



MOWAT PARK HIGH SCHOOL

P.O. Box 13028, Montclair, 4061
180 Anleno Road, Montclair, 4004
E-Mail: admissions@mowat.co.za
Telephone: 031 469 0425

Form No:

APPLICATION FOR ENROLMENT 2027

(To be completed by the Biological Parent or Legal Guardian)

PLEASE PRINT IN A BLACK PEN

Date of Issue:

Date of Return:

Admin No:
Allocated

LEARNER'S SURNAME: _____ (as (shown on birth certificate)

LEARNER'S FIRST NAMES: _____ (as shown on birth certificate)

GRADE TO WHICH ADMISSION IS REQUIRED: 8

PROPOSED DATE OF ADMISSION: YEAR: 2027 MONTH: JANUARY

THE FOLLOWING DOCUMENTS **MUST** BE SUBMITTED WITH THIS FORM:

- A certified copy of the Learner's Unabridged birth Certificate/ID Document
- Study Visa (Foreign Nationals only)
- A certified copy of the Learner's most recent school report
- The learner's Road to Health, immunisation card (evidence that a learner has been immunised against polio measles, TB, Diphtheria, Tetanus and Hepatitis).
- Transfer Card
- A certified copy of your last school fee statement from the Learner's current school
- Two recent ID photographs of the Learner
- Certified copies of the ID documents of both parents or guardians. If this is not possible, then a certified copy of an unabridged birth certificate must be produced.
- In the case of one/both parents being deceased – a certified copy/ies of the death certificate (s), as well as documentation supporting guardianship status.
- Certified copies of both parents' payslips / Letter from the Department of Labour (if unemployed)
- Proof of residence, e.g., Electricity Account or Water account.

Please Note;-

1. If **fraudulent** documentation, such as the use of a friend or family member's in-area address, or if you claim to have custody of a child without legal documentation, is submitted, the School will take legal action, and your application **will be cancelled immediately**
2. A deposit of 80% of the current school fees, R16,000.00 - (R12 800.00 + R250.00) (Cost of name badge + school diary) = R12 800.00 is payable on the date of the interview (banking details will be provided once you have been contacted to attend an interview)
3. The interview will not be conducted unless the deposit has been paid and proof of payment provided. Should your application not be successful, or you decide to decline our offer, an amount of R250.00 will be withheld for administrative costs.
4. **Completion of this form DOES NOT automatically entitle your daughter to secure a place in the School.** Written confirmation of acceptance/non-acceptance will follow in due course. "In-area" learners are given first priority, followed by Learners from other areas.
5. The *completed form and required documentation* **MUST** be returned to school **within two weeks of the date of issue.** Incomplete or late forms *will not* be processed.
6. Please initial each and every page (hard copy documents only)
7. Failure to adhere to Numbers 4 and 5 will render your application form incomplete.

INITIALS

PERSONAL DETAILS OF LEARNER

Surname: _____

First Names: _____

Date of Birth:

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 dd/mm/yyyy

I.D. No.

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Race (Required for Education Dept Statistics): _____ Home Language: _____

Person or Person(s) the Learner currently lives with:

Mother & Father	Mother	Father	Grandparent(s)	Guardian	Uncle/Aunt	Brother/Sister	Foster Parent	Other:
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(Please tick the appropriate block above)

Please supply name(s) of the above person(s): _____

Physical address where Learner resides: _____

Home Tel No:

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Cell:

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How does the School? (Please cross correct block (s)) Learner travel _____ to

Walk	Parent Transport	Taxi	Bus	Combi Service	Train	Lift
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Name of last School attended: _____

Grade: _____ Year: _____

MEDICAL PARTICULARS OF LEARNER

Is the Learner covered by Medical Aid?

Yes No

If YES, Please supply the following details:

Name of Medical Aid Scheme: _____ Membership No: _____

Name of Main Member: _____ Medical Aid Insurance Plan: _____

Medical Aid Telephone Number: _____

Special Medical Condition (s) if YES please Specify:

Chronic Illness (es):	YES / NO
Allergies to Medicine:	YES / NO
Allergies to Food:	YES / NO

Recent Operation (s) YES / NO
Recent Hospitalisation: YES / NO

Does your daughter require medication? YES / NO

Give full details if YES: _____

DEXTERITY: Is your daughter (Tick Appropriate Box): **Right Handed** : YES / NO Left Handed YES / NO or Both YES / NO

In case of an Emergency please supply the following:

Full name of Family Doctor: _____ Telephone Number: _____

Or name of Clinic/Hospital: _____ Telephone Number: _____

Physical Address of the above: _____

Name of Emergency contact person: _____

Tel No's: (H) _____ (W) _____ (Cell) _____

INITIALS

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PARTICULARS OF PARENT / GUARDIAN

1. PARENT 1 / GUARDIAN / SPONSOR

Surname: _____ Title: _____

First Names (in full) _____

ID Number: (certified copy to be supplied) _____

Marital Status:

MARRIED	SINGLE	DIVORCED	WIDOW/ER	SEPERATED
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If married, please indicate how

Ante-Nuptial	Community of property	Customary marriage	Hindu/Muslim	Other
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Relationship to Learner:

LEGAL PARENT		GUARDIAN		GRAND PARENT		STEP PARENT		OTHER - indicate	
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Residential Address: _____

_____ Postal Code: _____

Home Telephone Number: _____ Cell Phone: _____

Postal Address: _____ Postal Code: _____

Occupation: _____

Name of Employer: _____

Employer's telephone number: _____

Employer's Physical Address: _____

Work/Personal E-mail Address: _____

Gross Income _____

Please Note:

- If unemployed, please supply a letter from the Department of Labour indicating your last date of employment.
- If self-employed, please supply a letter from SARS indicating your income.

2. PARENT 2 / GUARDIAN / SPONSOR

(Proof of trust fund/Bursary where applicable)

Surname: _____ Title: (Mr/Ms/Miss/Dr/Prof) _____

First Names (in full) _____

ID Number: (certified copy to be supplied) _____

Marital Status:

MARRIED	UNMARRIED	DIVORCED	WIDOW/ER	SEPERATED
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If married, please indicate how

Ante-Nuptial	Community of property	Customary marriage	Hindu/Moslem	Other
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Relationship to Learner:

LEGAL PARENT		GUARDIAN		GRAND PARENT		STEP PARENT		OTHER - indicate	
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INITIALS

Residential Address: _____

Home Telephone Number: _____ Cell Phone: _____

Postal Address: _____ Postal Code: _____

Occupation: _____

Name of Employer: _____

Employer's telephone number: _____

Employer's Physical Address: _____

Work/Personal E-mail Address: _____

Gross Income _____

Please Note:

- If unemployed, please supply a letter from the Department of Labour indicating your last date of employment.
- If self-employed, please supply a letter from SARS indicating your income.

Learner resides with (mark): Parent 1 _____ : Parent 2 _____ Other: _____

Correspondence to (mark): Parent 1 _____ : Parent 2 _____ Other: _____

Person handling the school accounts (mark): Parent 1 _____ : Parent 2 _____ Other: _____

Statement of account/s will be sent out every term.

EMAIL(UPON REQUEST)

UNDERTAKING BY PARENTS / GUARDIANS

1. We hereby apply to have the child whose name appears on this form as a learner at MOWAT PARK HIGH SCHOOL and confirm that she complies with the basic criteria.
2. I /We hereby certify that I/We have legal custody and/or guardianship in respect of the above-named learner.
3. I/We undertake to adhere to the terms and conditions stipulated.
4. I/We understand and confirm that the Principal or any person duly authorised will act in *loco parentis* in any matter and at any time during which I /we have entrusted our child to the care of the school. 30 Minutes before School and an hour after any activity held by the School (unless otherwise stated).
5. I/We jointly and severally undertake to pay school fees, and we/I understand the following
 - a. The annual school fees for 2026 are R16,000.00, as adopted by the majority of parents at the AGM in 2025. School fees are revised at an AGM in October of each year.
 - b. School fees balance of the remaining 20% can be paid as follows:
 - Fees can be paid in full (If paid on or before the 30th January, a 5% discount will be deducted from your annual school fees).
 - Fees must be 10 equal monthly instalments (January to October)
 - All fees must be paid up by October
 - c. A sum of R12, 800.00 is to accompany this agreement. The amount of R12, 800.00 will be deducted from the current R16, 000.00 compulsory annual fees. Should the learner not attend the school, this fee (less administrative charges of R250.00) will be refunded to the parent upon a written request from the parent providing us with banking details for a refund; the refund will be a direct electronic payment.
 - d. In terms of family law, parents are jointly and severally liable for the payment of the school fees irrespective of their marital status.
 - e. In the event of non-payment of school fees, **the school will institute legal action against both parents**, irrespective of maintenance and court orders which may exist between the parties.
 - f. In terms of Section 39 of the South African Schools Act, parents are liable to pay compulsory school fees.
 - g. In terms of Sections 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
 - h. The parties to this application undertake to pay all legal costs, including attorney/client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees.
 - i. **Outstanding Fees are due and payable at the end of each month.**
 - j. Parents who are unable to pay school fees may apply for exemption of these fees annually. INITIALS

- k. The school may conduct an enquiry and/or information search about the parents with a credit information bureau or persons acting as their agents and/ or credit grantors.
- l. The school may transmit details of how the parent/s have performed in meeting their obligations in terms of their school fee obligations and share such information with other credit grantors for the purpose of making any credit risk management-related decisions.
- m. If the Parent/s fail to meet their school fee obligations, the school may record the Parent/s' non-performance with a credit information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management-related decisions.
- n. Should there be a dispute on your statement of account, please **notify the Bursar in writing**
- o. Financial records and agreements are available in the following two languages: English and isiZulu.
- p. New parents will be notified of the compulsory School fee amount after the parent body has approved the budget for the following year and such information will be received on or before the closing date of the last term.

6. **ANNUAL RE-REGISTRATION IS A REQUIREMENT, 80% OF THE ANNUAL SCHOOL FEES MUST BE PAID BY THE 1ST OF DECEMBER EACH YEAR, PRIOR TO THE COMMENCEMENT OF THE NEW ACADEMIC YEAR**

7. I/We undertake to give notice in writing of any intention to remove my/our child from the school, and furthermore to return any books and/or equipment belonging to the school which our child may have.
8. We/I understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any/all parties of this application.
9. The signatory hereto hereby chooses domicillium citandi et executandi (physical address at which you may be served with legal documents. You are deemed to have received the documents served at this address even if you do not physically receive them in person) as indicated below. In the event of a change of address, parents are to notify the school in writing.
10. This commitment, in its entirety, will be valid from the day on which it is signed by the parent/guardian, to the day on which the Learner officially leaves the school.

The parent/guardian declares that he/she is the legal guardian of the child and is entitled to sign this document, and shall be bound hereto both as parent/guardian and in his/her personal capacity.

I, _____ hereby declare that the information which I have recorded on this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details listed by me. I understand that should any of the information supplied by me be found to be false, action may be taken against me.

Signed on this _____ day of _____ 20_____

SIGNATURE – PARENT 1/GUARDIAN

DECLARATION: PARENT 2

I _____ hereby declare that the information which I have recorded on this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details listed by me. I understand that should any of the information supplied by me be found to be false, action may be taken against me.

Signed on this _____ day of _____ 20_____

SIGNATURE – PARENT 2/GUARDIAN

INITIALS

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DECLARATION OF BANK ACCOUNTS

To be completed by the Relevant Banks

Kindly have all of the following information completed by the relevant banks, confirming if you **DO/DO NOT** have a Bank Account with them.

ABSA BANK

Account:

Signature:

Stamp:

CAPITEC BANK

Account:

Signature:

Stamp:

FIRST NATIONAL BANK

Account:

Signature:

Stamp:

NEDBANK

Account:

Signature:

Stamp

STANDARD BANK

Account:

Signature:

Stamp:

INITIALS

SOUTH AFRICAN SCHOOLS ACT 84 OF 1996
REGULATIONS FOR THE EXEMPTION OF PARENTS FROM PAYMENT OF SCHOOL FEES

The compulsory School fee for 2026 is currently R16,000.00 per Learner

In terms of Section 30 of the SASA, you are liable to pay School fees. In terms of Section 40 of SASA, we may enforce this payment by taking legal action.

Should you think you might not be eligible for an exemption or reduction of the above School fee, please contact Mowat Park High School's Finance office for further details.

School fees for 2027 will be determined at the Annual General and Budget Meeting (normally held in October each year)

CHECKLIST FORM (mark with a cross in the applicable box)

1. Has the Principal informed you about the amount of the Annual School Fees to be paid?

YES	NO
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2. Has the Principal informed you that you are liable to pay School fees unless you are totally exempted from paying School fees?

YES	NO
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3. Has the Principal informed you about your right to apply for an exemption or reduction from Paying School fees?

YES	NO
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NB! The SGB reserves a right to verify all documentation/information submitted with Department of Labour and other authorized bodies.

Signature
(Principal/Head of Department)

Signature
(Parent/Guardian)

Date

Date

INITIALS

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FINANCIAL CLEARANCE

Surname of Learner	
First Name/s of Learner	
Name of School where the learner is currently enrolled	
Date of Admission to this school	
Number of years attending this school	
Annual school fee amount	
Amount paid to date	
Arrear amount	
Are school fees paid regularly?	
Financial assistance/concessions granted	

Any other comments:

I hereby confirm that the information provided above is correct.

Principal's Signature

Date

SCHOOL STAMP

PLEASE SUBMIT THIS ORIGINAL FORM WITH YOUR APPLICATION FOR ADMISSION. COPIES OF THIS FORM WILL NOT BE ACCEPTED.