

HIGH SCHOOL Application Form School Admission 2027

Admission to School:

Please mark the correct boxes with an X

Year in which I would like my child to start at Apex Stellenbosch:	2027			
Term in which I would like my child to start at Apex Stellenbosch:	1	2	3	4
My child will then be in Grade:	8			

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			
CEMIS Number			
Nationality			
Home Language			
Second Language			
Home Address			

Medical Information	
Name any allergies the child has	
Name any specific chronic conditions the child has	
Name any medication the child needs to take regularly	
List 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):	
List any learning barriers that the school should be aware of	

Siblings		
If the child has any brothers or sisters, provide their information below.		
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 the school the child is currently attending	
Year when the child started at the school	
Grade the child is currently enrolled in	
Address of the school	
Name of the principal	
Contact number of the school	

Details of Previous Schools (if different to current school)	
Name of school previously attended	
Years for which scholar was enrolled at the school	
Highest grade completed at this school	
Address of the school	
Name of the principal	
Contact number of the school	
Reason for leaving the school	

Parents and Guardians:

Parent 1 / Legal Guardian 1	
Title	
Full Names	
Surname	
Home Address	
Occupation / Job	
Employer	
Work Address	
Are you or the child a recipient of any social grant or subsidy?	
Marital Status (married/divorced/single/other)	
ID/Passport Number	
Cell Number	
Alternative Contact Number (Work/Home)	
Email Address	
Relationship of the child to this Parent / Legal Guardian (grandparent, family friend, etc.)	

Parent 2 / Legal Guardian 2	
Title	
Full Names	
Surname	
Home Address	
Occupation / Job	
Employer	
Work Address	
Are you or the child a recipient of any social grant or subsidy?	
Marital Status (married/divorced/single/other)	
ID/Passport Number	
Cell Number	
Alternative Contact Number (Work/Home)	
Email Address	
Relationship of the child to this Parent / Legal Guardian (grandparent, family friend, etc.)	

Adults this child lives with: *(Please mark all boxes that apply with X)*

Parent/Legal Guardian 1	
Parent/Legal Guardian 2	
Alternative Contact Person (see box below)	

Alternative Contact Person

Please give the details of an alternative contact person (a family member or close contact) living in South Africa, in case the school is unable to reach the parents. If the child does not live with their parents but with someone else, please fill in this person's details here.

Title	
Full Names	
Surname	
Home Address	
Cell Number	
Alternative Contact Number (Work/Home)	
Email Address	
Relationship of the child to this person (e.g., grandparent, family friend, etc.)	

Payment of School Fees:

Person Responsible for Payment of School Fees	
Title	
Full Names	
Surname	
Home Address	
Occupation / Job	
Employer	
Work Address	
ID/Passport Number	
Cell Number	
Alternative Contact Number (Work/Home)	
Email Address	
Relationship of the child to this person (e.g., grandparent, family friend, etc.)	

General

Filling in and submitting this form does **not** mean your child has a place at the school. The school will look at your application and let you know the result. If your child gets a place, you will receive an Apex Stellenbosch Acceptance of Placement form setting out the contractual relationship between the guardians and school.

To meet the needs of your child and to make sure they progress in every aspect, please share any important information about your child's health, emotions, or learning needs. If your child has seen a doctor, therapist, or specialist, please attach copies of their reports.

Apex Stellenbosch may check your payment history and contact your child's previous school to ask about unpaid fees. The school may also contact previous schools to find out more about your child and your family.

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 purposes of this admission.

Declaration

I, the parent/guardian of the child, confirms that everything I have written on this application form is true and correct.

I have read and understood the information above and agree to the terms regarding my child's application at the school.

I understand that if any information is missing or documents are not attached, my application may not be processed.

Both my child and I agree to follow the school's rules and values as set out in the Admission Policy and Code of Conduct of the School, and all other policies, rules and regulations of the Board of Directors.

I confirm that I am able to pay the 2027 school fees of **R8 250.00**, paid over 11 months at **R750.00 per month**.

I understand and accept that my child's place is only confirmed once I pay the **non-refundable fee of R450.00**. If I don't pay, the school may give the place to another child.

I understand and accept that Apex Stellenbosch is a **fee-paying independent school** and that the payment of fees is critical to provide quality education to my child and all children at the school. I commit to pay these fees on time.

I understand that if fees are not paid, the school may not allow my child to come back the following year.

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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