CENTRAL COLLEGE

PRIMARY
AND
HIGH SCHOOL

CENTRAL COLLEGE

HOW TO REGISTER:

1. Obtain a list of the registration requirements from the school reception or on the school website at www.centralcollegehigh.co.za.

2. Fully complete all the required sections of the form.

3. **ALL** the registration requirements must be attached to the application form.

4. Placement is guaranteed upon payment of the registration fee in **FULL**.

5. Stationery and uniform lists may be obtained from the school reception.

   Please note that uniforms are only sold at the school.

6. Current learners are expected to re-register for the coming year.

7. Viewing of the school can be done upon request.

CENTRAL COLLEGE

27 Clinton Road, New Redruth, Alberton, 1449
Tel: 011 869 6387 / WhatsApp: 078 023 2050

APPLICATION FORM

Please provide full details by completing all required sections and details.

Pupil's Name and Surname:	
Pupil's Date of Birth:	
Grade applying for:	

For Office Use Only

Attachment Checklist

1. Child's Birth Certificate /ID Copy ☐
2. Copy of clinic card ☐
3. Previous school report ☐
4. School transfer card ☐
5. Copy of Parent(s) ID ☐
6. Proof of residence ☐
7. 3-months Bank Statement ☐

Please note:

Incomplete applications will **NOT** be processed.

Date Application Received:
Application Decision: ACCEPTED / REJECTED
Registration Fee Due:
Deposit Paid:

CENTRAL COLLEGE

APPLICATION INFORMATION: GRADE R – 12

Application forms and all supporting documentation must be hand-delivered to Central College or emailed to info@centralcollegehigh.co.za.

1. The following documents form part of this application and must be submitted along with this form:
    - Document Checklist.
    - Admission Form.
    - First Additional Letter
    - Undertaking to Pay School Fees
    - Statement of Acknowledgement
    - Annexure A
    - Non-SA Citizen Form

2. The following documentation must be emailed with the application forms:
    - Certified copies of learner's birth certificate/passport/study visa (if foreign learner);
    - Certified copies of Immunisation Certificate/records;
    - Certified copy of learner's latest school report;
    - Certified copy of proof of residence i.e., electricity and water account **NOT OLDER THAN 3 months** or a 3-month bank statement. Subletting is not considered as Proof of residence.
    - Certified copy of Parent(s)/Guardian(s)/Custodian(s) Identity Documents or Passport irrespective of living arrangements.
    - Proof of Employment: Letter from employer stating parent/guardian is employed at the given address.
    - Non-South African Citizens: Certified copy of learner's Passport and/or Study Visa, and certified copy of Parent(s) Passport(s) with Work Visa/Temporary Residence Visa/Permanent Residence Visa (see Appendix A).

PLEASE NOTE:

3. The school will **NOT** be held responsible for any forms sent by registered post or not timeously received.

4. Central College is a Fee-Paying School and that it is imperative that you honour your financial commitment to the school.

5. By completing this form, you consent to the personal information of parent(s)/guardian(s) and learner(s) provided being collected, processed, and stored by Central College in accordance with the Protection of Personal Information Act No. 4 of 2013 for the purposes of the proper functioning, management, and governance of the school, as prescribed by the South African Schools Act No. 84 of 1996 and any other relevant national and provincial educational legislation and policies.

If you have any questions or queries, please contact Central College:

Tel: 011 869 6387

WhatsApp: 078 023 2050

Email: info@centralcollegehigh.co.za

Yours faithfully,

Central College Admissions

CENTRAL COLLEGE

REQUIRED DOCUMENTATION CHECKLIST: GRADE R – 12

I, _____parent/guardian of _____ _____(name of learner) applying for Grade ___in 20____, am aware that Central College is an English-medium and fee-paying-school. I understand further that any missing documentation may result in this application being rejected.

REQUIRED INFORMATION/DOCUMENTATION (All copies **MUST** be certified)	Please tick	Office Use (mark with X)	
1. Birth Certificate			
2. Valid Passports (Learners and Parents, if applicable)			
3. Valid Study Visa and Parent(s)' Visas			
4. Up-to-date Immunisation Card			
5. Mother's ID (even if divorced, separated, or not living together)			
6. Father's ID (even if divorced, separated, or not living together)			
7. Legal documentation of parent liable for school fees (according to Divorce Agreement and Maintenance Order)			
8. Legal guardians must attach legal documentation (**NOT** an affidavit) authorising guardianship (i.e., letter from Social Services or a Court Order)			
9. Parent(s) Death Certificate(s) (if applicable)			
10. Bond Statement/Lease Agreement in **YOUR** name			
11. Current Rates Account or 3-months Bank Statement reflecting your Proof of Address			
12. Confirmation of Employment Letter with official company letterhead			
13. Learner's most recent school report			
14. **Signed** Statement of Acknowledgement			
15. **Signed** Undertaking to Pay School Fees			
16. **Signed** Fees policy			

Signed at _____on this the _____day of 20___

CENTRAL COLLEGE

APPLICATION FOR ADMISSION

PLEASE COMPETE WITH A **BLACK** PEN

DO YOU HAVE A CHILDREN CURRENTLY ENROLED IN THE SCHOOL? YES | NO

LEARNER INFORMATION

First Name(s): _____

Surname: _____

Preferred name: _____

Date of Birth: _____

Grade: _____

Nationality: _____

ID/ Passport Number: _____

Gender: FEMALE | MALE | OTHER

Ethnic Group: _____

Home Language: _____

Dexterity: RIGHT | LEFT | BOTH

Cell No.: _____

Email Address: _____

_____

Social Grant Recipient: YES | NO

FAMILY DOCTOR INFORMATION

Mode of Transport: _____

Vehicle Registration No.: _____

Name of Driver: _____

Cell No.: _____

LEARNER HEALTH INFORMATION

Chronic Illness(s)/Disease(s): YES | NO

If Yes, please state: _____

_____

Allergies: YES | NO

If YES, please state: _____

_____

MEDICAL AID INFORMATION

Name: _____

Member Number: _____

Primary Member: _____

Cell: _____

Tel: _____

FAMILY DOCTOR INFORMATION

Name: _____

Tel: _____

Practice Name: _____

PREVIOUS SCHOOL INFORMATION

Name: _____

Tel: _____

Address: _____

Highest Grade Achieved: _____

Reason for leaving: _____

_____

CENTRAL COLLEGE

PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full Name(s): _____

Surname: _____

Initials: _____

ID/Passport: _____

Nationality: _____

Home Language: _____

Cell: _____

Tell: _____

E-mail: _____

Residential Address: _____

_____

_____

Postal Address: _____

_____

_____

Occupation: _____

Employer: _____

Employer Address: _____

_____

_____

Tel (W): _____

E-mail: _____

_____

PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full Name(s): _____

Surname: _____

Initials: _____

ID/Passport: _____

Nationality: _____

Home Language: _____

Cell: _____

Tell: _____

E-mail: _____

Residential Address: _____

_____

_____

Postal Address: _____

_____

_____

Occupation: _____

Employer: _____

Employer Address: _____

_____

_____

Tel (W): _____

E-mail: _____

_____

CENTRAL COLLEGE

PERSON RESPONSIBLE FOR ACCOUNT

INDIVIDUAL

Title: _____

Full Name(s): _____

Surname: _____

Initials: _____

ID/Passport No.: _____

Nationality: _____

Home Language: _____

Cell: _____

Tell: _____

E-mail: _____

Residential Address: _____

_____

_____

Postal Address: _____

_____

_____

COMPANY/CLOSED CORPORATION/TRUST

Entity Name: _____

_____

Registration No.: _____

Contact No.: _____

Address: _____

_____

_____

Postal Address: _____

_____

_____

INDIVIDUAL/ENTITY BANKING DETAILS

Bank: _____

Account Holder: _____

Account No.: _____

Branch: _____

Branch Code: _____

DECLARATION BY PARENT/GUARDIAN

I, _____(Parent/Guardian Name) do hereby declare that the information supplied in this document is true and just and that I, by signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I am liable to a criminal offence.

Signed at _____on this the _____day of _____ 20____.

CENTRAL COLLEGE

UNDERTAKING TO PAY SCHOOL FEES

1. The payment of school fees is a statutory duty in terms of the South African Schools Act No. 84 of 1996 (as amended). These school fees are payable **annually in advance** at the beginning of each school year and as such, payment is **compulsory** unless I/we have been granted an exemption or partial exemption. However, purely in to reduce the financial burden on parents, Central College (hereinafter, "the School), may extend the terms payable completely at its discretion.

2. Should the School grant me such an indulgence, I accept that this undertaking in no way changes the fact that the payment of school fees is a statutory duty and **NOT** a voluntary agreement, and particularly **NOT** a credit agreement as defined in terms of the National Credit Act No.34 of 2005.

3. Payment is made subject to the following terms and conditions:

   3.1. If the School allows me/us any form of extended payment and I/we default and fail to pay any single instalment by the due date, the whole amount that is outstanding will become immediately due and payable.

   3.2. I/we understand that the outstanding amount that will become due and payable will be the total annual fees, less any instalments that have been paid prior to defaulting.

   3.3. I/we authorise the School to carry out any checks and/or traces that they deem fit with any registered Credit Bureau or credit reference and list me with any Credit Bureau in the event of my defaulting in payment in terms of this agreement.

   3.4. I/We chose the address specified as our residential address/es contained in this document as my/our chosen legal domicile for service of all legal notices and processes until I/we advise the school in writing of my/our new address, which will then become our new legal domicile.

   3.5. That in the event that I/we are not the natural parent and/or guardian of the child/ren, then I/we accept responsibility of parent as defined in Section 1 of the Schools Act.

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3.6. Understand that in terms of the Schools Act, parents are jointly and severally liable for school fees and any divorce order is inter partes binding between the parents and does not affect the parent's liability to the School.

3.7. I/We have been advised of the exemptions available to me/us on the school fees.

4. I/We understand that non-payment of any fess will result in my account being handed over to Debt Collectors.

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CENTRAL COLLEGE

UNDERTAKING TO PAY SCHOOL FEES

I, _____(full name and surname of parent/guardian)

With I.D./Passport No. _____

residing at _____

_____

(address of parent)

the undersigned, do hereby state and confirm that I accept responsibility as "**parent**" as defined in terms of the broader definition of parent in Section 1 of the South African Schools Act No. 84 of 1996 (hereinafter, "the Act"). This in terms of the education provided/to be provided by Central College (hereinafter, "the School") to:

_____ (Learner's name and surname)

and;

1. Specifically undertake to be responsible for the school fees of the said learner as set out in Section 40 of the Act, the details of which I acknowledge the School has advised me.
2. I accept the above address as my chosen domicilium for service of all notices and legal documents unless I notify the school in writing of my change of address.
3. I authorise the School to do credit bureau searches on me in the event of any schools due by me not being paid.
4. I authorise the School to inform any relevant credit bureau and have my name listed with them.

Signed at _____on this the _____day of _____20 _____.

_____

(**SIGNATURE OF PARENT)**

Witness 1:_____ Witness 2: _____

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CENTRAL COLLEGE

NON-SOUTH AFRICAN CITIZEN FORM

1. This form is to be completed by non-South African Citizens **ONLY**.

2. This form is a requirement in terms of the Immigration Act No. 13 of 2002 (as amended), the South African Schools Act No. 84 of 1996 (as amended), and all relevant legislation.

3. This form **WILL NOT** be used to discriminate against any applicants or their parents/guardians, however, it will be used to ensure Central College's compliance with the Immigration Act, the South African Schools Act, and all relevant rules and regulations.

4. The following documentation must be submitted with the application forms:
    - Certified copies of learner's birth certificate/passport/study visa (if foreign learner);
    - Certified copies of Immunisation Certificate/records;
    - Certified copy of learner's latest school report;
    - Certified copy of proof of residence i.e., electricity and water account **NOT OLDER THAN 3 months** or a 3-month bank statement. Subletting is not considered as Proof of residence.
    - Certified copy of Parent(s)/Guardian(s)/Custodian(s) Identity Documents or Passport irrespective of living arrangements.
    - Proof of Employment: Letter from employer stating parent/guardian is employed at the given address.
    - Non-South African Citizens: Certified copy of learner's Passport and/or Study Visa, and certified copy of Parent(s) Passport(s) with Work Visa/Temporary Residence Visa/Permanent Residence Visa (see Appendix A).

PLEASE NOTE:

It is in your best interest to complete all sections of this form truthfully.

Any missing documentation may negatively affect the application and enrolment processes.

The school will **NOT** be held responsible for any forms sent by registered post or not timeously received.

PLEASE TURN OVER

CENTRAL COLLEGE

NON-SOUTH AFRICAN CITIZEN FORM

LEARNER
Name:
Surname:
Grade:
Nationality:
Passport No.:
Passport Expiry Date:
Type of Visa:
Visa Reference No.:
Visa Expiry Date:
Date Of Entry Into SA:

PARENT / LEGAL GUARDIAN 1
Name:
Surname:
Relationship to Learner:
Nationality:
Passport No.:
Passport Expiry Date:
Type of Visa:
Visa Reference No.:
Visa Expiry Date:
Date Of Entry Into SA:

INTIAL HERE

PARENT / LEGAL GUARDIAN 2
Name:
Surname:
Relationship to Learner:
Nationality:
Passport No.:
Passport Expiry Date:
Type of Visa:
Visa Reference No.:
Visa Expiry Date:
Date Of Entry Into SA:

DECLARATION BY PARENT/GUARDIAN

1. I hereby declare that I am the parent/guardian of the abovementioned child.
2. I confirm that I acknowledge and understand that:
   - 2.1. Acceptance of the abovementioned child at Central College for the 2026 academic year will be on a provisional basis subject to the child having obtained an official study visa form the Department of Home Affairs for the duration of his/her studies.
   - 2.2. In terms of the Immigration Act No. 13 of 2002 (as amended) and the conditions of the study visa, I/we may not apply for an exemption to pay school fees in terms of the South African Schools Act No. 84 of 1996 (as amended).
     - 2.2.1. Permanent Resident and Asylum Permit holders may apply for exemption
   - 2.3. In terms of the conditions of the study visa I/we jointly and severally undertake to pay the annual compulsory school fees for the duration of the abovementioned learner's studies.

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2.4. In terms of the of the Immigration Act and the conditions of the study visa, I/we may not fall in arrears with the school fees account; and,

2.5. Should I/we fall in arrears of with the payment of school fees, the abovementioned learner will be in breach of the conditions of his/her study visa and the school will report such to the Department of Home Affairs.

2.6. Should the learner leave the school during the academic year for any reason whatsoever, I/we will need to settle the fees for the full academic year prior to receiving exit and/or transfer documents.

3. I accept that this commitment, in its entirety, will be valid form the day on which I/we sign it to the day on which the learner officially leaves the school.

I _____(Name of Parent/Guardian) do hereby declare that the information supplied in this document is true and just and that I, by signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I am liable to a criminal offence.

Signed at _____on this the _____day of _____20 _____.

_____ _____

(**SIGNATURE OF PARENT)** (**SIGNATURE OF PARENT)**

Witness 1:_____ Witness 2: _____

INTIAL HERE

CENTRAL COLLEGE HIGH SCHOOL
27 CLINTON ROAD, NEW REDRUTH, ALBERTON 1449
Tel:011 869 638 - Email:info@centralcollegehigh.co.za
www.centralcollegehigh.co.za

REFUSE TO BE ORDINARY

EMIS: ES - 700400752
PBO: 93005983
NPO : 123 - 778

DEBIT ORDER AUTHORIZATION

ACCOUNT PAYER (Tick Relevant Box) Full settlement immediately:

Option 1 Full Settlement EFT/ Cash/ Credit Card/ Other R_____

Reg Fee: R_____ Levy Fee_____ Balance Due and Payable R_____

Debit Order: **Yes** ☐

Option 2

				Period of Payment (compulsory)				
Monthly Instalments		3 Months			6 Months		10 Months	
Deposit Percentage (%)	15% Deposit		20% Deposit				30% Deposit	

Current Year School Fees R_____Deposit Due Date R_____ Registration Fee R_____ Levy Fee R_____

Deposit Payable R_____ First installment Date _____

Monthly Installment R_____ Last Instalment Date _____

Learner ID number_____ Accounts person's signature:_____

DEBIT ORDER AUTHORIZATION ☐

Name of the Bank: ..... Type of Account :.....

Branch Code:..... Name of account holder:.....

Branch Name:..... Signature of account holder:.....

Account Number:..... To Pay:.....

I hereby authorize Central College to deduct from the specified account via the debit order system, the monthly instalment or other amount if specified, for the study duration after which this authority mandate will be terminated by me in writing of a period not less than 30 (thirty) ordinary working days, which will be sent by prepaid registered post or delivered to your address as indicated above. I further understand that should there be insufficient funds in my account to meet the obligation, Central College is authorized to track my/our account and re-present the instruction for payment as soon as sufficient funds are available. I further acknowledge that Central College has the right to add charges for every returned or unpaid debit order and that the maximum instalment amount may be up to 1.5 (one and a half) times the instalment amount. If my debit order collection method is unsuccessful in 2 (two) consecutive months, then Central College reserves the right to claim the full fee outstanding.

Amount: R_____

(Please attach copy of your recent salary advice).

Salary Date: _____

First Deduction Date:_____

(Debit order to be deducted monthly on salary payment date)

Please note that your agreement reference will be the name, surname and Grade of the child

I understand that the date adjustment rule is applicable and if the chosen payment date falls on a weekend or public holiday, the amount will be deducted from my account on the preceding bank day. I also understand that if I do not supply all the relevant information or the correct information I cannot hold Central College responsible for non-payment of my account. I acknowledge that all payments instructions issued by Central College shall be treated by my above-mentioned bank as if the instruction has been issued by me personally. I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I also understand that I cannot reclaim amounts that have been withdrawn from my account (paid) in terms of this Authority and Mandate if such amounts were legally owing to Central College.

I understand that my bank may send me an instruction to authenticate the Mandate to enable the use of the DebiCheck payment stream and should such authentication fail, this payment instruction may be processed in the RMS or payment stream

I further grant consent that the aforementioned information may be stored by the debit order facilitation service provider or its partners and that the information may be distributed to the relevant South African Banking institutions for processing purposes. I agree and acknowledge that a record of this information may be kept for a period of 5 (five) years after completion and/or cancellation of this debit order. I acknowledge that the provision of this information is mandatory and a failure to provide such information will lead to an inability to process this debit payment instruction. I further acknowledge that I have the right to object and to lodge a complaint as contained in the Protection Personal Information Act 4 of 2013.

I acknowledge that this authority may be ceded or assigned to a third party. I acknowledge that if debit orders are not are not deducted as per my instruction that it will still be my onus to ensure that payment is made to Central College in respect of any outstanding amounts due to Central College.

Signed at.....on this.....day

of.....20.....

Signature of Account Holder:.....

CHECKLIST FOR A VALID AGREEMENT

1. Fully completed, signed contract
   - ☐ Completed and signed debit order section if not full payment
   - ☐ First debit order current
   - ☐ Learner Birth Certificate or ID
   - ☐ Parents ID copy/copies, if debit order
   - ☐ Deposit
   - ☐ Copy of banking details

Account Payer's ID number:..... Signature:..... Date:.....

SCHOOL FEE STRUCTURE

GRADE R—12

NEW LEARNER REGISTRATION FEES			
Foundation Phase (Grade 1 - 3)	Intermediate Phase (Grade 4 - 6)	Senior Phase (Grade 7 - 9)	FET (Grade 10 & 11)
R3 400	R3 500	R3 700	R3 800
Registration Fee Includes:			
Annual Levy	Annual Levy	Annual Levy	Annual Levy
School Diary	School Diary	School Diary	School Diary
School Library	School Library	School Library	School Library
Sports	Sports	Sports	Sports
Awards	Awards	Awards	Awards

	FEES FOR ALL GRADES			
	ANNUAL FEES	MONTHLY FEES	NEW-LEARNER REGISTRATION	OLD LEARNER REGISTRATION
GRADE R	R16 500	R1 500	R3 300	-
GRADE 1 - 3	R17 600	R1 600	R3 400	R3 100
GRADE 4 - 6	R18 700	R1 700	R3 500	R3 200
GRADE 7 - 9	R20 900	R1 900	R3 700	R3 400
GRADE 10 - 11	R22 000	R2 000	R3 800	R3 500
GRADE 12	R27 500	R2 500	-	R4 000