



# Deutsche Schule Hermannsburg School

## Application for Enrolment

A separate form must be completed for each applicant to Hermannsburg. The legal parent/guardian/custodian (hereinafter referred to as the 'Primary Caregiver') of the applicant must complete this form. It is vital that the information supplied is correct in all respects. Please note that completion of this application for enrolment does not imply acceptance of such application by Hermannsburg. Applicants will be advised of the status of their application under separate cover.

**FOR OFFICE USE ONLY:** Interview date: ...../...../..... time ..... Interviewer: .....  
 Admission no: ..... Entry date: ...../...../..... Sports House: ..... Subject Package: .....  
 Applicant Status: ..... Applicant Type: ..... Grade: .....

**Please print in block letters.** A certified copy of the applicant's Identity Document, Birth Certificate and/or Passport, as well as the most recent academic report and most recent half-year or promotion report, must accompany this form, and is a requirement for enrolment at Hermannsburg.  
**In all cases, the term "the applicant" refers to the learner seeking enrolment at Hermannsburg.**

**GENERAL:** (The details in this section must agree with the applicant's Identity Document, Birth Certificate and/or Passport)

Application for enrolment in **Grade** ..... in (Year) ..... Current **Grade:** .....

Please indicate **all** Grades repeated and the year(s): .....

Applicant's Surname: ..... Initials: .....

First names (in full): .....

Preferred name (not nickname): ..... Birth date: **Y Y Y Y / M M / D D**

Cultural name (if applicable): ..... Gender (M / F): .....

Citizenship: ..... ID Number (if SA Citizen): .....

Passport Number: ..... Date entered country (if not SA Citizen): **Y Y Y Y / M M / D D**

Particulars of residence/study permit (if not SA Citizen): .....

Name of current school: ..... Town/City: .....

Applicant E-mail: .....@..... Applicant Cell phone: (.....).....

**CULTURAL:**

Home language: ..... Language of instruction at current school: .....

Religion (please specify denomination, if applicable): .....

Special dietary requirements (tick one):  **None**  **Vegetarian**  **Kosher**  **Halaal**

**PERSONAL:**

Intended residence while at Hermannsburg (tick one):  **Full Boarder**  **Weekly Boarder**  **Day Scholar**

Primary method of transport to and from Hermannsburg:  **Aeroplane**  **Bus**  **Lift club**  **Caregiver's motor vehicle**

If you ticked 'lift club', please name the other drivers of the lift club, if possible: .....

Applicant's position in family (eg. Second out of five siblings): .....

Please list the name(s) and relationship(s) of any relatives (not siblings) who are currently enrolled at Hermannsburg:

Name & Surname: ..... Relationship: .....

Name & Surname: ..... Relationship: .....

Name & Surname: ..... Relationship: .....

Name & Surname: ..... Relationship: .....

Applicant's blood group: ..... Applicant's place of birth (town/city): .....

Magisterial district in which the primary caregiver (with whom the learner resides) lives: .....

Country & Province in which the primary caregiver lives: .....

Is/are the applicant's parent/s a Hermannsburg old scholar/s? (Yes/No) ..... Years attended: .....

Are any relatives Hermannsburg old scholars? If so, please state names and years attended: .....

**PERSONAL (cont'd):**

Please indicate any preference for a Sports House:  **None**  **Kudu/Möwe**  **Eland/Albatross**  **Nyala/Penguin**

Reason for preference:  **None**  **Family association with Sports House**  **Friends in Sports House**

(The school reserves the right to allocate learners to Sports Houses to ensure a fair distribution of age groups)

May the applicant participate in recreational games on Sundays?  **Yes**  **No**

Particulars of sporting ability/achievements and/or leadership positions recently held: .....

.....

.....

**HEALTH:**

Has the applicant been successfully vaccinated since infancy?  **Yes**  **No**

If 'No' please give details of vaccinations missed: .....

Has the applicant been immunised against poliomyelitis?  **Yes**  **No**

State all infectious diseases the applicant has or has had: .....

.....

Has the applicant any physical disabilities and/or allergies?  **Yes**  **No**

If 'Yes' give details: .....

If the applicant is currently suffering from any chronic disease, or medical condition which needs monitoring, give details:

.....

**CONTACT DETAILS:** (Please complete ALL applicable information)

**1 Primary Caregiver (the legal guardian/custodian of the applicant):**

Title (Mr/Mrs): ..... Full names & Surname: .....

Identity number: ..... Marital Status:  **Married**  **Divorced**  **Widowed**  **Remarried**  **Single**

Residential address: .....

..... Postal Code: .....

Postal address: .....

..... Postal Code: .....

Postal address of employer / own business: .....

..... Postal Code: .....

Home tel: (.....)..... Work tel: (.....)..... Cell: (.....)..... Fax: (.....).....

Occupation: ..... E-mail: .....@.....

Relationship to applicant:  **Biological parent**  **Legal step-parent**  **Legal guardian**  **Family member**  **None**

**2 Primary Caregiver's spouse/partner: (if applicable)**

Title (Mr/Mrs): ..... Full names & Surname: .....

Identity number: ..... Marital Status:  **Married**  **Divorced**  **Widowed**  **Remarried**  **Single**

Residential address: .....

..... Postal Code: .....

Postal address: .....

..... Postal Code: .....

Postal address of employer / own business: .....

..... Postal Code: .....

Home tel: (.....)..... Work tel: (.....)..... Cell: (.....)..... Fax: (.....).....

Occupation: ..... E-mail: .....@.....

Relationship to applicant:  **Biological parent**  **Legal step-parent**  **Legal guardian**  **Family member**  **None**

**3 Secondary Caregiver (this is usually the biological parent who does not have custody of the applicant):**

Title (Mr/Mrs): ..... Full names & Surname: .....

Residential address: .....

Postal Code: .....

Postal address: .....

Postal Code: .....

Postal address of employer / own business: .....

Postal Code: .....

Home tel: (.....)..... Work tel: (.....)..... Cell: (.....)..... Fax: (.....).....

Occupation: ..... E-mail: .....@.....

Relationship to applicant:  **Biological parent**  **Legal step-parent**  **Legal guardian**  **Family member**  **None**

Access rights of the secondary Caregiver:  **Unlimited**  **None**  **Limited to** .....

**4 Account Payer (the person responsible for paying for the applicant's boarding & tuition fees)**

Title (Mr/Mrs): ..... Full names & Surname: .....

Identity number: ..... Marital Status:  **Married**  **Divorced**  **Widowed**  **Remarried**  **Single**

Residential address: .....

Postal Code: .....

Postal address: .....

Postal Code: .....

Postal address of employer / own business: .....

Postal Code: .....

Home tel: (.....)..... Work tel: (.....)..... Cell: (.....)..... Fax: (.....).....

Occupation: ..... E-mail: .....@.....

Relationship to applicant:  **Biological parent**  **Legal step-parent**  **Legal guardian**  **Family member**  **None**

(Numbers 1 to 4 below refer to: 1 - primary caregiver; 2 - his/her spouse/partner; 3 - secondary caregiver; and 4 - account payer respectively)

To whom should original correspondence be addressed (eg. Letters, reports, etc.)? (Tick one):  **1**  **2**  **3**  **4**

To whom should duplicate correspondence be addressed? (If needed, please only select one):  **1**  **2**  **3**  **4**

I, the undersigned, declare that the information given on this Application for Enrolment is true and without error, and I understand that this application may be rejected if it is incomplete or inaccurate in any way. I accept the conditions of enrolment as set out in the school prospectus and in any other relevant school, departmental or national rules or regulations.

.....  
Signature of primary Caregiver

.....  
Print name & surname

.....  
Date

**ATTACHMENTS REQUIRED TO COMPLETE THE APPLICATION**

- 1 A certified copy of the primary caregiver's medical aid registration card and/or certificate (both sides) on which the applicant appears as a dependant.
- 2 A certified copy of proof of identity (birth certificate or SA identity book; a passport is only accepted if the applicant is a foreign national). The proof of identity must bear the applicant's identity number (or passport number if a foreign national).
- 3 A copy of the applicant's latest academic school report and/or latest half-year or year (promotion) report.
- 4 Certified copies of any applicable study and/or residence permits.
- 5 Completed Application for Admission to the Boarding Establishment form, if the intended residence is the school's Boarding Establishment.

**Failure to supply the above documentation may prejudice the application.**

For visa applications (eg for the Grade 10 Germany Exchange Programme), an original, unabridged birth certificate is a non-negotiable requirement. In practice, it may take 9 months or more to obtain - please apply NOW for the applicant's full, unabridged birth certificate.

Please attach ID photograph here.

## DECLARATIONS

(to be completed by the respective responsible person/s)

Full names of applicant (learner): .....

It is a condition of enrolment at Deutsche Schule Hermannsburg that the following declarations be made by the applicant's primary caregiver (as identified in the Application for Enrolment form) and his/her spouse/partner (where applicable). Unless otherwise indicated, the primary caregiver must sign below each declaration.

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**A. DECLARATION FOR THE REMITTANCE OF SCHOOL AND BOARDING ESTABLISHMENT FEES ETC**

I herewith declare that I will pay the school and boarding establishment fees, the contribution to the Accident Insurance Fund, as well as all amounts charged for services rendered through the school:

- a) either in monthly instalments, payable by the 15<sup>th</sup> of the month, or
- b) other means of payment to be arranged with the bursar.

This arrangement remains in force until further notice. Although I may receive financial assistance from a third party, I hereby acknowledge that I remain solely responsible for the settlement of all outstanding amounts. Should action have to be instituted against me for recovery of any outstanding amount, I hereby undertake to pay all costs on an attorney and client scale, including collection commission, VAT, as well as interest at the maximum rate permissible.

Place: .....

Date: ..... Signature: ..... Full Names: .....

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**B. ARRANGEMENT FOR FREE WEEKENDS**

(Boys and girls may visit one another. This requires the consent of all parents / caregivers involved.)

I will inform the housemaster/matron with which family my son/daughter may spend the weekend in case he/she is invited.

Signature: ..... Full Names: .....

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**C. DELEGATION OF AUTHORITY**

In the event of an emergency operation, I authorize a representative of the school management to sign the necessary consent form, if we the parents / caregivers cannot be reached.

Signature: ..... Full Names: .....

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**D. DECLARATION (where applicable)**

As I/we parent(s) / caregiver(s) and our child do not belong to a Protestant church, we give our permission for our child to participate in religious instruction at the school as well as divine services according to the rules of the school.

Signature Father/Primary caregiver: ..... Signature Mother/Secondary caregiver: .....

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**E. NOTICE OF WITHDRAWAL**

Where the learner is removed any time before completing Grade 12, a full school term's notice is to be given in writing. Should such notice not be received before the commencement of the learner's last term at the Deutsche Schule Hermannsburg, then the parents will be liable for the fees of the following term in lieu of proper notice. (If the learner is a boarder, the fees will include boarding fees.)

Change in status: A change in status from boarder to day scholar requires a full school term's notice in writing to the Headmaster.

Signature Father/Primary caregiver: ..... Signature Mother/Secondary caregiver: .....

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**F. I have taken cognizance of the information leaflet for enrolment at the Deutsche Schule Hermannsburg. I declare my agreement with its contents. I will encourage my child to respect the rules and regulations of the school and boarding establishment.**

Signature Father/Primary caregiver: ..... Signature Mother/Secondary caregiver: .....

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### DEBIT ORDER AUTHORIZATION

Bank Name: ..... Branch Name & Code: .....

Account Type: ..... Account Number: .....

Name of Account Holder: .....

I, ..... hereby authorise Deutsche Schule Hermannsburg to recover R.....

per month on the (specify date) ..... of each month, starting on (specify date) ..... from the above account, until all outstanding amounts are recovered in full.

Date: ..... Signature: .....



# APPLICATION FOR ADMISSION TO THE BOARDING ESTABLISHMENT OF THE DEUTSCHE SCHULE HERMANSBURG

This form must either be submitted together with, or be supported by a previously submitted, *Application for Enrolment* form. Please complete fully all the sections that apply, even if some of the information is duplicated in the *Application for Enrolment* form.

## SECTION A: GENERAL

**Primary Caregiver** (the legal guardian/custodian of the applicant):

Title (Mr/Mrs): ..... Full names & Surname: .....

**The Applicant:**

Full names & Surname: ..... Grade : .....

## SECTION B: PERMANENT BOARDER

Please complete this section if the applicant will normally reside in the Boarding Establishment while enrolled at the Deutsche Schule Hermannsburg.

Boarding Establishment:  Jungsheim  Kleines Mädchenheim  Männerheim  Großes Mädchenheim

Type of Boarding required:  Full Boarder  Weekly Boarder

Full boarders stay in the Boarding Establishment over weekends and their laundry is washed by the school laundry. Weekly boarders go home on weekends and their laundry will not be washed by the school laundry. All boarders go home for long weekends and school holidays.

Primary method of transport to and from Hermannsburg:  Aeroplane  Bus  Lift club  Caregiver's motor vehicle

If you ticked 'lift club', please name the other drivers of the lift club, if possible: .....

If you ticked 'aeroplane' please note that the Primary Caregiver is responsible for making all bookings and informing the school well in advance. School transport will only shuttle boarders to and from the airport if the flight departs after 15:00 on the day school closes, and arrives before 16:00 on the day before the school is due to re-open. A shuttle fee will be levied.

Please note that further rules governing boarder transport to and from the school, and the procedures for visiting friends over weekends, are published separately and apply to all boarders.

## SECTION C: TEMPORARY BOARDING

Please complete this section if the applicant will stay in the Boarding Establishment for a short while only (including an overnight accommodation), due to extraordinary circumstances. Temporary Boarding may not exceed one term. A new form must be completed for each new application.

Boarding Establishment:  Jungsheim  Kleines Mädchenheim  Männerheim  Großes Mädchenheim

Arrival date: **YYYY / MM / DD** Time: **HH : MM (am/pm)** Departure date: **YYYY / MM / DD** Time: **HH : MM (am/pm)**

Type of Boarding required:  Full Boarder  Weekly Boarder (Comments made in Section B apply)

Full names and Surname of the person responsible for the boarder on behalf of the Primary Caregiver (if applicable): .....

..... Contact telephone number (all hours): .....

The above-named responsible person will be regarded as the temporary Guardian of the boarder, and will be contacted instead of the Primary Caregiver, for the duration of the temporary boarding period. This responsible person will exercise the same rights over the boarder as the Primary Caregiver.

I, the undersigned Primary Caregiver, hereby agree to abide by the regulations governing boarders at the Deutsche Schule Hermannsburg.

.....  
Signature

.....  
Date

### FOR OFFICE USE ONLY - TICK AND INITIAL WHERE APPLICABLE

Approved by Principal: Yes/No ..... Acknowledged & Processed by:  Boardmaster/mistress .....   
Bursar .....