



## COUNTRY HOUSE SCHOOL APPLICATION FORM

**🔄 DON'T PRINT, AND GO GREEN, READ FROM YOUR SCREEN!**

**Please complete the below form electronically, and digitally sign if possible.**

Applications will not be processed unless copies of all documentation requested below are provided, both parents are required to initial each page of this application, as well as signing where necessary before submitting

1. The student's unabridged / abridged birth certificate and passport if available
2. Student's latest progress reports and / or latest assessment reports
3. Recent colour ID photo (head and shoulders picture of student, please attach above)
4. CEMIS transfer document (if applicable)
5. I.D. Documents of both parent/s / guardians or person responsible for payment of fees
6. A certified copy of the latest tax certificate (ITA34 / IRP5)
7. Consent for credit check (page 10)
8. Fee Policy & Debit Order Form
9. Parent contract of enrolment
10. Financial Clearance Certificate from previous school if applicable (page 9, detach from application)
11. Proof of guardianship (if applicable)
12. S.A. Study / work permit (Immigrants only)
13. My school card ONLINE application form
14. Acceptance letter
15. Declaration of authenticity (from Grade 1 onwards)
16. Code of conduct acknowledgment
17. LTSM disclaimer
18. In the intent of divorce, attached relevant documentation e.g. Restraining order, custody etc.
19. Aftercare Policy/contract (if applicable)



Exact date of entry		Grade / Class applying for	
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### HOW TO ENROL?

**STEP 1:**  
Kindly complete the application form in its entirety, along with all your supporting documents, as highlighted above

**STEP 2: Admission Payment: FNB 62023901243**  
Provide proof of payment for the non-refundable admission fee (**R300**) and have it accompany the application form

**STEP 3:**  
Your application will be assessed and if successful, parents will be notified via a welcome email

**STEP 4:**  
On client's confirmation or response, a once off, non-refundable registration fee will be invoiced and needs to be paid to secure the student's place

<b>PAYMENT MADE</b>	Yes	No
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<b>OFFICE USE ONLY</b>	Completed by		
Interview date			
Siblings		Grade / Age	
Approved	Yes	No	
Reason			



## WHICH CLASS / GRADE ARE YOU APPLYING FOR?

Please tick ✓ where applicable

### NURSERY & PRE PRIMARY

- |  |   |
|--|---|
| <input type="radio"/> Little Chicks (under 1 year of age)      | <input type="radio"/> Little Ducklings (1 year turning 2 years) |
| <input type="radio"/> Little Bunnies (2 years turning 3 years) | <input type="radio"/> Little Piglets (3 years turning 4 years)  |
| <input type="radio"/> Little Lambs (4 years turning 5 years)   | <input type="radio"/> RECEPTION YEAR Little Calves (Grade R)    |

### FOUNDATION PHASE

- |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> Grade 1 | <input type="radio"/> Grade 2 | <input type="radio"/> Grade 3 |
|-------------------------------|-------------------------------|-------------------------------|

### INTERMEDIATE & SENIOR PHASE

- |                               |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> Grade 4 | <input type="radio"/> Grade 5 | <input type="radio"/> Grade 6 | <input type="radio"/> Grade 7 |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

### HYBRID HIGH SCHOOL

- |                               |                               |                                |                                |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> Grade 8 | <input type="radio"/> Grade 9 | <input type="radio"/> Grade 10 | <input type="radio"/> Grade 11 |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------|

## WHICH DAILY OPTION ARE YOU SELECTING?

Please tick ✓ where applicable

- |  |   |   |
|--|---|---|
| <input type="radio"/> <b>School Hours</b> Half day<br>(13:30pm, no later than 14:00pm) | <input type="radio"/> <b>Afternoon care</b> Full day (ONLY till Gr 7)<br>(17:00pm, no later than 17:30pm) | <input type="radio"/> <b>3-Day week</b> Full day<br>(ONLY Chicks & Ducklings) |
|--|---|---|

## GENERAL INFORMATION

Do you have any family / friends currently attending Country House School?

Yes

No

Please outline the 2 main reasons for choosing Country House School?

Reason 1

Reason 2

Does the student you are applying for have siblings that don't attend Country House School? If yes, give your reason

Yes

No

How did you hear about us? (church, advert, social media, word of mouth etc.)

How far do you live from Country House School? (in km)

# Student INFORMATION

First Names		Surname	
Known as		Birth date (M/D/Y)	
Position in family		Siblings currently in CHS	

Male		Female		Current age	
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Citizenship		Country of birth	
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Population group is required by Government, for statistical reasons (african, white, coloured etc.)

Population		Language		ID / Passport	
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Home address			

Any previous misdemeanors, suspensions or expulsions from previous schools? (attach documents)	
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Any learning difficulties we should be aware of (attach relevant professional tests or diagnosis)	
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Current School	
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Reason for leaving	
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Student's interests, hobbies, sport or cultural participation	
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## STUDENT MEDICAL INFORMATION

Medical aid		Medical plan	
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Main member		Medical aid number	
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Has the student received all necessary immunizations (attach copy) if not, please specify reason?

Yes		No	
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Auditory tests	Yes		Date	
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Visual screening	Yes		Date	
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List of known allergies			
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Specify any other relevant medical needs			
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General practitioner		Contact number	
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Physical address			
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## ALTERNATIVE CONTACTS

In the event of an emergency, kindly provide 2 alternative contacts (not parental or living with student)

Name		Surname		Relationship	
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Cellular number		Work number		Home number	
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Name		Surname		Relationship	
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Cellular number		Work number		Home number	
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## MEDICATION POLICY

Strictly no oral medication will be given, this will include antibiotics. Parents/ guardians are reminded a student is too ill to be at school should he / she require daily medication. By LAW, a person who is not a licensed health professional (e.g. headmaster, matron, teacher, etc.) may not prescribe or dispense medication to any child. A parent or guardian may however request the school to administer (not prescribe) medicine which has already been prescribed for the child by a licensed medical professional (only chronic will be considered), keeping in mind the time and complications thereof, would determine if we are able to assist. (all medication to be labelled clearly and delivered at RECEPTION)

In all instances a **DOCTORS' LETTER** can be requested, confirming the student's condition. **NO VERBAL INSTRUCTIONS** will be accepted, all information pertaining the administration of the medication must be recorded in writing, (**ONLINE FORM**) and first and foremost be approved by the Heads of the School. (in accordance with our **HEALTH & NUTRITION POLICY**)

### CHS AND ITS FIRST AID APPOINTEES WILL ADMINISTER THE FOLLOWING (TOPICAL) TREATMENT WHEN THE CIRCUMSTANCE ARISES.

Medication	Injury
Germolene / Bactroban	Open scrapes and cuts, plasters and bandages will be used
Mercurochrome	Minor scrapes and scratches
Burn shield	Burns and abrasions
Allergex cream	Insect bites, hives and allergic rashes
Dettol	Cleaning of wounds (will be diluted)
Vicks	Insect bites, itchy stings, muscle pain or bruises

## EMERGENCY PROCEDURE POLICY - MEDICAL EMERGENCY CONSENT & INDEMNITY

Should Country House School staff deem that a student requires immediate medical attention due to an incident or injury, parents hereby give consent for the School and/or its authorised representatives to arrange urgent medical assistance.

### IN THE EVENT OF A MEDICAL EMERGENCY:

- The School will contact parents immediately with urgency.
- Frontier Medix Emergency (074 991 0911) Services will be contacted to attend to and transport the student.
- Should parents not have private medical aid, their child will be transported to District George Hospital.
- Should parents have private medical or hospital cover, their child will be transported to Mediclinic George Hospital.
- Parents accept that any co-payments charged by Frontier Medix (typically ranging between R900 – R2 500) remain fully payable by the parent/guardian.

All CHS employees hold a Level 1 Basic First Aid qualification. While we are not medical practitioners, staff may act on reasonable intuition and visible risk when an injury appears life-threatening. In less urgent cases, parents will be contacted first before any further action is taken. Parents hereby indemnify Country House School and its employees from any contra-indication, side effect, or adverse outcome resulting from:

- Administering approved oral medications or first-aid treatment,
- Actions taken during the medical emergency procedure,
- Transportation by Frontier Medix or to any hospital,
- Any injury or death that may occur while following emergency protocols in good faith.

### PARENTS FURTHER DECLARE THAT:

1. They will immediately notify the School of any changes to medical, contact, or custody information.
2. They consent to CHS staff administering the approved medications listed on the Application Form when necessary.
3. They consent to a School representative or authorised medical responder to act on their behalf if parents/guardians are unreachable.
4. They understand that in a critical situation, there may not be time to check medical files, and the School reserves the right to take reasonable and immediate action using the quickest available medical service.

Father Signature (Parent / Guardian 1)	
Mother Signature (Parent / Guardian 2)	
Date (M/D/Y)	

# Parent / Guardian 1 INFORMATION

Guardian / Stepparent

First name		Surname	
Title		Marital status	
Spouse or partner (if details are not the same as who appears in Parent 2 Information)			
Full name and surname		Contact number	
Personal email address			
Physical home address			

ID / Passport number		Religion	
Cellular number		Home number	

South African citizen	Yes		No		Income tax no.	
If no, provide details of citizenship						

Complete applicable

Homeowner		(M/D/Y)		Tenant		(M/D/Y)	
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If you are renting, kindly provide below information

Landlord / Agency		Contact details	
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Employer		Occupation	
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Commencement (M/D/Y)		Work number	
Work email			
Work address			

## PARENTAL STATUS

Complete yes to the below applicable

Living with student		Legal guardian	
Access right to student		Access in emergencies only	
No access granted		Not living with student	
Stepparent		Biological parent	

## COMMUNICATION

Parents are urged to be attentive to our designated WhatsApp groups, this is our primary means of communication, please be diligent in completing and returning newsletters and reply slips

Number that should be added to the Country House communication WhatsApp group?	
Who does this number belong to? (Parent 1 or 2, provide name)	
Who should be contacted daily for general queries, questions or concerns? (provide number and name)	

# Parent / Guardian 2 INFORMATION

Guardian / Stepparent

First name		Surname	
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Title		Marital status	
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Spouse or partner (if details are not the same as who appears in Parent 2 Information)

Full name and surname		Contact number	
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Personal email address	
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Physical home address	

ID / Passport number		Religion	
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Cellular number		Home number	
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South African citizen	Yes		No		Income tax no.	
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If no, provide details of citizenship						
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Complete applicable

Homeowner		(M/D/Y)		Tenant		(M/D/Y)	
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If you are renting, kindly provide below information

Landlord / Agency		Contact details	
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Employer		Occupation	
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Commencement (M/D/Y)		Work number	
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Work email			
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Work address			
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## PARENTAL STATUS

Complete yes to the below applicable

Living with student		Legal guardian	
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Access right to student		Access in emergencies only	
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No access granted		Not living with student	
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Stepparent		Biological parent	
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## PERSON RESPONSIBLE FOR *Payment*

Please complete the below section

First name		Surname	
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Title		Marital status	
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Spouse or partner (if details are not the same as who appears in Parent 1 or 2 Information)

Full name and surname		Contact number	
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Personal email address	
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Physical home address	

ID / Passport number		Religion	
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Cellular number		Home number	
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South African citizen	Yes		No		Income tax no.	
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If no, provide details of citizenship	
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Complete applicable

Homeowner		(M/D/Y)		Tenant		(M/D/Y)	
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If you are renting, kindly provide below information

Landlord / Agency		Contact details	
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Employer		Occupation	
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Commencement (M/D/Y)		Work number	
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Work email	
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Work address	
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Designation		Relationship to student	
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## INVOICES AND STATEMENTS

Email address invoices and statements should be sent to	
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In the event of the parents being divorced, the onus rests entirely on the person completing this form to ensure that the parent and / or guardian and / or other entity stipulated as the fee payer is in terms of the agreement of settlement and / or court order handed down in respect of such divorce, that the fee payer is correctly stipulated as in terms of such court order. In the event of the person responsible for payment of fees fails to effect payment of the fees when due, the persons signing this application form shall be responsible for payment of any fees due to Country House School.

Signature of person responsible for payment	
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Date (M/D/Y)	
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## ENTITY (TRUST) RESPONSIBLE FOR PAYMENT

Please complete the below section if applicable

If a company, close corporation or trust, a resolution authorizing the said person is to sign the application form

First name		Surname	
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Title		Marital status	
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Spouse or partner

Full name and surname		Contact number	
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Personal email address	
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Physical home address	
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ID / Passport number		Religion	
Cellular number		Home number	

South African citizen	Yes		No		Income tax no.	
If no, provide details of citizenship						

Complete applicable

Home owner		(M/D/Y)		Tenant		(M/D/Y)	
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If you are renting, kindly provide below information

Landlord / Agency		Contact details	
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Employer		Occupation	
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Commencement (M/D/Y)		Work number	
Work email			
Work address			

Designation		Relationship to student	
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## ENTITY

Name of entity		Type of entity		Registration number	
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## INVOICES AND STATEMENTS

Email address invoices and statements should be sent to	
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If the entity fails to pay for any reason whatsoever, the person signing this application form shall be responsible for the payment of any due or outstanding fees to Country House School.

Signature of person responsible for payment	
Date (M/D/Y)	

# FINANCIAL CLEARANCE CERTIFICATE

To be completed by the previous school, if applicable

Full name & surname of student	
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Schools name		Schools contact details	
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Schools physical address	

Schools email address	
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Schools' current monthly fees	R		Fees outstanding	R	
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Adequate notice given	Yes		No	
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Please confirm that all financial and contractual obligations were met, along with a satisfactory behaviour report for the student.

Completed by		Designation		Date (M/D/Y)	
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Principal		Contact details	
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Signature of person responsible	
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## SCHOOL STAMP

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## CONSENT FOR CREDIT CHECK (INDEMNIFICATION)

As part of the student's admission process, the School is required to obtain credit reports or other related information on the account of the account holder, as may be deemed necessary.

The purpose of the credit report is to assess the account holder's financial means and ability to satisfy the financial obligations as set out in the Fee Schedule.

You are required to complete the section below and return to the School's finance department with your completed application form.

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We the undersigned, hereby authorise Country House School and / or any of its associates to conduct credit enquiries and / or obtain credit reports in respect of our credit profile, as may be necessary, with the credit bureau of its choice.

### ACCOUNT HOLDER 1

Account holder full name		ID / Passport number	
Date of birth		Cellular number	
Home address			
Email address			

Signature of account holder		Date (M/D/Y)	
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### ACCOUNT HOLDER 2

Account holder full name		ID / Passport number	
Date of birth		Cellular number	
Home address			
Email address			

Signature of account holder		Date (M/D/Y)	
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Furthermore, we the undersigned acknowledge that any Personal Information supplied to Country House School is provided voluntarily and that Country House School may not be able to comply with its obligations if the correct Personal Information is not supplied to Country House School. We understand that privacy is important to Country House School and that Country House School Parties will use reasonable efforts in order to ensure that any Personal Information in their possession or processed on their behalf is kept confidential, stored in a secure manner and processed in terms of the Protection of Personal Information Act, No 4. Of 2013 (POPI).

We warrant that all information, including Personal Information, supplied to Country House School is accurate and current and agree to correct and update such information when necessary.

By submitting any Personal Information to Country House School in any form, we acknowledge that such conduct constitutes an indefinite unconditional, specific and voluntary consent to the processing of such Personal Information in the following manner by Country House School and / or its third parties.

Personal Information may be shared by Country House School with the relevant verification information suppliers for verification, credit check or other legitimate purposes.

A copy of Personal Information kept by Country House School will be furnished to me upon request in terms of the provisions of POPI. We unconditionally agree to indemnify Country House School against any liability that may result from the processing of Personal Information and or verification of such personal information.

This includes unintentional disclosures of such Personal Information to - or access by - unauthorized persons, and / or any reliance which may inadvertently be placed on inaccurate Personal Information provided to Country House School by myself and / or any third parties.

