



Green Fountain Farm  
Route 72, Port Alfred  
**Telephone:** 046 624 3616  
**E-mail:** admissions@tkswr.co.za  
www.kingsedgrp.co.za

## APPLICATION FOR ADMISSION 2025



Applicant's First Name: \_\_\_\_\_

Applicant's Surname: \_\_\_\_\_

Into Grade \_\_\_\_\_ for 2025

Contact parent/guardian full name: \_\_\_\_\_

Contact Number Cell: \_\_\_\_\_

Contact Number Work: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

**NOTE:** This application form does not guarantee acceptance into The King's School Port Alfred.

You will be informed by telephone call or email after relevant interviews have taken place.

Please only pay the R400 Application/Booking fee at the moment and not any other fees until notified.

**CONTACT:** The Admissions Officer for any queries: admissions@tkswr.co.za or on 046 624 3616.

OFFICE USE ONLY: ACCEPTED FOR

GRADE:	YEAR:	STUDENT NUMBER:

Please note that incomplete forms will not be considered. Please complete the following form and ensure that all the paperwork is attached in order to facilitate your application. Thank you.

## ENROLEMENT PAPERWORK CHECKLIST:

		YOUR CHECKLIST	OFFICE USE ONLY
1	The fully completed enrolment form		
2	2x recent ID photos of the learner. Paste one of the photos on the cover page.		
3	The learner's most recent report		
4	A transfer card from the learner's current school		
5	Completed, signed and stamped Confidential Reference from current school		
6	A copy of the learner's immunization card (not optional)		
7	A copy of the learner's unabridged birth certificate		
8	Copy of BOTH parent's/guardian's ID's (Even if separated/divorced/unmarried) OR, copy of death certificate if parent is deceased.		
9	If available, a copy of the medical-Aid Card		
10	Most up-to-date school-fee statement from current school		
11	If applicable, Court documentation indicating guardianship/foster placement		
12	Proof of income, not older than three months <ul style="list-style-type: none"> <li>• <i>If employed, a certified copy of both parents pay slips/bank statements</i></li> <li>• <i>If self-employed, the last three month's bank statements.</i></li> <li>• <i>If the learner is sponsored, proof of income for the sponsor – either bank statements or salary slips</i></li> </ul>		
13	The completed, initialed and signed Contract: Undertaking by Parents/Guardians		
14	The completed and signed PAYMENT OF SCHOOL FEES Form		
15	The signed SCHOOL FEE STRUCTURE 2025 Form		
16	The completed and signed AGREEMENT OF TUITION Form		
17	The completed and signed DEBIT ORDER Form		
18	The CONSENT AND INDEMNITY form		
19	The completed POPI ACT CONSENT, WHATSAPP GROUP and IMAGE RELEASE Form		
20	The signed STATEMENT OF FAITH		
21	The Initialed and signed CODE OF CONDUCT AND DISCIPLINARY POLICY		
22	Foreign Nationals: Copies of work permits, study permits and Passports		
23	R400 Application/Booking fee		

### Enrolment Procedure

**Step 1:** Submit the fully completed Application Pack, together with the required documents and R400 Application/Booking Fee.

**Step 2:** You will be invited to an interview and your child may/may not be required to write a Diagnostic test.

**Step 3:** You will be interviewed by the principal of The King's School Port Alfred.

**Step 4:** You will receive a call stating whether your application is successful or not.

**Step 4:** You will be required to collect the Parent Pack from the school and pay the R3 000 non-refundable registration fee within 30 days of acceptance.

**Step 5:** The learner may attend The King's School Port Alfred on the agreed date if all criteria are met.

**After the applicant has been accepted, the following documents, which are also available to view on the El Shaddai website ([www.elshaddaiportalfred.co.za](http://www.elshaddaiportalfred.co.za)), are to be issued to parents:**

**OFFICE USE ONLY: Parents sign on receipt of documents**

		Parent Signature
1	Vision, Mission and Values	
2	Philosophy of Education	
3	Statement of Family Values	
4	Gender Policy	

## Office Use Only

<b>STUDENT NUMBER</b>		<b>SPORT HOUSE</b>	
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### PERSONAL DETAILS OF THE APPLICANT (THE LEARNER)

Year applied for		Grade applied for		Grade accepted for	
Date of application		Highest Grade Passed to date		Year that the Grade was passed	
Has the learner repeated a grade?		Which Grade?		Which year?	

SURNAME (AS PER BIRTH CERTIFICATE)	
FIRST NAME (ONLY)	
2 <sup>ND</sup> /OTHER NAMES	
PREFERRED NAME	

DATE OF BIRTH		GENDER	<i>Male</i>	<i>Female</i>
RACE	<i>Asian/Indian</i>	<i>Coloured</i>	<i>Black</i>	<i>White</i>
HOME LANGUAGE		NATIONALITY		
CITIZENSHIP	<i>SA Citizen</i>	<i>Immigrant</i>	Year of immigration	
ID/PASSPORT NUMBER				

HOME ADDRESS (of learner)					CODE	
THE LEARNER LIVES WITH	<i>Both parents</i>	<i>Father</i>	<i>Mother</i>	<i>Grandparents</i>	<i>Other. Specify</i>	
HOME TEL. NUMBER		LEARNER CELL NO:				
EMERGENCY NUMBER (Parent/Guardian)		RELATION OF EMERGENCY CONTACT				
EMERGENCY NAME		EMERGENCY SURNAME				
LEARNER EMAIL ADDRESS						

NAME OF PREVIOUS SCHOOL				
CONTACT NUMBER		PROVINCE/COUNTRY		
DEXTERITY	<i>Right handed</i>	<i>Left handed</i>	<i>Ambidextrous (both)</i>	
MODE OF TRANSPORT	<i>Taxi</i>	<i>Car</i>	<i>School</i>	<i>Other</i>

IF PARENTS ARE DECEASED	<i>Both Parents</i>	<i>Mother</i>	<i>Father</i>
RELIGION		CHURCH	

NUMBER OF CHILDREN IN THE FAMILY				
POSITION OF APPLICANT IN THE FAMILY (E.g. firstborn, 2 <sup>nd</sup> , 3 <sup>rd</sup> , etc.)				
DOES THE APPLICANT HAVE SIBLINGS AT TKSPA	<i>Yes</i>	<i>No</i>	WHICH SPORT HOUSE?	

**LEARNER DETAILS CONTINUED**

MEDICAL AID NAME		MEDICAL AID NUMBER	
MAIN MEMBER		MAIN MEMBER ID No.	
DOCTOR'S NAME		DOCTOR'S TEL NUMBER	
CLINIC NAME		ACCOUNT REF. No.	
ALLERGIES			
MEDICAL CONDITIONS <i>E.g.: Diabetes, Epilepsy etc.</i>			
BARRIERS TO LEARNING <i>E.g. ADHD</i>			

**DETAILS OF PARENT/S OR GUARDIAN/S****PARENT/GUARDIAN 1**

SURNAME					TITLE <i>E.g. Mr/Mrs/Rev/Dr</i>					
FIRST NAME					GENDER	<i>Male</i>	<i>Female</i>			
ID/PASSPORT No.										
NATIONALITY					RACE					
HOME LANGUAGE					RELATIONSHIP TO LEARNER					
LEARNER RESIDES WITH THIS PARENT	Y	N								
MARITAL STATUS	<i>Single</i>	<i>Married to other parent</i>	<i>Separated</i>	<i>Divorced</i>	<i>Widowed</i>	<i>Living together</i>	<i>Remarried</i>			
HOME TEL No.					CELL NUMBER					
WORK TEL NUMBER					ALTERNATIVE NUMBER					
EMAIL ADDRESS										
RESIDENTIAL ADDRESS										
									CODE	
POSTAL ADDRESS										
									CODE	
OCCUPATION					EMPLOYER					

PLEASE TURN OVER

**DETAILS OF PARENT/S OR GUARDIAN/S****PARENT/GUARDIAN 2**

SURNAME					TITLE <i>E.g. Mr/Mrs/Rev/Dr</i>				
FIRST NAME					GENDER	<i>Male</i>		<i>Female</i>	
ID/PASSPORT No.									
NATIONALITY					RACE				
HOME LANGUAGE					RELATIONSHIP TO LEARNER				
LEARNER RESIDES WITH THIS PARENT		Y	N						
MARITAL STATUS	<i>Single</i>	<i>Married to other parent</i>	<i>Separated</i>	<i>Divorced</i>	<i>Widowed</i>	<i>Living together</i>	<i>Remarried</i>		
HOME TEL No.					CELL NUMBER				
WORK TEL No.					ALTERNATIVE NUMBER				
EMAIL ADDRESS									
RESIDENTIAL ADDRESS									
								CODE	
POSTAL ADDRESS									
								CODE	
OCCUPATION					EMPLOYER				

**IF PARENT/GUARDIAN IS REMARRIED, FILL IN THE STEPPARENTS' DETAILS****STEPPARENT 1 (married to parent/guardian 1)**

SURNAME					TITLE <i>E.g. Mr/Mrs/Rev/Dr</i>				
FIRST NAME					GENDER	<i>Male</i>		<i>Female</i>	
ID/PASSPORT No.									
HOME TEL No.					CELL NUMBER				
WORK TEL No.					ALTERNATIVE NUMBER				
EMAIL ADDRESS									

**STEPPARENT 2 (married to parent/guardian 2)**

SURNAME					TITLE <i>E.g. Mr/Mrs/Rev/Dr</i>				
FIRST NAME					GENDER	<i>Male</i>		<i>Female</i>	
ID/PASSPORT No.									
HOME TEL No.					CELL NUMBER				
WORK TEL No.					ALTERNATIVE NUMBER				
EMAIL ADDRESS									

## PARENTAL/GUARDIAN CONTRACT

I/We, the parents/guardians of (Learner) \_\_\_\_\_ agree to the following:

### 1. GENERAL:

- 1.1. I declare that all the particulars furnished by me on this form are true and correct. I hereby give The King's School Port Alfred the authority to verify any and all information supplied on this application and understand that in the event of incorrect or fraudulent information or documents provided, the application process will be immediately cancelled and no further possibility of application will be made available to me.
- 1.2. I understand that this application form does not entitle the applicant to a place in The King's School Port Alfred. I hereby certify that I am the legal parent/s of the learner or that I have legal custody and/or guardianship in respect of the above named learner.
- 1.3. I understand that the Principal and or any other duly authorized person will act in *Loco Parentis*, this includes consent for medical treatment in case of an emergency once all reasonable efforts have been made to contact the learner's parents/guardians.
- 1.4. I understand that while every reasonable effort will be made to prevent losses or damage to the learner's clothing and equipment, The King's School Port Alfred cannot be held liable for such.
- 1.5. I undertake to give, in writing, one month's intention to remove the learner from The King's School Port Alfred, failing this one month's fees will be charged pay fees in lieu thereof.
- 1.6. I undertake to return any books and/or equipment belonging to The King's School Port Alfred or pay the replacement value of them.
- 1.7. I will inform The King's School Port Alfred of any changes to personal information/contact details in writing.
- 1.8. I acknowledge the authority of the Principal, the teachers, staff and student leaders.
- 1.9. I agree to ensure that the learner attends school regularly and should he/she be absent from school for any reason, inform the school of that in writing.
- 1.10. I commit to working in partnership with the school. I will be involved in the school by attending functions, parent's meetings, sports events and fun events.
- 1.11. I will support all aspects of the learner's education by supervising homework to ensure that it is neat and completed. I will check and sign the child's homework diary each day and ensure that revision and learning take place at home. In the event of my child experiencing a barrier to learning, I will follow the advice of the educators in regards to assessments and assistance needed for the learner.
- 1.12. I understand that the learner will be taught the Word of God as part of the curriculum and I undertake to support The King's School Port Alfred in all its Christian Principles.
- 1.13. Realising that my/our attitude towards teachers and policies of The King's School Port Alfred affect the emotional and academic stability of the child, I/we will support and uphold the ideals of The Kings School Port Alfred in every way and will abide by its discipline and regulations. At no time will I/we participate in destructive criticism of staff or The King's School Port Alfred to the child or to others, but instead, if a problem arises, will go directly to the teacher or Principal in a Christian manner as indicated in Matthew 18:15 & 16.
- 1.14. I have read the School Rules and the Code of Conduct attached and undertake to encourage the learner to adhere to these. (*Proverbs 29:17 – Discipline your son and he will give you peace, he will bring delight to your soul.*)
- 1.15. I agree to sign all relevant consent forms that allow my personal information to be shared with entities that relate to the collection of outstanding fees and general educational practices.
- 1.16. I understand that smoking in school uniform and the abuse of any drug and/or alcohol is an infringement of school rules and will not under any circumstances be tolerated

Initials of all signatories: \_\_\_\_\_

**2. FINANCES:**

- 2.1 I understand that both parents are jointly and severally liable for the payment of school fees. (Both parents are liable for fees.)
- 2.2 This is a fee-paying school and I/we jointly undertake to pay school fees according to this contract and understand the following:
  - 2.2.1 Payment of annual school fees is compulsory in either eleven installments, per term in advance or paid fully per annum in advance.
  - 2.2.2 Learner's accounts that run overdue for 37 days will be suspended from school until the outstanding fees are paid in full. Full school fees will still be charged during suspension.
  - 2.2.3 Learners whose accounts run overdue for 60 days will be required to find alternate education.
  - 2.2.4 In the event of no payment of school fees, The King's School Port Alfred may initiate legal action against both parents irrespective of maintenance and court orders which may or may not exist between the parties. The parents will be responsible to pay all administrative or collection fees over and above school fees.
  - 2.2.5 I am responsible for all bank charges, legal fees and interest on any outstanding fees.
  - 2.2.6 I undertake to reimburse The King's School Port Alfred for any damage to school property that may be caused by the learner if the damage is caused willfully or through disobedience.

**3. CANCELLATION OF CONTRACT**

I understand that the contract may be cancelled by The King's School Port Alfred for any reason including, but not limited to:

- 3.1 Non-payment of school fees (No negotiations will be entered into)
- 3.2 Bad behaviour of the learner as per the Code of Conduct
- 3.3 Bad behaviour of the parents (vandalism, riots, intimidation etc.)

Fair process will be followed in this instance and parents will be informed of the reasons of the termination of the contract and be given opportunity to plead their case in either writing or at a hearing.

The terms of cancellation will depend on the nature of the infringement.

NO CHILD WILL BE ACCEPTED IN THE KING'S SCHOOL PORT ALFRED UNLESS THIS CONTRACT HAS BEEN SIGNED BY PARENTS AND WITNESSES.

THE PARENT/LEGAL GUARDIAN DECLARES THAT HE/SHE IS THE LEGAL PARENT/GUARDIAN OF THE CHILD AND IS ENTITLED TO SIGN THIS DOCUMENT AND SHALL BE BOUND HERETO BOTH AS PARENT/GUARDIAN, AND IN HIS/HER PERSONAL CAPACITY.

Signed on this.....day of ..... 20..... at .....

- **Witnesses MUST sign.**

Name of Mother/female guardian:	Signature:
Name of Father/male guardian:	Signature:
Name of witness 1:	Signature:

**PAYMENT OF SCHOOL FEES**

Learner First Name and surname: \_\_\_\_\_ Student Number: \_\_\_\_\_

Payment Method(tick):	Annual Payment in advance		Monthly Payment in advance	
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**DETAILS OF THE PERSON RESPONSIBLE FOR THE SCHOOL FEES**

SURNAME:											Title: (e.g. Mrs/Mr/Dr/Rev)	
FIRST NAMES:												
IDENTITY NUMBER:												
Telephone Numbers:	Home:						Work:					
	Cell:						Fax:					
Email Address												
Residential Address:											Postal Code:	
Postal Address:											Postal Code:	
Occupation:							Employer:					
Employer Tel:												

**THIS SECTION MUST BE FILLED IN BY THE PERSON RESPONSIBLE FOR PAYING THE ACCOUNT:**

- 1) It is hereby agreed that I/we the Guardians/Parents of the Learner shall be **liable jointly and severally** (meaning both parents) for the payment of the School Fees and additional charges as per the terms of The King's School Port Alfred.
- 2) It is hereby acknowledged that one month's written notice is required for any learner being removed from The King's School Port Alfred.
- 3) Should the notice not be given, I/we will be responsible for the payment of the forthcoming month's fees in lieu of such notice.
- 4) As per the contract I/we understand that should any legal action be taken to recover outstanding school fees, I/we will be held responsible to pay these legal fees.
- 5) I/we furthermore understand that my/our child/ren will be suspended from The King's School Port Alfred, while being charged full school fees, until such outstanding fees are paid.
- 6) I/we agree to pay interest on outstanding amounts as well as a nominal administration fee set by The Kings School Port Alfred to cover the cost of additional paperwork and calls that The King's School Port Alfred may have to make to secure overdue payments.
- 7) The King's School Port Alfred will not accept cheques.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

- It is essential to have the witnesses sign this document.

Name of Mother:	Signature:
Name of Father:	Signature:
If person other than parents is responsible for fees:	Name:
	Signature:
Name of witness 1:	Signature:
Name of witness 2:	Signature:



**CONSENT AND INDEMNITY FORM**

Full name of learner: \_\_\_\_\_

I hereby give consent for my child:

- a) To take part in school trips and other activities that may take place off the school premises.
- b) To be given first aid or urgent medical treatment during any school trip or activity, allowing a staff member to act "in loco parentis" – in place of the parents.
- c) Participate in sport activities and other academic related activities at school.

If you are not in agreement with this, please furnish relevant information to explain the reasons.

Please note the following important information before signing this form:

- a) The trips and activities covered by this consent/indemnity include
  - Any activities on regular any school day.
  - All visits by learners to offsite property which can take place during school hours, after school, holidays or weekends.
  - Adventure activities at any time.
  - Offsite sporting fixtures.
- b) The school will send you information about each trip before it takes place.
- c) You may, if you wish, tell the school that you do not want your child to participate in any particular school trip. (School trips may only be attended if fees are up-to-date.)

**DECLARATION:**

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present. I agree that all of these treatments will be for my personal account and that the school cannot be held responsible to cover costs incurred.

Initial: \_\_\_\_\_

**INDEMNITY:**

I hereby indemnify, hold harmless and absolve the staff, other members of the touring party including accompanying parents and the Governing Body of The King's School Port Alfred against any or all claims that may arise in connection with the loss of or damage to the property of or injury to my child/ward in the course of activities during school hours and on any trips or during the course of activities on the trip, in the knowledge that the trip manager will endeavor to take all precautions for the safety and welfare of my child/ward.

**I have read, understood and agree to the above.**

Parent/Guardian 1 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name: \_\_\_\_\_ Witness signature: \_\_\_\_\_

## POPI ACT CONSENT FORM

**Learner's full name:** \_\_\_\_\_

Under the POPI Act, I am obligated to inform you with whom we share your and your child's personal information.

The personal information that we collect is used specifically for school purposes. The following persons or entities are involved in the collection or processing or use of your information:

- The administration staff who collect the data and capture it on our various data-bases to create class lists, contact sheets, report cards and various other school related requirements.
- The teachers and principal have access to information for the same reasons as well as for educational purposes.
- SAGE – Our accounting system, this is also viewed by a third party to ensure that all our practices are credible.
- SASAMS – Our Data Base where we capture all the information required. This information is shared with the Department of Education
- The Department of Education has access to personal information and academic information of learners
- NAISA – Have access to information, but only as anonymous surveys, they are not privy to personal information.
- ACSI – This is our Covering Body. They have access to minimal learner information, but mostly also in survey form.
- Specialist, Like Occupational Therapists, Audiologists, etc. – They have access to information once you, as a parent, have granted permission for us to pass this information on.
- Debt Collectors and Lawyers – Your information will be handed to them to enable us to collect outstanding fees.
- Doctor/Hospital/Medical Personnel – Relevant information in case of an emergency.
- Other Schools – To hand over portfolios and profiles in the event of transfer to another school. We also give information to other schools who request references from schools before enrolling their children.
- UMALUSI – The matric examination body to enable the printing of reports.
- Auditors – Have access to some personal information for auditing processes.
- SACCSA – Our sports association where we give specific information about specific learners if required.
- SGB – Relevant information is required by the SGB to enable it to make decisions for the future benefit of the school.
- Various events at school – e.g.: Eisteddfod, Art competitions may require names, ages and contact numbers.
- Newspapers, Facebook and the TKSPA Webpage – For marketing, and of course, to brag about your beautiful children.
- WhatsApp Groups – Telephone numbers are easily accessible on the various groups.

The school cannot function without sharing appropriate and relevant information with each of the above.

Sign your consent for the sharing of information:

**Parent/Guardian 1 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian 2 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Witness name: \_\_\_\_\_

Witness signature: \_\_\_\_\_

## WHATSAPP GROUPS

WhatsApp groups need special permission and understanding:

- We use WhatsApp groups for fast, efficient communication with parents and learners.
- Your permission is required to be on the groups.
- By signing this, you give permission to the school to add your name to any relevant class, sport, tour or information group that will benefit you and your child. Specific groups will be deleted after they have served their purposes.
- By signing this, you also agree not to share any parent's numbers with any third party unless you have obtained permission from that person to share their number.
- You also agree not to use any of the numbers for marketing purposes other than The King's School Port Alfred marketing.

WhatsApp number: \_\_\_\_\_

Parent/Guardian 1 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name: \_\_\_\_\_ Witness signature: \_\_\_\_\_

## IMAGE RELEASE

As the parent/legal guardian of \_\_\_\_\_ (*learner's name*), I have legal authority to execute this release on his/her behalf. I hereby grant The King's School Port Alfred irrevocable permission to publish photos of my child taken during the duration of his/her scholastic career at the aforementioned school including, but not limited to, official and unofficial school events, including events both on and off The Kings School Port Alfred premises.

These images may be published in any reasonable manner, including, but not limited to advertisements, periodicals, calendars, on social media and in press releases. Furthermore, I will hold harmless any photographer and his/her legal representatives and assigns, from any liability by virtue of minor cropping that may be required, and colour and exposure shifts that may occur in reproducing this photograph.

I have read this release and fully understand its implications.

### Parent/Guardian 1

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

Date: \_\_\_\_\_

### Parent/Guardian 2

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

Date: \_\_\_\_\_

### Witness

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

