



**Summerhill
Prep School**

APPLICATION FORM

CHILD'S INFORMATION

| | | | | |
|---------------------|---------------------|------------------------|-------------------------|---------------|
| First Name | | Gender | M | F |
| Surname | | RSA ID Number | | |
| Other Names | | Citizenship | | |
| Known as | | Passport Number | | |
| Birth Date | y y y y / m m / d d | Study Permit No. | (foreign students only) | |
| Home Language | | Permit Renewal | (foreign students only) | |
| Residential Address | | | | (Postal Code) |
| | | | | |
| Religion | | Siblings at Summerhill | Y | N |

Please complete the application form and return, along with the following documents:

- Copies of two most recent school reports (Grade 1 – 7 applicants)
- Clinic card (Grade 000 – R applicants)
- Copy of your child's Birth Certificate
- Copy of both parents' ID Document/Passport
- Photograph of your child (attach above)
- Financial clearance from previous school (if applicable)
- Bank statements of last three months
- Pay slips of last three months
- Proof of residence
- R200 administration fee

| Office Use Only | | |
|-----------------|-----------|--------------|
| Accepted | Rejected | Waiting List |
| Date | Signature | |
| | | |
| School Stamp | | |

APPLICATION INFORMATION

| | | | |
|---|--|-----------------|--|
| Entry Year | | Entry Grade | |
| Name(s) of sibling(s) currently at Summerhill | | | |
| If a family member attended Summerhill, what is their name? | | | |
| What House were they in? | | | |
| Current School | | School Language | |
| Leadership Position | | Current Grade | |
| Please complete each sport or cultural activity your child participates in. Also include at what level and any achievements | | | |
| Academic Achievements | | | |
| Sporting Achievements | | | |
| Cultural Achievements | | | |
| Outdoor Achievements | | | |
| Other | | | |
| Learning Barriers | | | |
| Therapies | | | |

MEDICAL INFORMATION

| | | | |
|------------------------------|--------------------------|--------------------|---------------------|
| Medical Aid | | Main Member | |
| Membership Number | | Main Member DOB | y y y y / m m / d d |
| Medical Aid Contact No. | | Doctor | |
| Emergency Contact No. | (Not Parent or Guardian) | Doctor Contact No. | |
| Medical Conditions/Allergies | | | |

FINANCIAL MATTERS

| | | | |
|--|---|---|---|
| Name of Person Responsible for Payment of Account | | | |
| Postal Address | | | |
| Contact Numbers | h | w | c |
| E-mail Address | | | |
| <p style="font-size: small;">By signing this application, I/we give consent to Summerhill Preparatory School to conduct an enquiry and/or information search about my/our financial circumstances with a credit bureau, persons acting as their agents and/or credit grantors and hereby acknowledge that the school has the right to refuse enrolment on the grounds of unfavorable credit information.</p> | | | |

| |
|------------------------------------|
| PARENT/GUARDIAN INFORMATION |
|------------------------------------|

| | Father/Principal Guardian | Mother/Secondary Guardian |
|-------------------------------------|---------------------------|---------------------------|
| Title | | |
| First Name | | |
| Surname | | |
| Home Telephone No. | | |
| Cell Number | | |
| E-mail Address | | |
| Occupation | | |
| Employer | | |
| Position at Work | | |
| Work Telephone No. | | |
| Nationality | | |
| Home Language | | |
| RSA ID/Passport No. | | |
| Marital Status | | |
| If Guardian – Relationship to Child | | |
| Postal Address | | |
| | (Postal Code) | (Postal Code) |
| Residential Address | | |
| | (Postal Code) | (Postal Code) |

| |
|--|
| Admission Policy - Acceptance to Summerhill is determined by: |
|--|

- | | |
|---|--|
| <ul style="list-style-type: none"> • Availability of space • Financial status | <ul style="list-style-type: none"> • Performance in the assessment • Interview with the Head |
|---|--|

| |
|--|
| <p>We, the undersigned would be grateful if you would process this application for our child to attend Summerhill. We declare the above information to be correct to the best of our knowledge. We understand that application for admission does not guarantee a place at the school.</p> |
|--|

| | |
|---|---|
| <p>_____</p> <p>Guardian 1/Father's Signature</p> | <p>_____</p> <p>Guardian 2/Mother's Signature</p> |
| <p>Date: _____</p> | |



FINANCE CLEARANCE CERTIFICATE

TO BE COMPLETED BY CURRENT SCHOOL

| | | |
|--|------|---|
| Name of Pupil | | |
| Name of person responsible for fee payment | | |
| ID No of person responsible for fee payment | | |
| Name of School where pupil is currently enrolled | | |
| Annual fees | YEAR | R |
| Fees paid to date | | R |
| Fees Outstanding | | R |
| Comment | | |
| | | |
| | | |

This is to certify that the above person has paid school fees as indicated.

SCHOOL STAMP

Signature of Head/Bursar

Date