the contravention or abuse of the Code and/or Rules, should the child be admitted.

2. DRUG/ALCOHOL POLICY

Prevention of Drug and Alcohol abuse

The school undertakes to do the following on an annual basis:

- * present information and prevention sessions to learners and parents/guardians make information and training available to teachers.
- * involve outside organisations and individuals on a consultation basis as part of a team approach support the founding of positive peer groups such as Teenage Anti-Drug Action evaluate this policy and adapt it if and when necessary support a healthy drug-free life through school undertakes to develop and implement a learner support programme.

Note: In cases where the learner and/or parents do not wish to use such help the school will have no choice but to recommend to the Limpopo Department of Education that the learner be excluded.

Use of Drugs and Alcohol

The use of, without a doctor's certificate, any habit-forming substance, is strictly forbidden at any/all times on the school grounds, or/and while in any kind of school uniform. Note: The school reserves the right to act (according to policy) if a pupil's substance abuse while out of school influences academic performance behaviour, attendance etc.

Dealing/Selling drugs and Alcohol

Dealing in any habit-forming substance is strictly forbidden at any/all times, on the school grounds or/and while in any kind of school uniform. Note: Drug dealing is a criminal offence. If a learner is suspected of or is caught selling drugs, the school will investigate and if necessary refer the matter to The South Africa Narcotics Bureau who will take legal action. Recommendation for expulsion will be made to the Department of Education.

Action that will be taken by the school (as embodied by the Governing Body, Principal and Staff)

- Guidelines for the handling of these cases may be found in the Pupil Support Programme procedural manual.
- Each case will be considered individually and confidentially but parents/guardians will be involved.
- Specially trained staff and if necessary external professionals will undertake investigations. These investigations will be based on a pattern of indicators (e.g. changes in behaviour, achievements, attendance etc) and not on rumours without supporting evidence or individual symptoms. Specially trained staff members will undertake these investigations, as well as external professionals.
- Learners will be referred to an identified organisation for assessment and treatment and the parents/guardians will be responsible for any and all expenses incurred, unless alternative arrangements have been made with the school.
- A contract between all parties concerned will be set up to determine the treatment options available:
 - that urine testing and blood testing may take place with the parent's permission and at the parent's expense; the control of which will be the school's responsibility
 - that the learner is expected to improve in behaviour, achievements and school attendance.
 - that the parents/guardians must authorise the treatment institution to supply the school with progress reports.
 - that the contract may be adapted after negotiation with the parties concerned.
 - that should the parents/guardians and /or learner decide to stop the treatment, the school will consider the contract suspended and the learner will be required to leave the school. If it is in the interest of the school or the learner, the school reserves the right to recommend that the learner complete their schooling elsewhere.
- Any further /other disciplinary matters will continue to be dealt with concurrently with the Pupil Support Programme.

3. TEXTBOOKS/RELEVANT RESOURCES

- I/we undertake to be responsible for the proper care of textbooks/relevant resources provided by the school.
- These must be returned to the school in proper condition.
- In the case of losses, the Parents/Guardian are liable for the cost of replacement.

4. COMPULSORY SCHOOL FEES ACCOUNT

- The school fee for the year 2017 is due monthly in advance on or before the 7th. I/ We here to undertake and agree to pay the school fees accordingly. I/ We fully understand my/ our right to apply for the exemption of school fees. To this affect the "CHECKLIST FORM" as well as the "APPLICATION FOR EXEMPTION" has been fully explained to me/us and I/we completed the forms where appropriate.

- I/we further understand that once the school fees becomes in arrears for 30 days, and in the absence of a repayment arrangement or application for exemption, the SGB will by means of a first notice, inform me/us about the arrears, invite me/us by registered mail or hand delivery to participate in an investigation into my/our failure to pay school fees in order to resolve the matter amicably.

- However, should the school fees become in arrears for 90 days, where I/We failed to pay the outstanding school fees or neglected to respond to the invitation to participate in the investigation or in the absence of my/our application for the exemption of the school fees or where I/w e failed to submit reasons for non-payment, then 90 days after falling into arrears, I/we shall be notified by registered post or hand delivery that legal action will be instituted against me/us in order to recover arrears and to enforce the payment of school fees. All legal fees and costs will be for my/our account and be calculated on an attorney/client scale. We hereby select the physical address below as our *domicilium citandi et executandi* for all purposes of this Acknowledgement of Debt and for the purpose of the service of any legal documents in terms hereof.

No: _____ Street: _____

Suburb: _____

Town: _____

I/we have read and understood the Rules, Regulations, Conditions and Policies as laid out above.

Signature (Father/ Mother/Guardian)

Signature (Learner)

Date

SGB Chairperson

Principal

Date