

# Lowveld High School

## 2020 SCHOOL APPLICATION FORM

Figtree Street, West Acres, Nelspruit  
 P O Box 8844, Sonpark 1206  
 Email: [admin@lowveldhigh.org.za](mailto:admin@lowveldhigh.org.za)

Tel: 013 7411041  
 Fax: 013 7411537



Complete  Incomplete

***NB: To be submitted by 31 JULY.***

**\*\*\*NB: Please attach all the documents requested below!!!!**

Guardian Docs	Utility Account in Parent's Name	I.D. Parents	Medical Aid	UNABRIDGED Birth Cert Learner	Proof of Income	Latest Report	Latest S/Fee Acct	Study Permit Foreigner	Language Form/Subject Choice
							<b>HOSTEL</b>		<b>YES / NO</b>
							<b>Grade Applying for</b>		
<b>Surname of Learner</b>							<b>For Office Use Only</b>		
<b>Full Name of Learner</b>							<b>Learner No</b>		
<b>Home Language</b>				<b>MALE:</b>	<b>FEMALE:</b>	<b>Hostel Reg No</b>			
<b>ID Number</b>							<b>Grade/Class</b>		
<b>Age</b>			<b>Cell No Learner:</b>			<b>House</b>			
<b>Current School:</b>							<b>Current Gr:</b>		
Name(s) and Surname of biological brothers/sisters who are currently attending, or have attended Lowveld High							<b>Approved:</b>		
							Grade		Year:
<b>FATHER/GUARDIAN/STEP-FATHER/DR/PROF</b>				<b>TO BE COMPLETED BY BOTH BIOLOGICAL PARENTS</b>		<b>MOTHER/GUARDIAN/STEP-MOTHER/DR/PROF</b>			
Mr	Dr	Other		Title		Mrs	Ms	Miss	Other
				Surname					
				Full Names					
				Initials					
				ID Number					
				Date of Birth					
<b>YES</b>		<b>NO</b>		Biological Parent		<b>YES</b>		<b>NO</b>	
				Nationality					
				Widower/Widow?? (Attach certificate)					
Married	Single/Unmarried	Divorced	Re-married	Marital Status (✓)		Married	Single/Unmarried	Divorced	Re-married
				Home language					
				Previous Employer					
				Current Employer					
				Occupation					
				Gross Income					
				Work Tel No					
				Cell No					
				Home Tel No					
				<b>E-Mail</b>					
				<b>Residential Address</b>					
				Unit/Stand No					
				Complex Name					
				Street name					
				Home Town & Code					
							How long have you been living here?		

Postal Address			
	Box No.		
	Town		
	Postal Code		
Banking Details			
	Account Holder		
	Cheque/Savings		
	Bank Name		
	Branch Code		
	Account Number		
** Are any of the Parents Deceased?? Please mark with a X			
None	Only Father	Only Mother	Both Parents
Additional contact persons – PLEASE SUPPLY TWO CONTACT PERSONS (Not parents)			
	Name & Surname		
	Relationship to Parent		
	Residential Address		
	Employer		
	Cell No		
LEARNER DETAILS			
Surname			
Full Names			
Preferred Name			
Grade Applied for			
Gender			
Date of Birth			
ID Number of learner			
Current School			<b>Have you applied at other High Schools? Y / N</b>
Nationality of learner <i>Study permit is required for foreign learners</i>			
Ethnic group	Black	Coloured	Indian White
Religion			
Home Language			
Position in family	Oldest	Middle	Youngest Only Child
Contact details of Current School	Phone		Fax
Name of Medical Aid Fund			
Medical Aid number			
Name of Main member			
Name and Tel No of Doctor			
Chronic Medical Condition if any			

Particulars of other school going children in your family (biological brother/s or sister/s):

Nelspruit Primary			Other Schools (Pre-Primary, Primary, Secondary, Tertiary)		
Surname	Name	Gr	Surname	Name	Gr/Yr

1. **School Fees (Payable yearly in advance as per SA Schools Act)**

- 1.1 School fees are payable in ADVANCE, before or on the 7<sup>th</sup> day of each month. The final payment must be made by 31 November of every year. (Payment over 11 months).
- 1.2 Failure to make payment by the due date will result in the Governing Body instituting the necessary legal action at the Parent's cost.
- 1.3 An advance payment of R 4000.00 per learner is payable on acceptance of admission. This fee will be deducted from the First Term's School Fees.
- 1.4 A "once-off" fee of R 600.00 is payable by all NEW applicants which will be allocated towards the upkeep of the Computer/Science Labs.
- 1.5 **NB:** \* \* *Should parents fail to pay the school fees as per Section 41 of the South African School's Act, or pay such fees and monies on demand by the Principal or authorized representative, the Lowveld High School Governing Body will give parents who are in arrears 90 days written notice of its intention to institute legal proceedings. In terms of rule 9 of the Magistrates Court Rules, I/We hereby consent to service of any Notice, document or correspondence to be served via electronic mail at the stated address on this application form. I further undertake to inform the School should this address change at any stage. Parents will have 7 days from due date of the notice to pay the fees. Thereafter the case will be handed over to the School's debt collectors / attorneys to institute legal proceedings to recover the outstanding school fees. The parents will then become liable for the legal costs of collecting such fees and monies in accordance with the accepted attorney / debt collector / client scale. This will result in the parent being listed on ITC for 5 years.*

2. Options for payment (**Debit Order Recommended**)

School Fees paid in full by 28 February (Will receive a discount determined by the SGB.)	√
Debit Order payment over 11 months (Use Admin number as reference) Form enclosed	
Need assistance (Collect forms from Reception in January)	

**VERY IMPORTANT NOTES:**

3. Declaration:

- 4.1 Any false declaration regarding the permanent address of the learner/parents will be regarded in a serious light and your application will be declined. **Any changes made on reports or school fee accounts will be reported to the MEC.**
- 4.2 The Governing Body may visit me at my place of residence at any time to ascertain that information given is correct and the Governing body reserves the right to check admission details with my employer and with the School's Credit Bureau at any time.
- 4.3 My child complies with the age requirements and can SPEAK, READ and UNDERSTAND English, (the primary teaching language of Lowveld High School).
- 4.4 I will ensure that my child complies with the general rules and discipline of the school, including the dress code. I will support my child and attend functions when possible.
- 4.5 My child will take responsibility for any textbooks or other school property, which he/she deliberately or negligently loses or damages; such items will be paid for, replaced or repaired by the applicant.

5. Indemnity:

- 6.1 I accept that all reasonable precautions will be taken regarding the safety and wellbeing of my child.
- 6.2 I also agree to indemnify the School and all parties involved in the various activities relating to the School against all risks, claims, losses and injuries, which my child may suffer, provided that all reasonable precautions are taken.
- 6.3 On written official acceptance of my child by Lowveld High School, I will be presented, by the School with a copy of the Code of Conduct, List of School uniform suppliers, Stationery list, and the Mission Statement and rules of the school.
- 6.4 I agree to bind my child and myself to these rules and regulations which I undertake to discuss with him/her.
- 6.5 Should my child require urgent medical/surgical/dental treatment and the school is unable to contact me or a person designated by me, with reasonable time, I cede my powers as parent/guardian to the Principal or his delegate to stand "IN LOCO PARENTIS".

I/We, Mr \_\_\_\_\_ with ID No \_\_\_\_\_ and

Mrs/Ms \_\_\_\_\_ with ID No \_\_\_\_\_

**NB: Hereby jointly accept the responsibility of our child/ren's School Fees & conditions.**

\_\_\_\_\_  
Signature – Biological Father

\_\_\_\_\_  
Signature – Biological Mother

\_\_\_\_\_  
Signature – Guardian/Sponsor



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## 2020 APPLICATION FOR ADMISSION

**THE FOLLOWING TERMS & CONDITIONS MUST BE ADHERED TO OR ADMISSION WILL NOT BE GRANTED**

### Take note of the following:

1. ONLY A FEW VACANCIES ARE AVAILABLE FOR EACH GRADE.
2. BY GIVING ANY FALSE INFORMATION ON THIS FORM, YOUR APPLICATION WILL THEN BECOME NULL AND VOID.
3. Completion and Submission of the Admission Form does not guarantee acceptance into Lowveld High School. We advise that you apply at other schools in the area as well!!
4. Closing date for applications is on **31 July at 15h00**. The completed original Admission form must be handed in at the school on or before this date. No faxes / emails will be accepted. Late application forms will immediately be placed on the waiting list.
5. THE ADMISSION FORM MUST BE COMPLETED IN FULL AND ALL RELEVANT DOCUMENTS MUST BE ATTACHED. THIS IS A LEGAL AND BINDING DOCUMENT. NO AREAS MUST BE LEFT OPEN (Cross out areas that are not applicable). NO TYPING IS ALLOWED!!
6. INCOMPLETE FORMS / DOCUMENTS WILL NOT BE ACCEPTED. AND WILL RESULT IN YOUR CHILD'S APPLICATION FORM BEING DELAYED FOR FURTHER PROCESSING.
7. **PLEASE NOTE:** All the information required on this application form has been requested from the EDUCATION DEPARTMENT. This information will be used to create your child's unique LURITS number – a compulsory number needed while attending school.
8. Please use neat and clear block letters when completing the admission form.
9. Acceptance of the fact that the Governing Body will visit you at your place of residence to ascertain that all information given is correct.
10. The Governing Body reserves the right to check employee details with your Employer.
11. Only the Biological Parents or the Legal Guardian of a child may apply to the School for admission (Proof of legal documentation will be requested with the application).
12. Parents will be notified in writing if their application has been successful.
13. **PLEASE NOTE:** ON ACCEPTANCE OF YOUR APPLICATION A R 4000.00 is required to secure your place at the school.
14. **The following DOCUMENTS must be attached to your application form:-**
  - Guardians are expected to produce the necessary Official Legal Proof of Adoption with applications.
  - Proof of residence, not older than 3 (three) months (Water & Lights or Rental Agreement or Deed of Sale, must be in parent's name). ***NO Mbombela letters will be accepted.***
  - ID documents of both biological parents regardless of their marital status!! (if a parent is deceased, please attach the death certificate)
  - Medical Aid Copy (Front & Back of card)
  - Birth Certificate/ID of the child.
  - Most recent school report from previous school.
  - ID Document of person responsible for payment of school fees (should the fees be paid by another party)
  - Proof of Income for both biological parents, if unemployed an affidavit & letter from last employer.
  - If self-employed, a copy of the last audited Income Statement or letter from SARS indicating income.

**PLEASE ENSURE THAT BOTH SIDES, FRONT & BACK OF EACH PAGE HAVE BEEN COMPLETED AND SIGNED WHERE NECESSARY.**

**PLEASE NOTE:**

Should your child be accepted you will be notified in writing. The acceptance letter will be posted to the person responsible for payment. Your R 4000 payment should be made on receipt of your acceptance letter to secure your child’s place for 2020 and will form part of the school fees for that year.

GENERAL INFORMATION REGARDING 2020 ADMISSIONS FOR GRADE 9 – 11

In accordance with the Department of Education Rulings, the following policy applies:-

1. Each school has its own feeder schools to which the child/ren must go. Lowveld High’s feeder schools are: The Primary schools in the Nelspruit circuit.
2. To be admitted to Lowveld High School, the biological parents, TOGETHER with their child/ren must reside (have permanent residential address in the parent’s name) in the above-mentioned areas.
3. NO child/ren is allowed to live with any person other than their biological parent/s just to qualify for admission, this information will be investigated by the Governing Body.
4. Child/ren living with their “guardians” whose parents are still alive will be placed on a waiting list, preference will be given to those children who legally live with their parents in the feeder zone who have a PERMANENT RESIDENTIAL ADDRESS in Nelspruit – proof of guardianship must be attached (Legal document from the court).
5. Children living closest to the school will be placed higher on the waiting list to be admitted to the school as soon as space becomes available.
6. Please note that having a sibling at Lowveld High does not secure admission for another child in the family. Parents must please follow the correct application procedures.
7. **The School’s admission criteria, states that no learner may bypass one school in order to attend another school. If the parents have problems with the school in their zone they should take it up with the Department of Education so that something can be done to upgrade such school’s standard of education.**
8. NB: Lowveld High is NOT a NO-FEE school. Both biological parents will be expected to pay for their child’s education as per our payment terms & conditions and as per the SA Schools Act.
9. In terms of family law, both biological parents are jointly and severally liable for the payment of the school fees, irrespective of their marital status.
10. Parents who are unable to pay school fees may apply for assistance with these fees.
11. The school may conduct a credit enquiry and/or credit information search with their credit bureau and/or credit grantors.
12. The school may transmit/discuss parent’s payment performance with other credit grantors and/or schools and institutions.
13. If parent/s fail to meet their school fee obligations the school may record the parent’s non-performance with a credit information bureau and parents will be listed on ITC for 5 years. Any information conveyed will also be available to other credit grantors and used in making credit risk management related decisions.
14. Should there be a dispute on your statement of account please notify the Finance Officer in writing.
15. School fees are a statutory debt and are payable yearly in advance and DO NOT form part of the National Credit Act.
16. This commitment in its entirety will be valid for the day on which it is signed by the parent/guardian until the day the learner officially leaves the school.

**CHILD WILL BE STAYING WITH:**

	√
Biological Father	
Biological Mother	
Legal Guardian (Attach Court Docs)	
Step Mother / Step Father	
Hostel ( <i>Please complete Hostel Forms attached</i> )	

We, \_\_\_\_\_ parent/s of \_\_\_\_\_

hereby state that WE HAVE READ AND UNDERSTAND ALL OF THE ABOVE-MENTIONED STIPULATIONS.

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

**Enquiries:** Admissions Office – 013 7411041 ext 206. **Office hours** - Mon to Thur 07h30 – 15h00, Fri 07h30 to 13h00

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		For Office Use Only	
Surname of Learner		<b>Learner No</b>	
Full Names of Learner		<b>Admin No</b>	
Preferred Name		<b>Gr/House</b>	

Father/Guardian Details		Mother/Guardian Details	
	Surname		
	First Name		
	Initials		
	ID Number		
	Work Tel No		
	Home Tel No		
	Cell No		
	E-Mail		
	<b>Residential Address</b>		
	Street Name		
	Street No		
	Suburb		
	Town		
	<b>Postal Address</b>		
	Box No		
	Town		
	Postal code		

**NB: Persons responsible for payment of School fees (attach copy of ID's)**

Name & Surname		
Cell No		
E-mail Address		
Relationship to child		
Occupation		
Employer		
ID Number		
Box No		
Town		
Code		

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

**RAEDO DEBIT ORDER – SCHOOL FEES LOWVELD HIGH SCHOOL**



**A. AUTHORITY**

Name of Account Holder: \_\_\_\_\_  
Address of Account Holder: \_\_\_\_\_  
Bank: \_\_\_\_\_  
Branch & Code: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account: Chq  Savings   
Amount: \_\_\_\_\_  
Date: \_\_\_\_\_  
To: Lowveld High School  
Abbreviated Name at Bank: Lowhigh  
Beneficiary Address: P O Box 8844  
Sonpark 1206

This signed Authority and Mandate refers to our contract dated \_\_\_\_\_ Learner No. \_\_\_\_\_  
("Agreement of commitment to pay school fees")

I/We hereby authorise you to issue and deliver payment instruction to your Banker for collection against my/our above mentioned account at you/your above mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on \_\_\_\_\_ and continuing until this authority and Mandate is terminated by me/us by giving you notice in writing of cancellation within 15 working days, and sent by prepaid registered post or delivered to your address by hand.

The individual payments actioned and authorised to be issued must be issued and delivered as follows: *'monthly in advance'* on a date chosen by me/us: **1<sup>st</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, 25<sup>th</sup>, 31<sup>st</sup>, please circle one.**

In the event that the specified date falls on a Sunday, or recognised South African public holiday, the payment will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

I/We understand that the withdrawal hereby authorised will be processed through a computerised system provided by the south African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section D before the issuing of any payment instruction.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in my account.

**B. MANDATE**

I/We acknowledge that all payment instructions issued by you shall be treated by my above-mentioned Bank as if the instructions have been issued by me/us personally.

**C. CANCELLATION**

I/We agree that although this authority and Mandate may be cancelled by me/us which cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of the money which you have withdrawn while this Authority was in force, if such amounts were legal and owing to you.

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

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

\_\_\_\_\_  
C Tecklenburg  
Finance Officer SGB

**APPENDIX D**

Name & Surname of Learner: \_\_\_\_\_  
Account No. \_\_\_\_\_  
Commencement Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Abbreviated Name: Lowhigh  
User Contact Details: Tel: 0137411041 Fax: 013 7411537  
Date of Confirmation: \_\_\_\_\_





# **DEAR APPLICANT**

**LOWVELD HIGH SCHOOL IS NOT A "NO FEES" SCHOOL.**

**SCHOOL FEES ARE PAYABLE YEARLY IN ADVANCE.**

**YOU MIGHT LIKE TO CONSIDER APPLYING AT A "NO FEES" SCHOOL.**

## **HEREWITH A LIST OF "NO FEE" SCHOOLS IN NELSPRUIT:**

**PORTIA SHABANGU HIGH SCHOOL  
STINTILE HIGH SCHOOL  
VALENCIA COMBINED/LOW FEES  
CYRIL CLARKE SECONDARY**

# **NOTICE FOR DEFAULTING PARENTS**

Please take note that this office is not mandated to correspond, negotiate and/or accept any payment on files that have been handed over to the attorneys for collection of arrear school fees.

The attorney must be contacted directly at the following contact details:

Swanepoel & Partners Incorporated

Tel: 013 7532401 (Erica or Cindy)

Or at

The Pinnacle, Suite 601,  
1 Parkin Street, Mbombela

# LOWVELD HIGH SCHOOL



## GRADE 8 - FIRST ADDITIONAL LANGUAGE (F.A.L.)

NAME OF CHILD: \_\_\_\_\_

At Lowveld High School ALL learners take English Home Language. In Grade 8 they can choose between Afrikaans F.A.L. or Siswati F.A.L.

This decision should be based on the Additional Language taken by the learner in Grade 7. If the learner **DID NOT** take Afrikaans in Grade 7 the learner should choose Siswati. Even if the learner studied Zulu, Tsonga or any of the other African Languages in Grade 7, it is preferable that he/she choose Siswati F.A.L. and not Afrikaans F.A.L.

Please bear in mind that once this decision is made **IT CANNOT** be changed.

NOTE: Immigrant and /or foreign learners will be assisted individually with language choice.

Please indicate with an "X" which language you would like your child to take.

<b>AFRIKAANS F.A.L.</b>	
<b>SISWATI F.A.L.</b>	

Parent(s) Signature: \_\_\_\_\_