

Application Form School Admission 2025

Admission to School:

Year in which I would like my child to start attending Apex Stellenbosch	2025			
Term in which I would like my child to start attending Apex Stellenbosch	1	2	3	4
My child will then be in Grade:	8		9	

**Please mark the correct boxes with X*

Details of Scholar:

Surname			
Full Names			
Preferred Name			
Gender	Female	Male	Non-Binary
Date of Birth (YYYY/MM/DD)			
Country of Birth			
ID/Passport Number			
Nationality			
Home Language			
Second Language			
Residential Address			

Medical Information	
Any known allergies of the child:	
Any specific chronic conditions of the child:	
Any medication the child needs to regularly take:	
Any other medical information about the child that the school needs to be aware of, including difficulties with hearing or sight (e.g. they wear glasses)	
Any learning barriers that the school should be aware of:	

Siblings		
Name of Sibling 1:	Year Born:	Name of current School:
Name of Sibling 2:	Year Born:	Name of current School:
Name of Sibling 3:	Year Born:	Name of current School:
Name of Sibling 4:	Year Born:	Name of current School:

Details of Child's Current School

Name of School currently attending	
Year when started at the school	
Address of School	
Currently enrolled in Grade	
Name of Principal	
Contact Number	

Details of Previous Schools (If different to current school)	
Name of School previously attended	
Years for which child was enrolled at the school	
Highest Grade completed at this School	
Address of School	
Name of Principal	
Contact Number	
Reason for Leaving School	

Parents and Guardians:

Parent 1 / Legal Guardian 1

Title	
Full Names	
Surname	
Residential Address	
Occupation	
Employer	
Work Address	
Marital Status	
ID/Passport Number	
Cell Number	
Alternative Number (Work/Home)	
Email Address	
Relationship of Child to this Parent / Legal Guardian	

Parent 2 / Legal Guardian 2	
Title	

Full Names	
Surname	
Residential Address	
Occupation	
Employer	
Work Address	
Marital Status	
ID/Passport Number	
Cell Number	
Alternative Number (Work/Home)	
Email Address	
Relationship of Child to this Parent / Legal Guardian	

Which adults do the child live with: (Please tick all appropriate boxes)	
Parent/Legal Guardian 1	
Parent/Legal Guardian 2	
Alternative Contact (See box below)	

Alternative Contact Person

Please provide us with an alternative contact person, (a relative or close contact) residing within South Africa, who can be contacted in instances where the school is unable to get hold of either parents. If the child does not reside with parents, but with an alternative contact person, then this person's details needs to be filled in here.

Title	
Full Names	
Surname	
Residential Address	
Cell Number	
Alternative Number (Work/Home)	
Email Address	
Relationship of Child to this person (eg Grandparent, Family Friend etc.)	

Payment of School Fees:

Person Responsible for Payment of School Fees	
Title	
Full Names	
Surname	
Residential Address	
Occupation	
Employer	
Work Address	
ID/Passport Number	
Cell Number	
Alternative Number (Work/Home)	
Email Address	
Relationship of Child to this Person	

General

All applications received will be reviewed by the school and the outcome of the application will be communicated to parents. Completing this form does not mean your child has been placed – the school will confirm the outcome of all applications received. If your child is offered a place in the school, an Apex Stellenbosch Acceptance of Place Form will be sent, setting out the contractual relationship between guardians and school.

In order to meet the needs of your child and to ensure his/her holistic progress, you are requested to disclose any information (psychological, emotional, education and medical) relevant to your child's wellbeing. Copies of reports of intervention or therapy must be attached.

Apex Stellenbosch reserves the right to conduct a credit enquiry on your financial profile, and to make enquiry at your child's previous school(s) regarding your ability to honour financial commitments.

Apex Stellenbosch reserves the right to contact previous school(s) for information about the child and his/her parents.

By submitting this application form for enrolment of your child to the school you consent to your personal information being processed and recorded by the school for the purpose of this admission.

Declaration

I, the parent/guardian of the learner hereby declare that all the information provided to the school on this application form is true and correct.

I have read and understood the information above and accept these terms regarding our application at the school for my child.

I understand and accept that if the information on this form is incomplete or the relevant documents are not attached, the application may not be processed.

As parents/guardians we – both our child and us - undertake to accept and abide by the Admission Policy and Code of Conduct of the School, and all other policies, rules and regulations of the Board of Directors and we agree to respect the ethos of the school and subscribe to the values set out in the policies and code of conduct .

I declare that I/We are in a financial position to pay the 2025 school fees of R7 440 for the year. (12 payments of R620 each)

I understand and accept that Apex Stellenbosch is a FEE-PAYING INDEPENDENT SCHOOL in terms of the applicable legislation. I understand that the payment of fees is critical in providing quality education to my child and all children at the school, and commit to fulfilling my obligations in this regard.

Parent/Guardian 1:

Signed at _____ on the ____ of _____ 20__

Parent/Guardian's Signature:

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Parent/Guardian 2:

Signed at _____ on the ____ of _____ 20__

Parent/Guardian's Signature:

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