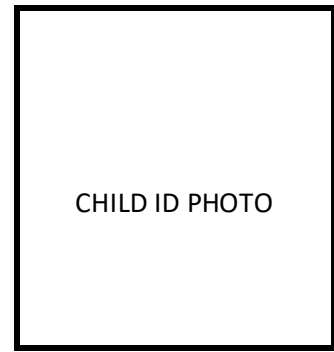


HIGH SCHOOL APPLICATION FORM FOR 2025

10th ROAD, NOORDWYK, MIDRAND
 www.goodshepherdco.co.za
 EMAIL: info@goodshepherdco.co.za
 Tel No: 012 023 2118


The Good Shepherd College: A Christian School of Wisdom and Knowledge
CHILD'S DETAILS

Date		Start	
Grade(tick)	Grade 8	Grade 9	Grade 10
Surname			Name
Gender(tick)	Male	Female	
Date of Birth			
Language	Home	Additional (tick)	Afrikaans IsiZulu
Nationality			
Religion			
Race (tick)	Black	White	other

PARENT'S DETAILS

	Father	Mother
Title		
Name		
Surname		
Identity Number		
Home Address		
Cell Number		
WhatsApp Number		

Email address		
Occupation		
Employer		
Work Address		
Work Telephone		
Marital Status		

EMERGENCY CONTACT OTHER THAN PARENTS

Name		Surname	
Relationship			
Address			
Contact Number			

PREVIOUS SCHOOL

Grade 8		Grade 9		Grade 10	
Name of the School	Country/Province	Contact Number	Reason for leaving		

MEDICAL INFORMATION (Please put N/A where necessary than leaving a gap)

	Condition	Medication
Allergies: (peanuts, bee stings, etc)		
Chronic Illnesses: (diabetes, epilepsy, etc)		
Medical Conditions: (pulmonary stenosis, muscular dystrophy, cerebral palsy, etc)		
Disabilities: (hearing impairment, partially or short sighted, autistic spectrum disorder, ADHD, etc)		
other		

ENROLMENT INFORMATION

- Learners enrolling at The Good Shepherd College must abide with our **school Christian Values**; (will have to bring the Bible to school, pray every morning with their class teachers and be ready to share the word of God at assembly).
- If a child does not abide with our school Christian values and discipline they will be dismissed from school.
- All applicants that enrol at The Good Shepherd must be **very disciplined**, if not strict measures will be taken in order to help the learner become a better disciplined candidate for heaven and citizen of South Africa
- The language of learning and teaching at The Good Shepherd College is **ENGLISH**. Please note that we offer Afrikaans and IsiZulu for all the grades.
- All the school activities are **compulsory**. Learners must attend and pay at all times where payments are needed without failure.
- All our teachers must be treated with **love** and **respect** as they are our school educators and parents of our children.

Thank you for the interest you have shown in applying for a place at The Good Shepherd College.

Signature:

DOCUMENTATION

The following documents must be submitted with the completed application form.

	Yes (tick)	No (tick)	Date to be Submitted
Copy of official Birth Certificate			
Copy of official immunisation card, or proof confirming immunisation against polio, measles, tuberculosis, diphtheria, tetanus, and hepatitis B.			
Copy of Parents' or Guardians' Identity Documents			
Proof of residential address, in parent's name, such as statements of Rates, Water and Lights, Telephone or store account, etc. or proof of work address should you work in the zoned area.			
Proof of income. (Recent Payslip)			
Latest School Report			
Transfer card and final report			

Parents/Guardians of other nationalities must submit the following additional documents.

	Yes	No	Date to be Submitted
Study permit in respect of learner			
Temporary or Permanent Residence Permit from the South African Department of Home Affairs, or evidence of application for such documentation			

To ensure that your application has every chance of consideration, it is vital that you read through this form carefully, provide all information and certificates required, and return the application form as quickly as possible or email it. If false information has been provided, the child will not be admitted to the school. *If the required information is incorrect, incomplete, or documentation is missing, it will delay the processing and evaluation of the application.*

Signature:.....



I..... the undersigned, parents/guardians of..... (**full name of child**) herewith indemnify the school and principal against any incidents of accidents, which might occur while the said child is in the care of The Good Shepherd College.

.....
Signature of parent / guardian

AGREEMENT

Ihereby apply for the above child to be enrolled at The Good Shepherd College. I agree to abide by:

1. Paying the prescribed monthly fees before the 1st of every month and take note of the penalty for late payments. (The penalty for late payment is **R 100 per day**). School Fees is R per month. Initial.....
2. Paying the non-refundable Administration Fee of R 1000. Initial
3. Paying penalty fee for collection of your child after 18:00pm. (The penalty will be R 100 per hour). Initial
4. The regulation to give at least one calendar month written notice. (Penalty: Pay the full month fee even if your child is not attending). Initial
5. Learner pictures may be used for the School Marketing strategy. Initial
6. No cash will be allowed on the premises for security reasons. Initial
7. Learner may be suspended for overdue fees. Initial
8. Upfront school fees is none refundable. Initial
9. Ill-discipline learner will be dismissed indefinitely and school fees forfeited. Initial.....
10. If the payment is not received by the 5th of every month, you will be listed as a bad payer on I.T.C. Initial.....

Our account details are as follows:

Bank: ABSA

Account Holder: The Good Shepherd College

Account number: 4104734050

Branch Code: 632005

Reference: Noordwyk (Name of the Child). Failure to do so has a cost of R100 will be charged.

Note: please we encourage all our parents to follow the above reference for convenience purposes.



Name of parent / guardian	Signature of parent / guardian	Day	Month	Year
				20

OFFICE USE ONLY

Accept		Reject	
Date		Date	



TRANSPORT FORM (You are required to fill in this form if your child is to use our school transport)

Date				Start	
Grade(tick)	Grade 8	Grade 9	Grade10		
Surname			Name		
Pick up Address					

I..... hereby apply for the above child to be in The Good Shepherd College Transport. I agree to abide by:

1. Paying the prescribed monthly fees before the 1st of the month and take note of the penalty for late payments (The penalty for late payment is R 100 per day). Transport fees is per month. Initial.....
2. The regulation to give at least one calendar month written notice. (Penalty: Pay the full month fee even if your child is not in our transport). Initial.....
3. If a learners is late from the agreed pick-up time. The driver will leave. Initial....
4. The drive is not compelled (forced) to enter the Complex or Estate. Initial
5. If payment is not received by the 5th of every month, you will be listed as a bad payer on the I.T.C. Initial

Our account details are as follows:

Bank: ABSA Cheque Account

Account Holder: The Good Shepherd College.

Account number: 4104734050

Branch Code: 632005

Reference: (Name of the Child and Grade). Failure to do so have a cost of R100 will be charged. Melusi Mncube Grade 9.

Note: please we encourage all our parents to follow the above reference for convenience purposes



Name of parent / guardian	Signature of parent / guardian	Day	Month	Year
				20

OFFICE USE ONLY

Accept		Reject	
Date		Date	

AFTERCARE APPLICATION FORM. (Please note that you fill this part if your child is going to be on aftercare)

Date			Start
Grade	Grade 8	Grade 9	Grade10
Surname		Name	

I..... hereby apply for the above child to be in The Good Shepherd College Aftercare. I agree to abide by:

1. Paying the prescribed monthly fees before the 1st of the month and take note of the penalty for late payments (The penalty for late payment is R 100 per day). Aftercare fees is R 700 per month. Initial
2. If the payment is not received by the 5th of every month, you will be listed as a bad payer on the I.T.C. Initial
3. The regulation to give at least one calendar month written notice. (Penalty: Pay the full month fee even if your child is not attending). Initial
4. Aftercare is from 14:30hr to 18:00hr. Initial
5. Paying penalty fee for collection of your child after 18:00pm. (The penalty will be R 100 per hour). Initial
6. No cash will be allowed on the premises for security reasons. Our account details are as follows: Initial

Our account details are as follows:

Bank: Absa

Cheque Account

Account number: 4104734050,

Branch Code: 632005,

Reference: (Name of the Child and Grade). Failure to do so has a cost of R100 will be charged. E.g Melusi Mncube, Grade 8.



Note: please we encourage all our parents to follow the above reference for convenience purposes

Name of parent / guardian	Signature of parent / guardian	Day	Month	Year
				20

OFFICE USE ONLY

Accept		Reject	
Date		Date	