

# WILLOWRIDGE HIGH SCHOOL

518 Verkenner Avenue \* The Willows \* Pretoria

Telephone: (012) 807-3423  
email: [admissions@willowridge.co.za](mailto:admissions@willowridge.co.za)  
Web: [www.willowridge.co.za](http://www.willowridge.co.za)



All correspondence to:  
The Headmaster  
P O Box 72262  
LYNNWOOD RIDGE  
0040

Dear Prospective Parents/Guardians of Grade 9 learners for 2024

Thank you for applying at Willowridge High School.

Willowridge High School is an English Medium, Fee Paying High School and cannot accommodate all applicants.

All requested documents must be submitted. Please see checklist attached.

**Incomplete applications will not be accepted.**

Completed documents and queries can be emailed to – [admissions@willowridge.co.za](mailto:admissions@willowridge.co.za)

**Registrations to Grades 9 will be determined by available spaces after the re-registration process of existing scholars for 2024 has been completed.**

Yours sincerely



C. SAAYMAN  
ACTING PRINCIPAL



## GRADE 9 APPLICANT'S CHECK LIST 2024

NO		CHECKED BY APPLICANT	OFFICE USE
1	APPLICATION FORM COMPLETED		
2	SUBJECT CHOICES FORM COMPLETED	Afrikaans <input type="checkbox"/>  Sepedi <input type="checkbox"/>	
3	COPY OF SCHOLAR'S <b>UNABRIDGED</b> BIRTH CERTIFICATE (IS ESSENTIAL, SHOULD YOU APPLY FOR SUBSIDY OR PARENT & CHILD'S SURNAME DIFFER)		
4	COPY OF MOTHER'S/GUARDIAN'S ID		
5	COPY OF FATHER'S/GUARDIAN'S ID		
6	SCHOLAR'S RECENT SCHOOL REPORT		
7	RECENT PROOF OF RESIDENCE (COPY OF UTILITY BILL. LEASE AGREEMENT MUST BE ACCOMPANIED BY THE LESSOR'S UTILITY BILL, ID DOCUMENT & CONTACT DETAILS) <b>(NO AFFIDAVIT FROM POLICE STATION WILL BE ACCEPTED)</b>		
8	MOTHER'S/STEPMOTHER'S/GUARDIAN'S SALARY SLIP OR LETTER OF EMPLOYMENT IF NEEDED AS PROOF OF WORKING IN AREA.		
9	FATHER'S/STEPFATHER'S/GUARDIAN'S SALARY SLIP OR LETTER OF EMPLOYMENT IF NEEDED AS PROOF OF WORKING IN AREA.		
10	LEGAL GUARDIANSHIP / COURT ORDER DOCUMENTS (IF NOT BIOLOGICAL PARENTS, OFFICIAL COURT DOCUMENTS STATING GUARDIANSHIP NEEDED. WITHOUT THIS YOU WILL NOT BE ABLE TO APPLY FOR SUBSIDY EITHER)		
11	DEATH CERTIFICATE (IF PARENT IS DECEASED)		
12	NON SOUTH AFRICAN CITIZENS (NON SOUTH AFRICAN SCHOLARS MUST ATTACH A VALID PASSPORT & STUDY VISA)		

Please email application form check list and supporting documents to:  
[admissions@willowridge.co.za](mailto:admissions@willowridge.co.za)

**PLEASE NOTE THAT INCOMPLETED APPLICATIONS WILL NOT BE ACCEPTED**



# CHOICE OF FIRST ADDITIONAL LANGUAGE

## Afrikaans/Sepedi

### Grade 9

Learner's Name \_\_\_\_\_ Grade \_\_\_\_\_ (2024)

As a parent of the abovementioned scholar, I hereby confirm that my child will be doing English as the Home Language AND \_\_\_\_\_ (choice of Afrikaans OR Sepedi), as the First Additional Language.

There is limited space in Sepedi First Additional Language classes. Preference will be given to scholars that have done Sepedi in 2023.

**I am also aware that this choice will not be changed during 2024. Your acceptance depends on this selection.**

\_\_\_\_\_  
Parent's Name  
Parent 1 Signature

\_\_\_\_\_  
Parent's Name  
Parent 2 Signature

\_\_\_\_\_  
Learner's Signature

\_\_\_\_\_  
Date

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518 Verkenner Avenue  
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PO Box 72262  
 Lynnwood Ridge  
 0040

## EXTRA INFORMATION FORM ENGLISH MEDIUM, FEE PAYING SCHOOL

FOR GRADE \_\_\_\_\_ 20\_\_\_\_\_

### LEARNER'S DETAILS (PLEASE PRINT IN LEGIBLE HANDWRITING)

SURNAME											LEARNER CELLULAR					
FIRST NAMES											LEARNER EMAIL ADDRESS					
ID NUMBER																
DATE OF BIRTH	Y		Y		Y		Y		M		M		D		D	
RACE											GENDER	M		F		
PREVIOUS SCHOOL											RELIGION					
FAMILY DOCTOR					CONTACT NO					HOME LANGUAGE						
LEARNER HEALTH											LEARNER ON CHRONIC MEDICATION					
LEARNER LIVES WITH	BOTH PARENTS	MOTHER	FATHER	GUARDIAN	OTHER					PARENT(S) DECEASED	NONE	DAD	MOM	BOTH		
MEDICAL AID NAME			MEDICAL AID PLAN				MEDICAL AID NUMBER				MEDICAL AID MAIN MEMBER					

### EMERGENCY CONTACT DETAILS (FAMILY MEMBER(S) / FAMILY FRIEND(S))

NAME					CONTACT NUMBER					RELATIONSHIP TO LEARNER				
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### FOREIGN LEARNERS

COUNTRY OF BIRTH					DATE OF ARRIVAL IN SOUTH AFRICA	Y	Y	Y	Y	M	M	D	D
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Such a candidate must produce a valid passport and copy thereof, including the page of the passport that reflects the entrance date to South Africa together with:

- A letter from the Foreign Embassy / High Commission
- Study Visa
- Temporary / Permanent Residence, Asylum Seeker etc.

**SIBLINGS ATTENDING THIS SCHOOL**

NAME	SURNAME	ID NUMBER	GRADE

**PARTICULARS OF BIOLOGICAL PARENTS / LEGAL GUARDIANS  
(PLEASE PRINT IN LEGIBLE HANDWRITING)**

PARENT 1 (PLEASE TICK APPROPRIATE)					PARENT 2 (PLEASE TICK APPROPRIATE)				
FATHER	MOTHER	STEP-FATHER	STEP-MOTHER	LEGAL GUARDIAN	FATHER	MOTHER	STEP-FATHER	STEP-MOTHER	LEGAL GUARDIAN
PARENT 1 SURNAME					PARENT 2 SURNAME				
PARENT 1 NAME					PARENT 2 NAME				
PARENT 1 TITLE					PARENT 2 TITLE				
PARENT 1 CELLULAR					PARENT 2 CELLULAR				
DATE OF BIRTH					DATE OF BIRTH				
COUNTRY OF BIRTH					COUNTRY OF BIRTH				
PARENT 1 ID/PASSPORT No					PARENT 2 ID/PASSPORT No				
PARENT 1 EMAIL ADDRESS					PARENT 2 EMAIL ADDRESS				
PARENT 1 MARITAL STATUS					PARENT 2 MARITAL STATUS				
PARENT 1 OCCUPATION					PARENT 2 OCCUPATION				
PARENT 1 EMPLOYER					PARENT 2 EMPLOYER				
PARENT 1 WORK NUMBER					PARENT 2 WORK NUMBER				
PARENT 1 PHYSICAL HOME ADDRESS		COMPLEX			PARENT 2 PHYSICAL HOME ADDRESS		COMPLEX		
		NUMBER					NUMBER		
		STREET					STREET		
		SUBURB					SUBURB		
		TOWN / CITY					TOWN / CITY		
		PROVINCE					PROVINCE		
		CODE					CODE		
PARENT 1 PHYSICAL WORK ADDRESS		BUILDING			PARENT 2 PHYSICAL WORK ADDRESS		BUILDING		
		NUMBER					NUMBER		
		STREET					STREET		
		SUBURB					SUBURB		
		TOWN / CITY					TOWN / CITY		
		PROVINCE					PROVINCE		

**PARTICULARS OF STEPFATHER / STEPMOTHER / LEGAL GUARDIANS  
(PLEASE PRINT IN LEGIBLE HANDWRITING)**

PARENT 3 (PLEASE TICK APPROPRIATE)					PARENT 4 (PLEASE TICK APPROPRIATE)				
FATHER	MOTHER	STEP-FATHER	STEP-MOTHER	LEGAL GUARDIAN	FATHER	MOTHER	STEP-FATHER	STEP-MOTHER	LEGAL GUARDIAN
PARENT 3 SURNAME					PARENT 4 SURNAME				
PARENT 3 NAME					PARENT 4 NAME				
PARENT 3 TITLE					PARENT 4 TITLE				
PARENT 3 CELLULAR					PARENT 4 CELLULAR				
DATE OF BIRTH					DATE OF BIRTH				
COUNTRY OF BIRTH					COUNTRY OF BIRTH				
PARENT 3 ID/PASSPORT No					PARENT 4 ID/PASSPORT No				
PARENT 3 EMAIL ADDRESS					PARENT 4 EMAIL ADDRESS				
PARENT 3 MARITAL STATUS					PARENT 4 MARITAL STATUS				
PARENT 3 OCCUPATION					PARENT 4 OCCUPATION				
PARENT 3 EMPLOYER					PARENT 4 EMPLOYER				
PARENT 3 WORK NUMBER					PARENT 4 WORK NUMBER				
PARENT 3 PHYSICAL HOME ADDRESS		COMPLEX			PARENT 4 PHYSICAL HOME ADDRESS		COMPLEX		
		NUMBER					NUMBER		
		STREET					STREET		
		SUBURB					SUBURB		
		TOWN / CITY					TOWN / CITY		
		PROVINCE					PROVINCE		
		CODE					CODE		
PARENT 3 PHYSICAL WORK ADDRESS		BUILDING			PARENT 4 PHYSICAL WORK ADDRESS		BUILDING		
		NUMBER					NUMBER		
		STREET					STREET		
		SUBURB					SUBURB		
		TOWN / CITY					TOWN / CITY		
		PROVINCE					PROVINCE		

## UNDERTAKING BY PARENTS / GUARDIANS

1. I / We hereby apply to have the child whose name appears on this form as a learner at WILLOWRIDGE HIGH SCHOOL and confirm that he / she fully supports the school and undertakes to abide by its rules and regulations as contained in this application form, the School Policies and any other as laid down by the Principal and the Governing Body from time to time.
2. I / We hereby certify that I / we are the biological parents. I / We have legal custody (valid court order) and / or guardianship in respect of the afore-named learner and entitled to sign this document, thereby bound hereto, both as parent / guardian in my personal capacity.
3. I / We undertake to adhere to the terms and conditions of this agreement.
4. I / We undertake to give at least one (1) term's notice in writing of any intention to remove my / our child / children from the school and furthermore to return any books and / or equipment belonging to the school which our child / children may have.
5. I / We understand that the school reserves the right to verify all information supplied to them and perform credit check via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.
6. The signatory hereto hereby chooses official address (domicillium citandi et executandi) as indicated below. In the event of a change of information, parents / guardians are to notify the school in writing.
7. This commitment in its entirety will be valid from the day on which it is signed by the parents / guardians to the day on which the learner officially leaves the school.
8. 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.
9. I / We hereby consent for our child / children to take part in the extramural activities of the school, including sports and sports meetings, educational activities, tours and country excursions.
10. I / We fully understand and accept that all tours shall be undertaken at our child's / children's own risk and we undertake on behalf of and we undertake on behalf of ourselves, our executors and our child / children to indemnify, hold harmless and absolve Willowridge High School, the Governing Body, the Gauteng Department of Education, the Principal and staff against and from any claims whatsoever that may arise in connection with any loss or damage to property or injury to the person of our child / children in the course of any such tours or activities, in the knowledge that the Principal and staff will, nevertheless take all reasonable precautions for the safety and welfare of our child / children.
11. I / We hereby acknowledge the current ethos of the school and accept that the culture of the school is based on Christian norms and tuition is in English language which is the language of learning and teaching at the school as indicated in the school's admission and language policies.
12. A R1500.00 Gauteng Department of Education textbook holding deposit is payable at the start of the learner's school career, which will be refunded at the end of the learner's school career, once all books are returned in good condition. This is for GDE books to be returned in the same condition. There are other workbooks that need to be purchased.
13. **School Fees Additional**
  - a. I / We jointly and severally undertake to pay school fees. I / We are aware that Willowridge High School is a Fee Paying School in terms of section 21 of the Schools Act, 1996.
  - b. School fees are payable in advance and are due on the first day of school. Concession is given to parents to pay school fees in equal installments from 1 January to 1 October.
  - c. Our terms are as follows:
    - i) Fees can be paid in full.
    - ii) Fees can be paid in 10 equal monthly installments before the 3<sup>rd</sup> of each month beginning in January.
  - d. A sum of R1950.00 is to be paid on acceptance. This amount will be deducted from the compulsory annual fees. Should the learner not attend the school, this fee will not be refunded to the parent / guardian.
  - e. In terms of the Schools Act, parents / guardians are jointly and severally liable for the payment of the school fees irrespective of their marital status.
  - f. In the event of non-payment of school fees, the school will institute legal action against both parents / guardians irrespective of maintenance and court orders which may exist between the parties.
  - g. In terms of Section 39 of the South African Schools Act, parents / guardians are liable to pay compulsory school fees.
  - h. In terms of Section 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
  - i. 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; Once the account has been handed over, the school will no longer be involved with this account.
- j. Parents / Guardians who are unable to pay school fees may apply for exemption of these fees at the school.
  - k. The school may hold and process any information obtained about the parents as a result of their liability for school fees.
  - l. I / We hereby give my / our consent that the school may conduct any enquiry and or information search about parents / guardians with credit information bureau, persons acting as their agents and / or credit grantors.
  - m. I / We hereby also give my / our consent that the school may transmit details of how the parents / guardians have performed in meeting their obligations in terms of their school fee, and share such information with other credit grantors for the purpose of making any credit risk management related decisions.
  - n. If parents / guardians fail to meet their school fee obligations, the school may record the parents / guardians non-performance with a credit bureau. Any information conveyed to a credit information bureau will be available to the other credit grantors and used in making credit risk management related decisions.
  - o. Should there be disputes on your statement of account, please notify the Debtors Clerk / in writing on [debtors@willowridge.co.za](mailto:debtors@willowridge.co.za)

**14. Consent in Terms of the Protection of Personal Information Act**

As parent/guardian we accept and confirm that the information provided was give voluntarily and that the school may:

- a. Store the data in its files and electronic systems.
- b. Generate academic, attendance, behavioural and other school-related records and documents.
- c. Use both the provided and generated data for purposes of providing services relevant to the enrolment and progress of the learner at the school (including, but not limited to contacting parents; placing the applicant in class; entering him/her in exams, competitions, leagues, etc.; updating the registers; and research and reporting on school demographics or performances).
- d. Pass on when required to do so, school reports, testimonials and confidential reports and for statistical or research purposes or when legally required to do so.
- e. Should the learner be admitted to the school, I as parent/guardian (as defined in the School's Act, 1996) hereby give / do not give permission for photographs to be taken for marketing purposes. If you do not give permission, please tick:

<b>Give permission</b>	<b>Do not give permission</b>
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I / We as parent(s) / guardian(s) hereby give the School and its chosen representative permission to process, check and confirm any of the details listed in this information.

I / We as parent(s)/guardian(s) as the competent person(s), on behalf of our child (as data subject), by signing this document, hereby consents to the use of his/her personal information contained herein and confirms that:

- a. The information is supplied voluntarily, without undue influence from any party and not under any duress;
- b. The information which is supplied herewith is mandatory for the purposes of this application/agreement and that without such information, the school will not be able to process lawful information regarding the learner that is required in terms of the Schools Act, 1996 and other related legislation and Departmental policies and requirements.
- a. lodge a complaint to the Information Regulator.

**ADDRESS: The signatory hereto hereby chooses official address (domicillium citandi et executandi) as:**

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**DECLARATION: PARENT 1 (BIOLOGICAL PARENT 1)**

I \_\_\_\_\_ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I, give the Chairperson of the School Governing Body, or his designate, permission to check and confirm any details listed by me. I understand that should any of the information supplied by me, is found to be false, action may be taken against me. I am also aware that Willowridge High School is an English Medium Fee Paying School in terms of the School's Act, 1996. With this signature, I declare that I am liable to pay the fees.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_

**DECLARATION: PARENT 2 (BIOLOGICAL PARENT 2)**

I \_\_\_\_\_ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I, give the Chairperson of the School Governing Body, or his designate, permission to check and confirm any details listed by me. I understand that should any of the information supplied by me, is found to be false, action may be taken against me. I am also aware that Willowridge High School is an English Medium Fee Paying School in terms of the School's Act, 1996. With this signature, I declare that I am liable to pay the fees.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_

**DECLARATION: PARENT 3 (STEPFATHER/STEPMOTHER/LEGAL GUARDIAN 3)**

I \_\_\_\_\_ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I, give the Chairperson of the School Governing Body, or his designate, permission to check and confirm any details listed by me. I understand that should any of the information supplied by me, is found to be false, action may be taken against me as in point 6 on previous page. I am also aware that Willowridge High School is an English Medium Fee Paying School in terms of the School's Act, 1996. With this signature, I declare that I am liable to pay the fees.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_

**DECLARATION: PARENT 4 (STEPFATHER/STEPMOTHER/LEGAL GUARDIAN 4)**

I \_\_\_\_\_ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I, give the Chairperson of the School Governing Body, or his designate, permission to check and confirm any details listed by me. I understand that should any of the information supplied by me, is found to be false, action may be taken against me. I am also aware that Willowridge High School is an English Medium Fee Paying School in terms of the School's Act, 1996. With this signature, I declare that I am liable to pay the fees.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_