

# **Durban Girls' High School**

495 Lena Ahrens Road, Glenwood, 4001, South Africa Private Bag X14, Congella, 4013, South Africa

Tel: 031-274 2700

E-mail: admin@dghs.co.za. Website: www.dghs.co.za

DATE ISSUED:		

### **APPLICATION FOR ADMISSION IN 2026**

(TO BE COMPLETED BY BOTH PARENTS/LEGAL GUARDIANS)

- 1. For a learner to be eligible for admission to this school she must comply with the admission criteria as determined by the School Governing Body.
- 2. The Admissions Policy is available on www.dghs.co.za.
- 3. The application will not be processed or finalised until all the relevant documentation has been received by the
- 4. If any facts reflected in this application form prove to be incorrect, the school reserves the right to reject the application, whether or not the application has been previously accepted. It is an offence to make a false statement about any item pertinent to this application, such as the age and identity of a child, place of residence, guardianship or previous academic achievement.
- 5. By making this application for admission to the school, the learner and her parents accept that, on such admission, the learner will be bound by the Code of Conduct and regulations of the school throughout the learner's stay at the school.
- 6. This form must be completed in full by the applicant's parent/s or legal guardian.7. 'Parent' as defined in the South African Schools Act, No 84 of 1996, is:
- - a. the parent or guardian of a learner;
  - b. the person legally entitled to custody of a learner; or
  - c. the person who undertakes to fulfil the obligations of a person referred to in paragraph (a) and (b) towards the learner's education at school.
- 8. Durban Girls' High School is a fee paying school in terms of Section 39 and 40 of the South African Schools Act,
- 9. The closing date for applications is as stated on the attached letter.

#### (PLEASE USE CAPITAL LETTERS FOR CLARITY PURPOSES)

LEARNER'S FIRST NAMES:  GRADE APPLIED FOR:	
CDADE ADDITED FOR:	
GIVADE AFFEIED FOIX.	
The following documents must be submitted with the application:	
DATE RECEIVED:	

	FOR OFFICE USE ONLY	
1.	Unabridged birth certificate - certified	
2.	Identity document of learner (if it has been issued) - certified	
3.	Report - end of previous school year and latest - certified	
4.	Immunisation records	
5.	Both parents' identity documents - certified	
6.	Guardianship (if necessary - copy of court ruling) - certified	
7.	Proof of residence as per FICA e.g. electricity account/rates account (latest, original) in parent's name	
8.	One passport size photo of learner	
9.	Current school fee clearance certificate / current school fee statement - recommended	

1.Particulars of Learner					
Surname:		First name:			
Second name:		Known as:			
Date of birth:		Place of birth:			
Identity number:					
Religion:					
Residential address of learner:					
Learner living with:	BOTH PARENTS	MOTHER	FATHER	OTHER	
Give details if "Other":					
Number of children in family:		Position in fan			7
Citizenship:					
Country of residence:					
Immigrant? If yes, state date of					
If immigrant, documentation on					
If not South African - Residence					
1.1. Schooling					
Current Grade:					
Name and postal address of pro					
Telephone no:		Email addres	SS:		
Number of years at above scho					
List other schools attended (exc					
	3111	,			
Has learner been expelled from	n/refused admission	to anv school?	YES	NO	
Has learner repeated any grade	VE0 NO				
If the learner has attended a sc		ave English as	the medium	of instruction.	provide
details:				or mod dodor,	provido
1.2. Family Association	with Durban Gir	is riigh Scr	1001	LVEAD	VEAD
1.2.1. SISTER/S:				YEAR FROM	YEAR TO
Name:					
Name:					
1.2.2. MOTHER:					
Name:					
Maiden Name:					
1.2.3.GRANDMOTHER/S:					
Name:					
Name:				I	Page 2 of 7

#### 8. DECLARATION

- 8.1. I undertake:
  - a. to furnish original, authentic documents as required;
  - b. to inform the school in writing of any change of address or telephone number.
- - a. the onus is on me, as the parent/guardian, to ensure that the application form is complete;

  - b. if the application form is incomplete, the application may not be considered;
    c. if any information supplied is fraudulent, the application will be refused;
    d. Durban Girls' High School reserves the right to validate or verify information and documentation submitted.
  - e. should the DGHS school fees account of any sibling be in arrears, this application will not be processed. I agree that all information given to the school is truthfully and honestly given. I declare that:
- a. the information and documents submitted for this application are true and correct;
  b. should any information or correspondence with the school contain unjustifiable claims or dishonesty, the school shall be entitled to request me to remove this child from the school.
- I acknowledge receipt of the letter accompanying this application form and have noted its contents.

  I agree that all written correspondence forwarded by the school to the given postal address shall
- be deemed to have been received within 7 days from date of postage.
- Should this application be successful I undertake:
  - a. to inform the school in writing of any case of infectious illness in my household;
  - b. to ensure that this child attends school regularly and to give reasons in writing should the child be absent;
  - c. to ensure that this child complies with the Code of Conduct and regulations of the school;
  - d. to respect the tradition and character of the school and encourage this child to do the same;
  - e. to ensure that this child attends organised school activities;
  - f. to pay the full school fees in terms of Section 39 and 40 of the South African Schools Act,
  - g. to pay all costs incurred for damage done or losses caused by this child to school property.
- 8.7. Should this application be successful, I agree that the Principal or her designates may act in *loco parentis* in the event of any injury or accident in which this child may be involved.
- Should this application be successful, I consent:
  - a. to the school collecting, storing and updating the personal information we have provided the school and that the school can provide the necessary personal information to an authorised representative of the school for a lawful purpose only; b. to the school or the school's authorised representative taking reasonable, practicable steps to ensure that
  - the personal information is complete, accurate, not misleading and updated where necessary.
- Should this application be successful, and in the event of any school fees/monies due by the parents/guardian not being paid, I/we authorise the school to do credit bureaux searches and for the school to inform any relevant credit bureaux.

By signing below I understand that the above declaration is binding on me and my daughter: MOTHER: (Name in full )\_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ FATHER: (Name in full) SIGNATURE: Date: GUARDIAN - If applicable: (Name in full)

Witnesses:

Signature: \_\_\_\_\_ 1. Name:

Address: Phone Number: \_\_\_\_\_

Date: \_\_\_\_

2. Name: Signature:

Address: \_\_\_\_\_ Phone Number: \_\_\_\_

Date:

SIGNATURE:

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If "Other" - Name and Relationship:	4. Reports				
Address:  Durban Girls' High School is a fee-paying school in terms of Section 39 and 40 of the South Afr Schools Act, Act No. 84 of 1996.  Mother's Name: Address: I.D. No: Father's Name: Address: I.D. No: Signature:  Signature:  6. In Case of Emergency (ICE)  Who does the school contact first?  Should the contacts above (i.e. mother/father/care giver) be unavailable, please provide of two alternative emergency contacts: 6.1 (ICE1) Name: Address: Telephone no: Cellphone number: 6.2 (ICE2) a person not living with you. Name:- Address: Telephone no: Cellphone number:  7. Medical  Medical Aid: Medical Aid: Medical Aid Main Member: Membership Number: Doctor: Telephone No: Previous illnesses (nature and seriousness), details of disabilities, allergies or other medical co	Reports to be sent to:	Father	Mother	Jointly to Parents	Other
Address:  Durban Girls' High School is a fee-paying school in terms of Section 39 and 40 of the South Afr Schools Act, Act No. 84 of 1996.  Mother's Name: Address: I.D. No: Father's Name: Address: I.D. No: Signature:  Signature:  6. In Case of Emergency (ICE)  Who does the school contact first?  Should the contacts above (i.e. mother/father/care giver) be unavailable, please provide of two alternative emergency contacts: 6.1 (ICE1) Name: Address: Telephone no: Cellphone number: 6.2 (ICE2) a person not living with you. Name:- Address: Telephone no: Cellphone number:  7. Medical  Medical Aid: Medical Aid: Medical Aid Main Member: Membership Number: Doctor: Telephone No: Previous illnesses (nature and seriousness), details of disabilities, allergies or other medical co	If "Other" - Name and Rela	tionship:			
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Address:  I.D. No: Signature:  Father's Name:  Address:  I.D. No: Signature:  6. In Case of Emergency (ICE)  Who does the school contact first?  Should the contacts above (i.e. mother/father/care giver) be unavailable, please provide of two alternative emergency contacts:  6.1. (ICE1)  Name:  Address:  Telephone no: Cellphone number:  6.2. (ICE2) a person not living with you.  Name:-  Address:  Telephone no: Cellphone number:  7. Medical  Medical Aid:  Medical Aid:  Medical Aid Plan/Level/Type:  Membership Number:  Doctor: Telephone No:  Previous illnesses (nature and seriousness), details of disabilities, allergies or other medical co			school in terms	s of Section 39 and	40 of the South Af
Signature:  Father's Name:  Address:  I.D. No:  Who does the school contact first?  Should the contacts above (i.e. mother/father/care giver) be unavailable, please provide of two alternative emergency contacts:  6.1. (ICE1)  Name:  Address:  Telephone no:  6.2. (ICE2) a person not living with you.  Name:-  Address:  Telephone no:  Cellphone number:  7. Medical  Medical Aid:  Medical Aid:  Medical Aid Main Member:  Membership Number:  Doctor:  Telephone No:	Mother's Name:				
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Signature:  Mother Father Care Giver  Should the contacts above (i.e. mother/father/care giver) be unavailable, please provide of two alternative emergency contacts:  6.1. (ICE1)  Name:  Address:  Telephone no:  Cellphone number:  6.2. (ICE2) a person not living with you.  Name:-  Address:  Telephone no:  Cellphone number:  7. Medical  Medical Aid:  Medical Aid Plan/Level/Type:  Medical Aid Main Member:  Membership Number:  Doctor:  Telephone No:	Father's Name:				
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Who does the school contact first?    Mother   Father   Care   Giver	I.D. No:		Signature:		
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of two alternative emergency contacts:  6.1. (ICE1)  Name:  Address:  Telephone no:  Cellphone number:  6.2. (ICE2) a person not living with you.  Name:-  Address:  Telephone no:  Cellphone number:  Cellphone number:  Medical Aid:  Medical Aid:  Medical Aid Plan/Level/Type:  Medical Aid Main Member:  Membership Number:  Doctor:  Telephone No:  Previous illnesses (nature and seriousness), details of disabilities, allergies or other medical co	Who does the school	ol contact first?		Mother Father	
6.1. (ICE1)  Name:  Address:  Telephone no:  Cellphone number:  6.2. (ICE2) a person not living with you.  Name:-  Address:  Telephone no:  Cellphone number:  Cellphone number:  Medical Aid:  Medical Aid:  Medical Aid Plan/Level/Type:  Medical Aid Main Member:  Membership Number:  Doctor:  Telephone No:  Previous illnesses (nature and seriousness), details of disabilities, allergies or other medical co				e giver) be unavail	able, please provid
Name: Address: Telephone no: Cellphone number: 6.2. (ICE2) a person not living with you. Name:	of two alternative er	nergency conta	icts:		
Address: Cellphone number:					
Telephone no:					
6.2. (ICE2) a person not living with you.  Name:					
Name: - Address:	·			Cellphone number:	
Address: Telephone no:	, , ,				
Telephone no: Cellphone number:  7. Medical  Medical Aid:					
Medical Aid:  Medical Aid   Medical Aid Plan/Level/Type:  Medical Aid Main Member:  Membership Number:  Doctor:  Telephone No:  Previous illnesses (nature and seriousness), details of disabilities, allergies or other medical co					
Medical Aid:				onpriorie number.	
Medical Aid Plan/Level/Type:					
Medical Aid Main Member:					
Membership Number:	•				
Previous illnesses (nature and seriousness), details of disabilities, allergies or other medical co					
Previous illnesses (nature and seriousness), details of disabilities, allergies or other medical co	•				
which the school should be aware:	•				
	which the school should be	aware:			

.3. Learner Profile	
IAME OF LEARNER:	
brief resumé of achievements from previound cultural activities.	us school years and current school year, including sporting
Academic:	
Londorphin	
Leadership:	
Extra-curricular - school involvement:	
EXTRA-CURRICULAR ACTIVITY	TEAM OR LEVEL ATTAINED YEAR
EXTINCT COLUMN TO THE PROPERTY OF THE PROPERTY	TE/III ON EEVEE / TE/III
ny other information regarding extra-curricu	ular involvement:
Extra-curricular - out of school involveme	ent:
K ( )	
If a family member attends/ed Durban Gir	ns riigh School, please indicate House.
Fick appropriate block.	
anite (formerly Connaught) - Blue	Malachite (formerly Buxton) - Green
nethyst (formerly Selborne) - Purple	Garnet (formerly Athlone) - Red
trine (formerly Milner) - Yellow	

## 2. Particulars of Biological Parents Particulars of both biological parents are required. In the case of a deceased parent please indicate this on the form and include a certified copy of the Death Certificate. **FATHER** MOTHER Surname: ..... Surname: ... Maiden Name: ..... First Names: First Names: ...... Prof/Dr/Mrs/Miss/Ms: ..... Prof/Dr/Mr: ..... I.D. Number: I.D. Number: ..... Marital Status: Marital Status: Married/Single/Divorced/Widowed Married/Single/Divorced/Widowed (Delete whichever not applicable) (Delete whichever not applicable) Residential Address (Street): Residential Address (Street): Number of years at above address: ..... Number of years at above address: **Postal Address: Postal Address:** Home Telephone no: Home Telephone no: Work Telephone no: .. Work Telephone no: . Fax no: ..... Fax no: Cellphone no: ..... Cellphone no: ..... e-mail: ..... Place of Work - Name: Place of Work - Name: Place of Work - Address: Place of Work - Address: Occupation: ..... Occupation: ..... Position Held:.... Position Held:.... No. of years service at present place of work: No. of years service at present place of work:

Compulsory School Fees are prescribed by law and the Governing Body may enforce their payment by taking legal action (SA Schools Act 84 of 1996 - Section 41). The address specified above as your residential address is hereby acknowledged as the chosen legal domicile for service of all legal notices and processes until and unless the school is advised in writing of your new address (domicilium citandi et executandi).

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## 3. Particulars of Step-Parents/Legal Guardians (If applicable)

/Ms:		
earner:		
Residential Address (Street):		
at above address:		
no:		
no:		
lame:		
Address:		
Position Held:		
No. of years service at present place of work:		

Compulsory School Fees are prescribed by law and the Governing Body may enforce their payment by taking legal action (SA Schools Act 84 of 1996 - Section 41). The address specified above as your residential address is hereby acknowledged as the chosen legal domicile for service of all legal notices and processes until and unless the school is advised in writing of your new address (domicilium citandi et executandi).