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 appl	(Current school:											Gr applying for										
Hostel requi															,	YES	NO □						
Has your chi	admi	mission or been expelled from another school?														YES		NO □					
FOR OFFICE	- 1165	<u> </u>																					
FOR OFFICE		ONL	<u>/:</u>																				
ACCOUNT	NO:																						
1. LEAF	RNER	INFO	RMA	TION:																			
Surname:																							
FULL first na	mes:																						
First name to	be u	sed a	t sch	ool:																	1	ı	
Date of birth	: Y Y	Y Y /	MM	/ D D	١	Identit	y No	:															
Gender: N	1ale □]	Fem	ale 🗆	l	Home	Lang	uage	: _		1	1		-		1							
Learner cell	No:								Ш														
Any deceased biological parents?						Mot	her [F	Fathe	er 🗆]	E	3oth		Liv	ving	with ${}_{\xi}$	guar	dian)	YES 🗆	
Medium of instruction: Home Langu					nguag	uage Englis						ih 🗆					Afrikaans 🗆						
First Additional Language					Afrikaans 🗆						English 🗆			isiXhosa 🗌				Seso	tho 🗆				
Citizenship:						Religion:																	
Dominant hand:					Right handed \square								Lef	t hand	led 🗆]		Ambidextrous					
Sporting achievements:																							
Cultural achi	evem	ents:																					
Does your child receive a social grant? YES								YES NO Does your child have any disabili									abilit	ty?	/? YES □ NO □				
If yes, please state:																					•		
				/ LEG	SAL G	GUARD	IAN						<u> </u>										
Title:	In	itials	:	1		Name: Surname:								Т									
Identity No:																		Citize	enshi	p:			
Residential A	ddress	5:																					
Postal Addres	s:					т——									1								
Cell No 1:												Cel	l No 2	2:									
Home No:						Occupation:								1									
Place of Work: Work No: Persal No:																							
email: (comp	email: (compulsory, and in block letters)																						
Does the learner reside with the father? YES \square NO								NO □															
Does the father contribute financially and is he actively involved in the life of the																							
learner?												YES	\Box		NO [N/A 🗆						

3. DETAILS OF MOTHER / LEGAL GUARDIAN																						
Title:	Initi	Initials: Name					Name: Surname:							e:								
Identity No:													Citizenship:									
Residential Addr	ess:			·	·				•													
Postal Address:																						
Cell No 1:										Cell N	o 2:											
Home No:										Occup	oatior	ո։										
Place of Work: W						Work No:											Persal No:					
email: (compulsory, and in block letters)																						
Does the learner reside with the mother?												11.5	6.1		1			Υ	ES 🗆]	NO	
Does the mother learner?	r contri	ibute	tinai	ncial	ly an	d is s	she a	ctive	ely in	volved	in th	e lite	of the	9	YES □			N	NO □		N/A	\ □
learner:															IL3			1	<u> </u>		14/	<u> </u>
4. STATUS OF FAMILY																						
A Both parents					В	Step	fathe	er 🗌							C Stepmoth				ther			
D Widower □					Ε '	Wido	w 🗆]							F				F Guardians 🗆			
G Separated □					Н	Divo	rced															
5. RACE GF	ROUP																					
B1 Black □					В2	B2 Coloured \square										E				B3 Asian □		
B4 Indian 🗆					B5	Wh	ite 🗆								B6 Other □							
		- · · - ·		.==0	0 110																	
6. ADDITIC	MAL C	UNIA	CIF	'EKS	ON2												R	elatio	onshi	in to	`	
Name and surna	me:						Tele	pho	ne /	Cell No	٠.							arne		ıp tt	,	
											I			I								
7. MEDICA			_										_					1				
Is your child up t						ation	sche	dule	e; (∕	Attach (а сор	y of co	ard to	this	appli	cati	on)	+	ES 🗆		NO	
Does your child	have he	ealth	prob	olems	S ?													Y	ES 🗆	J	NO	
Condition:																						
Details:										T.1.	l	N							\top	1		
Name of family										Telep	none	NO:		N 4 = =1	:! ^	: al A			<u> </u>			
Name of Medica	II AIG F	una:												iviea	ical A	Ia I	10:					
8. FOR ACCOUNT PURPOSES: NAMES OF BIOLOGICAL SIBLINGS OF THIS APPLICANT CURRENTLY AT KING EDWARD HIGH SCHOOL (not cousins)																						
Sibling name & s	urnam	e:													Grad	de:		Но	use:			
Sibling name & s	urnam	e:													Grad	de:		Но	use:			
Sibling name & s	urnam	e:													Grad	de:		Но	use:			

9. FINANCIAL COMMITMENT

King Edward High School is a FEE-PAYING SCHOOL, therefore the payment of school fees is compulsory for all learners.

PARTICULARS OF MAIN PERSON RESPO	NSIBLE FOR PAYING SCHOOL FEES : STATEN	MENT TO BE ADDRESSED TO:							
Name and Surname:									
ID No:	Cell No:								
Residential Address:									
email: (compulsory, and in block letters)									
Occupation:	Emplo	oyer:							
PARTICULARS OF ADDITIONAL PERSON RESPONSIBLE FOR PAYING SCHOOL FEES: STATEMENT TO BE ADDRESSED TO:									
Name and Surname:									
ID No:	Cell No:	 							
Residential Address:									
email: (compulsory, and in block letters)									
Occupation:	Emplo	oyer:							
VERY IMPORTANT: LIABILITY FOR SCHOOL F	EES, SURETYSHIP AND DECLARATION								
I/We understand that should the learner be accepted into King Edward High School, Matatiele, all parents/legally									
appointed guardians of learners are jointly and severally liable for the payment of school fees, irrespective of the									
marital status of the parties involved.									
I/We hereby declare that to the best of my/our knowledge the above information as supplied above is accurate and correct.									
SHOULD THE PERSON SIGNING THIS FORM NOT BE THE PARENT OR LEGALLY APPOINTED GUARDIAN OF THE LEARNER,									
THE FOLLOWING APPLIES:	NOT BE THE PARENT ON LEGALLI AFFORNIED O	DARDIAN OF THE LEARNEN,							
	ent further bind myself/ourselves as sureties an	d co-principal debtors with							
	ans of the aforesaid learner to King Edward High								
(also referred to herein as "KEHS") for all mo	oney due to KEHS from time to time in respect o	f the learner above							
	stel fees, tuition, travel and all amounts that may	be due to KEHS in respect							
of the learner from whatsoever cause arising	3).								
	T T								
FATHER'S SIGNATURE	MOTHER'S SIGNATURE	LEGAL GUARDIAN'S SIGNATURE							
	DATE:								
10. ATTACH THE FOLLOWING DOCUMENTS TO THE APPLICATION:									
Copy of child's unabridged birth cer									
□ Copy of child's immunization schedule □ 1st & 2nd term report from previous school									
☐ ID size (3cmx3cm) recent photo of y									
	,								
☐ Copy of ID's of both parents									
☐ ID of person responsible for accoun									
☐ Latest payslips for both parents (ba	nk statement if unemployed or self-employ	yed)							
Legal guardians- supply court ruling	ofor legal guardianship								
Legal guardians- supply court runing for legal guardianship									

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 – $\underline{\text{e.g. DIA009 DIAHO}}$ 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.