

HOËRSKOOL KING EDWARD HIGH SCHOOL

Tel: 039 737 3273 Email: kehs@telkomsa.net
 10 School Street / PO Box 91 MATATIELE, 4730 / Website: www.kingedwardhs.co.za



APPLICATION FORM FOR ADMISSION : 2025

Date of application:	Current school:	Gr applying for:	
Hostel required?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your child ever been refused admission or been expelled from another school?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

FOR OFFICE USE ONLY:
ACCOUNT NO:

1. LEARNER INFORMATION:

Surname:															
FULL first names:															
First name to be used at school:															
Date of birth: YYYY/MM/DD		Identity No:													
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Home Language:												
Learner cell No:															
Any deceased biological parents?		Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both <input type="checkbox"/>	Living with guardian?		YES <input type="checkbox"/>								
Medium of instruction: Home Language			English <input type="checkbox"/>				Afrikaans <input type="checkbox"/>								
First Additional Language			Afrikaans <input type="checkbox"/>		English <input type="checkbox"/>		isiXhosa <input type="checkbox"/>		Sesotho <input type="checkbox"/>						
Citizenship:				Religion:											
Dominant hand:		Right handed <input type="checkbox"/>			Left handed <input type="checkbox"/>				Ambidextrous <input type="checkbox"/>						
Sporting achievements:															
Cultural achievements:															
Does your child receive a social grant?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does your child have any disability?		YES <input type="checkbox"/>	NO <input type="checkbox"/>								
If yes, please state:															

2. DETAILS OF FATHER / LEGAL GUARDIAN

Title:	Initials:	Name:	Surname:																									
Identity No:																Citizenship:												
Residential Address:																												
Postal Address:																												
Cell No 1:																Cell No 2:												
Home No:																Occupation:												
Place of Work:			Work No:													Persal No:												
email: (compulsory, and in block letters)																												
Does the learner reside with the father?														YES <input type="checkbox"/>	NO <input type="checkbox"/>													
Does the father contribute financially and is he actively involved in the life of the learner?										YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>																

3. DETAILS OF MOTHER / LEGAL GUARDIAN

Title:	Initials:	Name:	Surname:
Identity No:			Citizenship:
Residential Address:			
Postal Address:			
Cell No 1:		Cell No 2:	
Home No:		Occupation:	
Place of Work:	Work No:		Persal No:
email: (compulsory, and in block letters)			
Does the learner reside with the mother?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the mother contribute financially and is she actively involved in the life of the learner?			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

4. STATUS OF FAMILY

A Both parents <input type="checkbox"/>	B Stepfather <input type="checkbox"/>	C Stepmother <input type="checkbox"/>
D Widower <input type="checkbox"/>	E Widow <input type="checkbox"/>	F Guardians <input type="checkbox"/>
G Separated <input type="checkbox"/>	H Divorced <input type="checkbox"/>	

5. RACE GROUP

B1 Black <input type="checkbox"/>	B2 Coloured <input type="checkbox"/>	B3 Asian <input type="checkbox"/>
B4 Indian <input type="checkbox"/>	B5 White <input type="checkbox"/>	B6 Other <input type="checkbox"/>

6. ADDITIONAL CONTACT PERSONS

Name and surname:	Telephone / Cell No.	Relationship to learner:

7. MEDICAL DETAILS:

Is your child up to date with the immunization schedule? (<i>Attach a copy of card to this application</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your child have health problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Condition:		
Details:		
Name of family doctor:	Telephone No:	
Name of Medical Aid Fund:	Medical Aid No:	

8. FOR ACCOUNT PURPOSES: NAMES OF BIOLOGICAL SIBLINGS OF THIS APPLICANT CURRENTLY AT KING EDWARD HIGH SCHOOL (not cousins)

Sibling name & surname:	Grade:	House:
Sibling name & surname:	Grade:	House:
Sibling name & surname:	Grade:	House:

SCHOOL FEES FOR 2024

	MONTH (x12)	TERM (x4)	YEAR	DISCOUNT (5%)
Grade PRR to PR	R1620	R4860	R19 440	R18 468
Gr R to 12	R2370	R7110	R28 440	R27 018

Option to pay monthly: fees are due before the end of each month (OVER 12 MONTHS)

It is the school's preference to have a monthly EFT scheduled payment or stop order.

Option to pay termly: fees are payable in the 1st week of a term

Option to receive 5% discount: fees for the whole year must be paid before the end of January 2024

BANKING DETAILS FOR SCHOOL FEES:

NAME OF ACCOUNT: KING EDWARD HIGH SCHOOL

BANK: FNB (MATATIELE)

BRANCH CODE: 25 06 55

ACCOUNT NO: 5298 120 1067

REFERENCE: _____

BOARDING FEES FOR 2024

	MONTH (x11)	TERM (x4)	YEAR	DISCOUNT (5%)
WEEKLY	R3 230	R8 883	R35 530	R33 753
FULL	R5 040	R13 860	R55 440	R52 668

Option to pay monthly: fees are due before the end of each month (OVER 11 MONTHS)

It is the school's preference to have a monthly EFT scheduled payment or stop order.

Option to pay termly: fees are payable in the 1st week of a term

Option to receive 5% discount: fees for the whole year must be paid before the end of January 2024

BANKING DETAILS FOR BOARDING FEES:

NAME OF ACCOUNT: JD LE ROUX BE

BANK: FNB (MATATIELE)

BRANCH CODE: 25 06 55

ACCOUNT NO: 628 3114 2013

REFERENCE NO: _____

For correct allocation always quote your reference number when making payments. You may also email your proof of payment to accounts@kehs.co.za
 (A reference number – e.g. DIA009 DIAHO will be issued to you when your application is accepted. It will also appear on your statements and receipts under the heading "Account". Please state your surname with this code.