

STEELCREST HIGH SCHOOL
APPLICATION FORM FOR
GRADE 11 FOR 2026.



PHOTO

FOR OFFICE USE ONLY

DATE RECEIVED: _____

ADMIN NO: _____ CLASS: _____

IF YOUR CHILD DOES NOT HAVE ENGLISH HL AND AFRIKAANS FAL AS A SUBJECT, THIS APPLICATION WILL NOT BE ACCEPTED – INCOMPLETE FORMS WILL NOT BE ACCEPTED

Please attach the following documents: Failure to do so will result in an unsuccessful application

Checklist:	✓
Recent ID photo of Learner	
Birth Certificate	
Term 1 and 2 report	
Latest School Fee Statement	
Copy of ID's for both Parents/Guardians (Death Certificate / If Divorced Court Order)	
Medical Aid Card	
Study Permit/ Permanent residency for Immigrants	
Proof of Residence	
Proof of Income (payslips) for both parents (If Divorced Court Order)	
Copy of Baby Vaccination/ Clinic Card	
CV	

Learner Details

Current School attending:		Class:		Admin Nr:	
Name:		Surname:		Gender:	
Learner ID Nr / Passport Nr:		Birth Date:		Ethnic Group:	
Home Language:		Learner Cell Nr:		Religion:	
Learner e-mail:					
Residential Address of Learner					

It is very important for the school to be aware of any learning barriers, so that we can assist your child in achieving their highest potential. Please attach the medical report if any of the barriers below apply. Please be assured that all information is kept strictly confidential.

Barriers may include: (Please tick appropriate box/es)

General Anxiety Disorder (GAD)		Autistic Spectrum Disorder		Dyslexia		Stuttering	
Epilepsy		Chronic Medical Condition		Hard of Hearing		Partial Blindness	
Attention Deficit Hyperactive Disorder (ADHD)		Depression		Specific Learning Disability		None	
Other / Allergies:							

Medical Aid Information

Medical Aid Name:		Medical Aid Number:	
Main Member:			
House Doctor Name:		Doctor Contact Number:	

Please Provide Details Regarding Your Child's Extra Mural Activities

Please make sure that you give the sports history of your child's achievements in the CV as well as prove, like certificates, if possible.

Activity	Participation at Current School	Team	Achievement	Interested
Academics				
Art				
Athletics				
Chess				
Choir				
Cricket				
Cross Country				
Drama				
Hockey				
Leadership				
Music				
Netball				
Public Speaking				
Rugby				
Singing				
Tennis				
Other school sport				
Other cultural activity				

How does the learner get to school?	Bus	Taxi	Parents	Walking
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Do you have learner's currently in Steelcrest High School? Learners that you are financially responsible for. This means it is a brother or sister only.

Name and Surname of Learner	Grade and Class	Relationship to Learner (Brother / Sister)	Verified Yes/No (Office use)

Parent / Legal Guardian Information (In the event of a deceased parent please supply the Death Certificate or Guardian Parents a court order)

<u>Father's Information</u>		<u>Mother's Information</u>	
Title		Title	
Initials		Initials	
First Name		First Name	
Surname		Surname	
ID Nr / Passport Nr		ID Nr / Passport Nr	
Birth Date		Birth Date	
Gender		Gender	
Ethnic Group		Ethnic Group	
Relationship to Learner		Relationship to Learner	
Marital Status		Marital Status	
Employer Name		Employer Name	
Occupation		Occupation	
Work Number		Work Number	
Home Number		Home Number	
Cell Number		Cell Number	
WhatsApp Number		WhatsApp Number	
E-Mail		E-Mail	
Postal Address		Postal Address	
E-Mail		E-Mail	
Postal Address		Postal Address	
Residential Address		Residential Address	

Next of Kin Information: Who should be contacted in case of an emergency, if mother and father are not available? NOT A PARENT OR GUARDIAN

Title		Title	
Initials		Initials	
First Name		First Name	
Surname		Surname	
ID Nr / Passport Nr		ID Nr / Passport Nr	
Cell Number		Cell Number	
Relationship to child		Relationship to child	
Signature of Parent / Guardian			
Signature of Parent / Guardian		Signature of Parent / Guardian	
Date:		Date:	

Payment of School Fees

Option 1 : Once Off Payment

I Undertake to pay the full amount before the end of February (a discount will be given if you select this option)

Option 2: Monthly Payments

I would like to pay the school fees in 10 equal payments from January to October

Option 3: Debit Order

I hereby request and authorize Steelcrest High School to debit my account at the following bank institution (or another bank or branch where I may transfer my account) as follows:

Divide the amount which is debited against my school fees account and instruct my bank to deduct it from my bank account on the 1st working day of each month.

I agree to pay any fees which my bank may charge with regard to the debit order. This authorization may be cancelled by me, by giving Steelcrest High School written notice thirty (30) days in advance. Receipt of this authorization by Steelcrest High School, is regarded as receipt of it by my bank.

Bank		Branch	
Account Number		Branch Code	
Type of account (Please mark with X)	Cheque / Current	Transmission	Savings

Signature
(as used for signing cheques or for withdrawal of funds from savings account.)

PLEASE NOTE: This is NOT an enrolment form. Completion of this form does NOT GUARANTEE ADMISSION to Steelcrest High School. Completed forms with all attachments MUST be handed in at Steelcrest High School on or before the 29th of August 2025 at 12:00.

Successful candidates will be notified by email/ phone call/ WhatsApp by the 10th of December 2025. After acceptance, a NON-REFUNDABLE entrance fee of approximately R2000-00 must be paid at the School. WE ARE A SCHOOL FEE PAYING SCHOOL. Please note, that if you do not receive any communication from Steelcrest High School by the 10th of December 2025, your application was most likely unsuccessful, and you are welcome to confirm that, by contacting the school directly.

Signature Father		Signature Mother	
Date		Date	



STEELCREST HIGH SCHOOL

We Strive for Excellence

P O Box 15
MIDDELBURG
1050

☎: 013-282-7410
013-282-7413

E-mail: steelcrestoffice@gmail.co.za

PARENT UNDERTAKING

Hereby I/we _____ parent(s) / guardian(s) of
_____ (learner name and surname) **agree** to:

- Indemnify Steelcrest High School or any of its agents against any injury, loss or harm that your child suffers as a result of the actions or conduct of a learner/any other person.
- Exempt the Steelcrest High School and its agents from liabilities incurred on account of any injuries to or illness of the child and agrees and gives consent that the school or any of its officials may consent to any operation or medical treatment of your child, should such consent be required for medical reasons on an urgent basis and should it not be possible for you to be approached immediately. Attempts will be made to contact the family doctor.
- Have your child immunised against all normal infections and/or contagious diseases and to submit proof of such immunisation, if requested.
- Mark your child's clothing and property clearly.
- Exempt the school from any liability for loss or damage of articles brought onto school property.
- Provide the necessary transport for your child.
- Notify the Principal of any absence of your child and provide doctor's notes when needed.
- **Pay all tuition fees in full by the 7th of October of each year.**
- Furnish proof of income if financial obligation cannot be met (apply for exemption).
- Note that the Constitution and Standing Orders of Steelcrest High School are available on request.
- **Ensure that your child arrives timeously (before 07:25) for school.**

The Governing Body of Steelcrest High School wishes to make our school a safe and drug free environment for learners.

Therefore –

- If we suspect that your child is using drugs or dealing with drugs (strange or abnormal behaviour) your child may be tested for illegal substances. If the outcome is positive then you have to inform the school and the SGB regarding the actions which you are going to take to assist your child to overcome the problem.
- If your child is in possession of a knife/or any other sharp/dangerous object the SAPS may be contacted to remove your child (with the intent to harm).
- If your child swears at/or attacks any teacher or any other person in authority at school, criminal charges may be laid against him/her, and you may be required to remove him/her immediately. The incident may then be investigated by the SGB.

If your child is found guilty of any of the above-mentioned or any other category two offence, the SGB may recommend that your child be expelled from school.

The parent/guardian hereby agrees to assist Steelcrest High School in enforcing the Code of Conduct. The Code of Conduct will be discussed with the learners during the first week of the

new school year. The parent/guardian also, if requested, agrees to remove the child if there is a serious lack of discipline and/or if the child endangers the safety of any other learner.

Let us work together to make Steelcrest High School a school of learning. We are renowned for our excellent academic results. All learners have the opportunity to make a positive difference in our country. Let us not abuse this privilege.

I/we _____ (parent/guardian) of
_____ (learner Name and Surname)

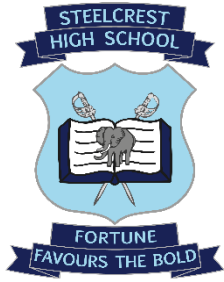
have taken note of the content hereof and accept all undertakings as outlined.

Signature Parent/Guardian 1

Signature Parent/Guardian 2

Date

Date



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MARKETING AND SOCIAL MEDIA CONSENT AND INDEMNITY

FORM OF MINOR CHILDREN

We are sending you this parental consent form to both inform you and to request permission for your child's video/photo/image and personally identifiable information to be published on the Steelcrest High School's social media and digital platforms (including but not limited to newsletter bulletin, website, or other social media outlets and publications).

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web/media site since global access to the internet does not allow us to control who may access such information. We recognize the need to ensure the welfare and safety of all minor children taking part in any activity associated with our organization and as such will endeavour to take all reasonable precautionary measures within our power to keep such personal information safe and not use it for any means other than communicated below. The law requires that we ask for your permission to use information about your child. Kindly complete and sign the below consent form:

I/We _____ Parents/Guardian of
_____ (Learner and Surname)

Hereby certify that:

1. We/I parent(s) of the above-named child /
2. I am at least eighteen (18) years if age and am fully competent to sign this consent and indemnity form.
3. Do hereby give our/my consent and PERMISSION to Steelcrest High School to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting my/our child named above, for any of the following uses:
 - Marketing leaflets and publications (including promotional material brochures, posters) or any other use such as for training educational or publicity purposes.
 - On the Steelcrest High School's social media pages and/or Website
4. I hereby release, discharge, and agree to indemnity and hold harmless Steelcrest High School and their agents from all claims, demands, and causes of action that I or My Child have or may have by reason of this authorization or use of My Child's photographs, portraits, distortion, alteration optical illusion, or use in composite form, whether intentional or processing tending towards the completions of the finished product, including publication on the internet, in brochures, or any other advertisements or promotional materials.

The above consents will apply throughout the world and be for an indefinite period.

Signed: _____ Date: _____

Address: _____



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LEARNER UNDERTAKING

I _____ (Learner Name and Surname) hereby declare that I am convinced and believe wholeheartedly that:

1. I will get the best possible education at Steelcrest High School.
2. The teachers will do their utmost best to equip me with skills, knowledge, values and norms.
3. The teachers will give all possible assistance to enable me to develop according to my ability.
4. The teachers have and extreme interest in my well-being and that my success depends on my co-operation with my teacher.

The above will not come true by itself, therefore I promise that:

1. I will adhere to all rules.
2. I will adhere to all class rules.
3. I will never be involved in gambling, drinking, drug abuse, fighting or smoking at school or in school wear, nor will I insult my teacher.
4. I will not arrive late on a regular basis for class and/or for school.
5. I will do my homework.
6. I will do my utmost best to bring all given tasks to successful completion.
7. I will adhere to deadlines and guarantee that my work will really be my own and that it will be done to the best of my ability.
8. I will respect my fellow learners and teachers.
9. I will seek advice and help from my teachers if the need arises.
10. I will adhere to the WhatsApp and Social Media policy of Steelcrest High School.

I understand that should I not honour my commitment to respect the Code of Conduct my attitude will **NOT BE TOLERATED**. I have **NO RIGHT** to withhold any teaching and learning opportunities from my fellow learners. I am aware that a re-enrolment form for the new year may be withheld from me if I do not adhere to the rules of Steelcrest High School.

Learner's Signature

Date

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date



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INDEMNITY FORM

Dear Principal

(Full Legal Names and Surname of Learner)

I, the undersigned parent/guardian of the above learner, hereby absolve Steelcrest High School, or any person on behalf of the said school, from any liability for any loss of property and/or damages sustained by reason of injury to the said learner/property from the time he/she enrolls as a learner of the said school until his/her last day at the school.

I, the undersigned parent/guardian however reserve all my legal rights in the event of **negligence**.

I hereby designate the Principal and/or staff as well as the supervisor of any school our, excursion, social outing or sporting activity or anyone appointed by him to act, "in loco parentis" on my/our behalf.

Allergies: _____

Medicine: _____

Signature Parent/Guardian 1

Signature Parent/ Guardian 2

Date

Date

Contact number		Contact number	
Home		Home	
Work		Work	
Cell		Cell	