



# Henley High and Preparatory School

Registration Number: 98/18927/07

## APPLICATION FOR ADMISSION - 2025

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes

No

Name of other learner(s): \_\_\_\_\_

### LEARNER INFORMATION

#### LEARNER

Full names: \_\_\_\_\_

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

Preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

ID number (S.A): \_\_\_\_\_

Passport number: \_\_\_\_\_

Study permit:  
(Non SA citizen)

yes

no

Nationality: \_\_\_\_\_

Religious denomination: \_\_\_\_\_

Gender:

male

female

Ethnic group: \_\_\_\_\_

Home language: \_\_\_\_\_

Dexterity:

left

right

both

Admission date: \_\_\_\_\_

Grade in 2025: \_\_\_\_\_

### DOCUMENTS TO BE SUBMITTED BEFORE ASSESSMENT

1. Learner's birth certificate.
2. Learner's recent report.
3. Certified copy of both parent's identity documents/passports.
4. Certified copy of proof of income for 3 months (payslip/bank statement), of person responsible for the account.
5. Financial clearance from current school (find attached).
6. Certified proof of residence of person responsible for the account.
7. If self-employed, please complete **Section B of Accountable Person's Information**.

### FAMILY INFORMATION

- Family status:  Both parents  Single Parent  
 Foster care  Children's home  Re-composed  
 Widow/Widower  Other  
Parents deceased:  Mother  Father

### NEXT OF KIN INFORMATION

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

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

Contact information: \_\_\_\_\_

Alternative telephone number: \_\_\_\_\_

Relation to learner: \_\_\_\_\_

**LEARNER HEALTH INFORMATION**

Chronic diseases: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medication: \_\_\_\_\_

**MEDICAL AID INFORMATION**

Name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Primary member: \_\_\_\_\_

**FAMILY DOCTOR INFORMATION**

Name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Business address: \_\_\_\_\_

**EDUCATIONAL DISABILITY INFORMATION**

Does the learner have any educational disabilities?  
 yes  no  
If yes:  
Primary educational disability: \_\_\_\_\_  
Secondary education disability: \_\_\_\_\_

**TRANSPORT INFORMATION**

Transport type:  private  taxi/bus  
If traveling by taxi / bus please complete below:  
Transport driver name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

**PREVIOUS SCHOOL / PLAY GROUP / NURSERY**

Learner attended school last year:  yes  no  
Previous school: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Address: \_\_\_\_\_

**OFFICE USE ONLY**

Family code: \_\_\_\_\_  
Learner's birth certificate:   
ID copy mother:   
ID copy father:   
Recent report:   
Proof of income:   
Financial clearance:   
Proof of residence:   
Section B if self-employed:   
Enrolment fee paid:

**2025 TERMS AND CONDITIONS**

1. WHERE AS Henley High & Preparatory School (PTY) Ltd ,Registration Number as 98/18927/07 ("hereafter referred to as "HHPS") is a registered Independent School which offers tuition to learners; for an agreed annual fee; and
  2. WHERE AS HHPS complies with the provisions of South African Schools Act, Act 84 of 1996, as amended; and
  3. WHERE AS every child has the right to a basic education in terms of the Bill of Rights in the Constitution of the Republic of South Africa; and
  4. WHERE AS HHPS is a Christian School with Christian values and principles; and
  5. WHERE AS the parent and /guardian of the learner and /or person responsible for payment of school fees and extras knows and acknowledges that HHPS is not a Public School in terms of the South African Schools Act 84 of 1996, as amended; and
  6. WHERE AS the parent and/or guardian of the learner and/or the person responsible for the payment of fees and extras agrees that HHPS has the right of admission, termination and re-enrolment of a
- NOW THEREFORE the parties hereto agree as follows:
7. In the event that the school fees and aftercare fees are in arrears by 60 (sixty) days or more, the procedure following school fees and extras being in arrears are:
    - 7.1 No learner will be permitted to attend school arranged events/field trips/tours.
    - 7.2 The arrear school fees and outstanding interest will attract interest at 12.5% per annum from the date when they first become due to date of final payment and your account will be handed over to our debt collecting attorneys. The parent, and/or guardian of the learner and or person responsible for payment of the account hereby agrees to pay legal costs on an attorney and client scale.
    - 7.3 In the event that the parent and/or guardian of the learner or person responsible for payment of the account fails/neglects and/or refuses to pay the arrears HHPS may refuse to tutor the learner and take such actions as are applicable by law.
    - 7.4 HHPS has the right to refuse to supply any and all extras
  8. The parent and/or guardian of the learner and the person responsible for the account hereby acknowledges that the school fees are revised on an annual basis and that they hereby acknowledge that they have been informed of all increases for the applicable school year.
  9. The parent and /or guardian and the person responsible for the account undertakes:
    - 9.1 To effect payment of school fees on the first day of every month on a monthly basis over a maximum period of eleven (11) months, January to November inclusive;
    - 9.2 That the payment structure shall remain in force during school holidays and it is agreed that a month that falls within the school holidays will be regarded as a normal school month;
    - 9.3 That on admission at the school a non-refundable fee of R3 450.00 (three thousand four hundred and fifty rand) will be paid per child;

9.4 HHPS agrees that should payment for a particular year be made in advance a 7% (seven percent) discount will be given to such parent/guardian who makes such payment, providing payment is received by 30th January of the current school year; and 5% (five percent) if received by no later than 28th February of the current school year. Any additional learners (must be siblings or legally adopted children) concurrently joining and/or attending HHPS will receive 5 (five) percent discount.

9.5 It is agreed that no outstanding school accounts will be carried over to the following year and that any accounts outstanding as at the 7th November of a particular year will automatically be handed over for collection to the attorney's/debt collectors of HHPS. In such event the parent/guardian and/or person responsible for payment of the learner(s) hereby agrees to effect payment in respect of the institution of any legal proceedings to recover the outstanding fees to pay legal costs on the scale as between attorney and client, including collection commission and tracing agent's fees.

9.6 Notice of termination of a learner(s) enrolment and attendance at HHPS will be given in writing one month prior to such termination. The parent and or guardian of the learner and the person responsible for the account will be liable to pay the school fees and extras during such notice period.

9.7 The parent and or guardian and the person responsible for payment of the account hereby acknowledges that they have acquainted themselves with the terms and conditions hereof and that they fully understand the contents. The parents and/or guardians and the person responsible for payment of the school fees and extras confirm that by affixing their signature to this agreement that they agree to be bound by the terms and conditions hereof. Such signatory hereby agrees that they have freely and voluntarily signed this agreement and are authorised to do so.

**DECLARATION BY PARENT / GUARDIAN**

I \_\_\_\_\_ (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should I may have made a misrepresentation to HHPS upon which the school relied when contracting with me, I may be liable to a criminal offence.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

**ACCOUNTABLE PERSON'S INFORMATION**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent Cell. Number: \_\_\_\_\_

Parent email address: \_\_\_\_\_

The parent and/or person responsible for the payment in terms of this agreement chooses domicilium citandi et executandi for all purposes in terms of this agreement at (physical address):

\_\_\_\_\_  
\_\_\_\_\_

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

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

**SECTION B: TO BE COMPLETED IF SELF-EMPLOYED**

Title: \_\_\_\_\_

Full Name and surname: \_\_\_\_\_

Company name: \_\_\_\_\_

Company registration number: \_\_\_\_\_

Business address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Contact number: \_\_\_\_\_

**BIOLOGICAL PARENT / LEGAL GUARDIAN 1****BIOLOGICAL PARENT / LEGAL GUARDIAN**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

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

ID / Passport number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Occupation status:  Self employed

House wife  Part time

Pensioner  Contract worker

Student  Temporary

Full time  Unemployed

Occupation: \_\_\_\_\_

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

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_  
\_\_\_\_\_

Is this parent responsible for the account?  
 yes  no

Is the learner living with this parent?  yes  no

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

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

ID / Passport number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Occupation status:  Self employed

House wife  Part time

Pensioner  Contract worker

Student  Temporary

Full time  Unemployed

Occupation: \_\_\_\_\_

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

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_  
\_\_\_\_\_

Is this parent responsible for the account?  
 yes  no

Is the learner living with this parent?  yes  no