



HORIZON HIGH

2 X LEARNER
ID
PHOTO'S

2024 APPLICATION FORM BOYS HIGH

FOR OFFICIAL USE ONLY

STUDENT NUMBER:

ACCEPTED	NOT ACCEPTED		Academic Scholarship Bursary Percentage:
Sibling Discount (10%):	YES	NO	Financial Scholarship Bursary Percentage:
Dormitory	YES	NO	Dormitory Scholarship Bursary Percentage:
Conditions Of Acceptance: _____			

INITIAL & SURNAME: DEPUTY PRINCIPAL		DATE	SIGNATURE: DEPUTY PRINCIPAL

REQUIRED DOCUMENTS

(No Application Form Will Be Accepted/Held, Without ALL Of The Required Documents)

- ❖ Completed Application Form
- ❖ 2 x Student ID Photo's
- ❖ 2 x CERTIFIED Copies Of The Learner's Birth Certificate OR Passport With Valid Visa-Study Permit
- ❖ CERTIFIED Copies Of Both Parents ID Documents
- ❖ Copy Of The Learner's School Reports Received In The Last Two Terms
- ❖ Pay Slip Of The Account Payee AND Last 3 Months Bank Statements
- ❖ IF SELF-EMPLOYED - Certified Copy Of The Company's Registration Certificate AND The last 3 Months Bank Statements Of The Company

**VERY
IMPORTANT!**

PARTICULARS OF STUDENT

(Full Completion Is Compulsory, Please Complete Everything)

GRADE APPLYING FOR	8	9	10	11	NAME OF CURRENT SCHOOL:		
FIRST ADDITIONAL LANGUAGE	AFRIKAANS		ISIZULU		ADMISSION AS A:	DAY SCHOLAR	DAY & BOARDING SCHOLAR
Name:					Surname:		
Date Of Birth:					Country Of Birth/Nationality:		
Id/Birth Certificate Nr:					Passport Nr:		
Home Language:					Study Permit Nr:		
Residential Address:							
Number Of Children In The Family:					Has The Student Passed All Grades?	YES	NO
Deceased Parent(S):	NONE		FATHER		MOTHER		BOTH PARENTS
Student Living With:	BOTH PARENTS		MOTHER		FATHER		OTHER:
Are Parents Divorced?	YES	NO		Siblings At Horizon High?	YES	NO	

MEDICAL / EMERGENCY INFORMATION

(Full Completion Is Compulsory, Please Complete Everything)

Medical Aid Name:	Medical Aid Number:
Medical Aid Main Member:	Doctor Name:
Doctor Contact Number:	Doctor Address:
Preferred Hospital In Case Of Emergency:	Government Ambulance OR Private Ambulance (911)
Contact Person Name & Contact Nr (<i>When The Mother, Father or Primary Contact Is Unreachable</i>):	
Allergies:	Special Needs (ADD/ADHD etc.):

PARTICULARS OF PARENTS (Full Completion Is Compulsory, Please Complete Everything)**FATHER****MOTHER**

Name & Surname:	Name & Surname:
ID Nr:	ID Nr:
Occupation:	Occupation:
Company of Employment:	Company of Employment:
Work Telephone Nr:	Work Telephone Nr:
Home Telephone Nr:	Home Telephone Nr:
Cell Phone Nr:	Cell Phone Nr:
Alternative Cell phone Nr:	Alternative Cell Phone Nr:
Email Address:	Email Address:

PRIMARY CONTACT PERSON (Individual That Will Receive Any & All School Communication)

Relation To Student:	Id Number:
Full Name:	Surname:
Physical Address:	
Occupation:	Company of Employment:
Home Telephone Nr:	Work Telephone Nr:
Email Address:	Cell Phone Nr:

PARTICULARS OF ACCOUNT PAYEE (Full Completion Is Compulsory, Please Complete Everything)

Relation To Student:	Id Number:
Full Name:	Surname:
Physical Address:	
Occupation:	Company of Employment:
Home Telephone Nr:	Work Telephone Nr:
Email Address:	Cell Phone Nr:

ACCOUNT PAYEE PLEASE READ AND SIGN BELOW

I, the account payee, hereby declare that the above information as supplied is accurate and correct and that I the account payee have read and understood the terms and conditions on page 3 of the application form. I acknowledge and agree that it is my responsibility to inform/ensure that the school has my updated contact details at all times. I the account payee take full responsibility for this account and agree that should this account be unpaid for 2 or more months, that the student may be suspended until such time the account is paid up. I agree that the school may de-register the student from Horizon High School should my annual account not be paid in full at the end of October annually. This is my agreement that I am responsible for this student's account and therefore will be held liable for his fees.

ACCOUNT PAYEE FULL NAME & SURNAME:	ACCOUNT PAYEE SIGNATURE:	DATE:

FEE STRUCTURE (Full Completion Is Compulsory, Please Complete Everything)

REGISTRATION FEE	(Not Part Of The Tuition Fee, Once Off Payment, Non-Deductible & Non-Refundable)	R3 500.00
ANNUAL TUITION FEE	(Excluding Dormitory/Boarding Fee)	R47 000.00 (R4 700.00 Per Month)
ANNUAL DORMITORY FEE	(Excluding Tuition Fee - Only Applicable If Student Resides In The Dormitory)	R47 000.00 (R4 700.00 Per Month)

IMPORTANT INFORMATION (PLEASE SIGN BELOW, ONCE READ, ACKNOWLEDGED AND AGREED)

This is the confirmation that my son who is under my financial custody:

Learner Name: _____

Learner Surname: _____

Learner Grade: _____

Year Starting High School: _____

Is in Horizon High School as a pupil on the following expressed terms and conditions:

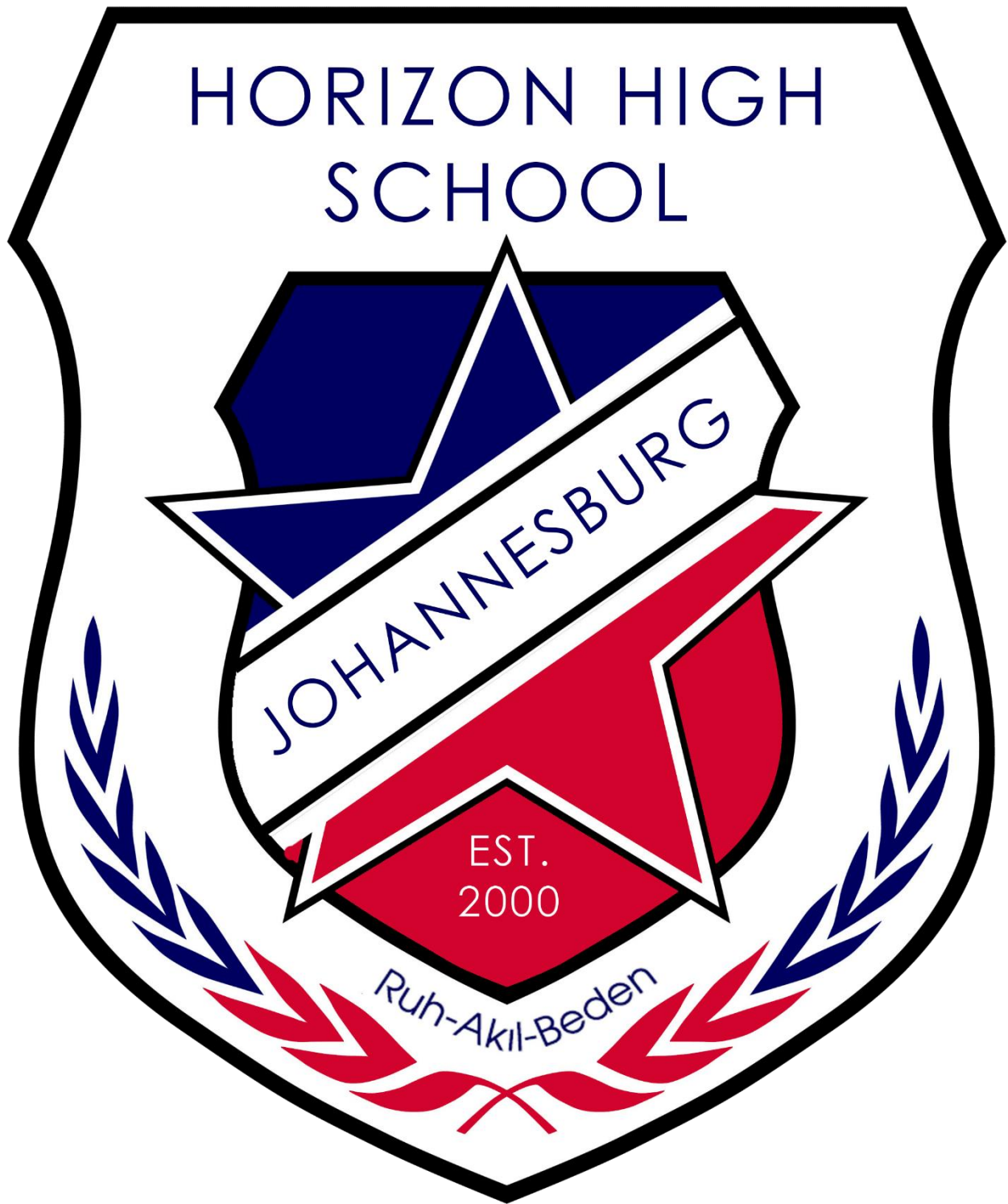
1. That a once off, non-deductible, non-refundable registration fee must be paid after receiving the acceptance letter for my son. That I am indebted to Horizon High School with the payment plan indicated on page 2 of the application form.
 2. That the monthly school fees are payable in advance before the first day of each month, the first payment due on the 01st of January. Accounts for supplementary fees or expenses will be paid by the end of every month. A levy of R300.00 will be charged for dishonouring on time payments of school fees by the 07th of every month. The annual fees increase by approximately 10% per annum.
 3. That a FULL TERM'S notice must be paid to the school, should a student leave Horizon High School for any reason. A FULL TERM'S fee is payable in the event of withdrawal for whatever the reason may be between the date of this acceptance and the beginning of the next term of the year, unless there are, in the opinion of the Principal, unusual circumstances.
 4. **If 2 instalments are missed, then a FULL ANNUAL SCHOOL FEE will become payable immediately and HORIZON HIGH SCHOOL shall thereupon forthwith be entitled to institute action against me, the account payee, for the recovery thereof, in which event I, the account payee, shall be liable for the payment of all debt-collector and own client costs (including collection commission) incurred by Horizon High School in respect of such proceedings.**
 5. **That the Principal or the acting Principal has the full right to refuse a pupil to return to school for any term at the beginning of which the previous term's fees have not been paid in full. As an independent school, the Principal or the acting Principal has the full right to de-register your son if and when there are outstanding fees, and your account will be handed over to the legal department with the possibility of being blacklisted.**
- Account Payee Initial:** _____
6. That the school fees are calculated annually and not according to the days your son attended school or were absent from school for ANY reason.
 7. That in the event of an emergency arising, medical or otherwise relating to the above-mentioned pupil in which it is not in reason or possible in the opinion of the Principal or acting Principal or staff member duly designated by the Principal, for effective communication to be established with the parent or guardian, the Principal or acting Principal and or staff member shall have the authority, to make any decision necessary in the best interest and welfare of the said pupil and/or of the school and/or of the rest of the pupils. Any medical or other costs arising from this decision will be the responsibility of the account payee. In the event of an emergency should an ambulance be required, the parents will be contacted, however should the parents be unreachable at that time, an ambulance will be contacted and the account payee will be held liable for the fees of the ambulance.
 8. That the Principal has the right in his absolute discretion, to suspend a pupil from school, or to require the pupil and parents' withdrawal for any reason considered within the best interest of the school. Should the pupil be asked to leave school, the parent or guardian will remain liable for the school fees due for the full term during which the pupil was removed, and if such fees have been paid, the school shall not be obliged to refund any portion thereof.
 9. That the pupil found in the possession of or using any substance (drugs, alcohol, cigarettes and undesirable literature - as in the opinion of the Principal) will face the risk of expulsion from the school as also will any pupil who absents himself from the school without permission. I acknowledge and agree that the school may conduct random drug tests as and if required from any pupil, including my son. If the pupil damages any school property, the account payee will be held financially liable for the replacement.
 10. The student/pupil have to abide by the regulations of the school (available in the school homework diary). The Principal or acting Principal has the full authority to penalize, suspend or expel a student if found not acting within these regulations.
 11. That the school is not liable for any loss or damage however caused to any property, including cell phones/electronics belonging to a pupil or any member which is, or may be deemed to be in custody of the school or school premises. Should a pupil be caught damaging the school property, staff vehicles or another student on the school premises, the parents will be held liable for the damages and costs occurred.
 12. That any photos or footage taken of my child may be used in publications whether printed or audio visual.
 13. That the school rules and regulations are amended from time to time (notices of this will be sent to parents) and shall binding to the parents and the pupil.

Account Payee Full Name/s:

Account Payee Surname:

Account Payee Signature:

Date:



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First National Bank - Park Town

Branch Code: 250455

Account No: 62032790885

Name: Horizon High School

Ref: Student Name / Student Number