



Hudson Park High School

Devereux Avenue, East London Tel: 043 726 3205 Fax: 043 726 6565 Email: office@hphs.co.za Website:www.hphs.co.za

APPLICATION FOR ADMISSION

CLOSING DATE FOR APPLICATIONS IS 30 NOVEMBER EACH YEAR

PLEASE NOTE: NO APPLICATION WILL BE ACCEPTED OR PROCESSED WITHOUT ALL THE RELEVANT SUPPORTING DOCUMENTATION

PASTE CURRENT PHOTO IN SCHOOL UNIFORM

DATE OF APPLICATION GRADE APPLYING FOR

PLEASE COMPLETE SEPARATE APPLICATION FORM FOR HOSTEL, AVAILABLE FROM FRONT OFFICE
HOSTEL REQUIRED? HOSTEL APPLICATION SUBMITTED?

LEARNER INFORMATION

SURNAME				FIRST NAMES			
DATE OF BIRTH	DD	MM	YYYY	IDENTITY #			
GENDER	M	F		RACE			
RESIDENTIAL ADDRESS							
							CODE
LEARNER'S EMAIL ADDRESS				LEARNER'S CELL #			
HOME LANGUAGE				ANY DECEASED BIOLOGICAL PARENTS?	MOTHER	FATHER	BOTH
NAME OF CURRENT SCHOOL				SCHOOL CONTACT #			
HAS APPLICANT PREVIOUSLY REPEATED A GRADE?	YES	NO		IF YES, WHICH GRADE?			
HAS AN APPLICATION BEEN MADE AT HPHS PREVIOUSLY?				IF YES, WHICH YEAR?			

LEARNER'S INVOLVEMENT IN CURRENT SCHOOL

(VERIFIED ON EVALUATION FORM)

LEADERSHIP POSITIONS (Prefect, Captain etc)			
SPORT (Team, Provincial, etc)		HIGHEST LEVEL	
CULTURAL/PASTORAL (Music, Chess etc)		HIGHEST LEVEL	
OTHER			

MEDICAL INFORMATION / EMERGENCY CONTACT

MEDICAL AID				MEDICAL AID #	
MAIN MEMBER				DOCTOR'S NAME	
EMERGENCY CONTACT NAME (OTHER THAN PARENT)				DOCTOR'S TEL #	
EMERGENCY CONTACT NUMBER	RELATION TO			ALLERGIES?	
DEXTERITY OF LEARNER	RIGHT HANDED	LEFT HANDED	AMBIDEXTROUS		

FOR OFFICE USE

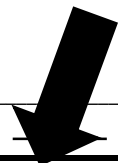
Acceptance of this application pack can only take place when ALL documentation is attached and all signatures are present.

DATE APPLICATION RECEIVED	<input type="text" value="DD MM YYYY"/>	Receipt No	<input type="text"/>	Date submitted to panel	<input type="text"/>
Reception Signature	Admissions Officer Signature	Academic Signature	Headmaster Signature		
Finance Manager	ACCEPTED	NOT ACCEPTED			
DATE OUTCOME LETTER SENT:	<input type="text" value="DD MM YYYY"/>	ADMISSION	FINANCE ACCOUNT		

Academic	
Sport	
Culture	
Behaviour	
Sibling	

NOTES: _____

<input type="text"/>	<input type="text"/>
----------------------	----------------------



BIOLOGICAL SIBLINGS OF THIS APPLICANT at HUDSON PARK HIGH SCHOOL

1. SIBLING NAME AND SURNAME		GRADE		HOUSE	
2. SIBLING NAME AND SURNAME		GRADE		HOUSE	
3. SIBLING NAME AND SURNAME		GRADE		HOUSE	

FATHER/LEGAL GUARDIAN

TITLE		INITIALS		SURNAME			
FIRST NAMES				HOME LANGUAGE			
RACE			IDENTITY NO				
RESIDENTIAL ADDRESS						CODE	
OCCUPATION			EMPLOYER				
WORK NO		HOME NO		CELL NO			
EMAIL ADDRESS (compulsory, and in block letters)							
MARITAL STATUS	SINGLE	MARRIED	DIVORCED	REMARRIED	WIDOWED (PROVIDE DEATH CERTIFICATE)		

MOTHER/LEGAL GUARDIAN

TITLE		INITIALS		SURNAME			
FIRST NAMES				HOME LANGUAGE			
RACE			IDENTITY NO				
RESIDENTIAL ADDRESS						CODE	
OCCUPATION			EMPLOYER				
WORK NO		HOME NO		CELL NO			
EMAIL ADDRESS (compulsory, and in block letters)							
MARITAL STATUS	SINGLE	MARRIED	DIVORCED	REMARRIED	WIDOWED (PROVIDE DEATH CERTIFICATE)		

CONTRACT

PARENT/LEGAL GUARDIAN DECLARATION - I hereby declare that:

- The stated information is true and correct.
- I/We have read, understood and accept the School Rules and Code of Conduct as found on the school's website
- I/We have read, understood and accept the School Admission Policy as found on the school's website
- I/We will hold the school in no way responsible for loss of personal effects at school or on school tours
- We acknowledge that we are jointly and severally liable for the compulsory school fees in terms of Section 39 SASA, as set out from year to year by the Governing Body.
- I/We appoint my/our home address referred to above as my domicilium citandi et executandi address for any process which may be instituted against me should I fail to pay any outstanding school fees by the due date
- I/We hereby consent to the use of photographs that may include my/our child, to market the school in promotional materials and on the school's social platforms.
- I/We authorise that the personal information herewith provided to the school, be used by the school; appointed parent representatives; and the D6 Communicator service provider for administrative purposes only. Information will be accessed only when deemed necessary by relevant staff and service provider requirements. I understand that my data will be held securely and will not be distributed to third parties. I reserve the right to amend my information, and understand that when this information is no longer required for the purpose of school administration that professional protocol will be followed by Hudson Park High School to remove my data

Father Signature

Mother Signature

Legal Guardian Signature

DD MM YYYY

LEARNER DECLARATION

I declare that I have read, understood and accept the School Rules and Code of Conduct as found on the school's website.

Learner Signature

DD MM YYYY

CONSENT

I/We hereby consent to an illicit substance test being carried out should the school deem it necessary.

Father Signature

Mother Signature

Legal Guardian Signature

Learner Signature

FINANCIAL COMMITMENT**STATUTORY OBLIGATION TO PAY FEES**

HUDSON PARK HIGH SCHOOL IS A FULL FEE PAYING SCHOOL, THEREFORE THE PAYMENT OF SCHOOL FEES IS COMPULSORY FOR ALL LEARNERS. THE ANNUAL FEE FOR 2023 IS R40 370. THE FEES FOR 2024 HAVE NOT BEEN FINALISED, HOWEVER THERE WILL BE AN ANNUAL INCREASE. YOU WILL BE NOTIFIED OF THE ANNUAL FEE FOR 2024 SHOULD YOUR CHILD BE ACCEPTED INTO THE SCHOOL

PARTICULARS OF PERSON RESPONSIBLE FOR PAYING FEES

NAME & SURNAME			
IDENTITY NO		CELL NO	
EMAIL ADDRESS			
RESIDENTIAL ADDRESS			
OCCUPATION		EMPLOYER	

I UNDERSTAND THAT HUDSON PARK HIGH SCHOOL RESERVES THE RIGHT TO ENQUIRE ABOUT MY CREDIT RECORD WITH ANY CREDIT REFERENCE AGENCY

SIGNATURE		SOCIAL GRANT	YES	NO
-----------	--	--------------	-----	----

BOTH PARENTS/LEGAL GUARDIANS TO INDICATE GROSS MONTHLY INCOME

FATHER/LEGAL GUARDIAN		MOTHER/LEGAL GUARDIAN	
LESS THAN R15 000		LESS THAN R15 000	
R15 000 TO R20 000		R15 000 TO R20 000	
R20 000 TO R25 000		R20 000 TO R25 000	
R25 000 TO R30 000		R25 000 TO R30 000	
MORE THAN R30 000		MORE THAN R30 000	

I UNDERSTAND THAT HUDSON PARK HIGH SCHOOL RESERVES THE RIGHT TO ENQUIRE ABOUT MY CREDIT RECORD WITH ANY CREDIT REFERENCE AGENCY

PLEASE SUPPLY THE FOLLOWING: LATEST PAYSLEIPS FOR BOTH PARENTS AND CURRENT & PRIOR YEAR SCHOOL FEE STATEMENT

FATHER SIGNATURE:	MOTHER SIGNATURE:	LEGAL GUARDIAN SIGNATURE:
-------------------	-------------------	---------------------------

FOR HPHS OFFICE USE

LEARNER NAME & SURNAME			
CURRENT SCHOOL			
MONTHLY FEES		ANNUAL FEES	
ACCOUNT UP TO DATE		ACCOUNT IN ARREARS	
ACCOUNT HANDED OVER		SUBSIDY GRANTED	

HPHS BIOLOGICAL SIBLING			
ACCOUNT NAME		ACCOUNT NUMBER	
ACCOUNT UP TO DATE		ACCOUNT IN ARREARS	
ACCOUNT HANDED OVER		SUBSIDY GRANTED	

DEBTORS CLERK SIGNATURE		DATE	
-------------------------	--	------	--

Hudson Park High School

PLEASE USE THIS CHECKLIST TO ENSURE THAT YOU HAVE COLLECTED ALL THE NECESSARY DOCUMENTS AND HAVE ATTACHED IT TO THE FULLY COMPLETED APPLICATION FORM

1. COMPLETED HUDSON PARK HIGH SCHOOL APPLICATION FORM
2. PASSPORT SIZE PHOTOGRAPH IN SCHOOL UNIFORM (MUST BE TAKEN IN THE CURRENT YEAR)
3. CERTIFIED COPY OF YOUR CHILD'S UNABRIDGED BIRTH CERTIFICATE
(IF YOU STILL NEED TO APPLY FOR THIS, PLEASE SUPPLY THE ABRIDGED CERTIFICATE AND RECEIPT FOR UNABRIDGED CERTIFICATE)
4. CERTIFIED COPY OF THE FINAL SCHOOL REPORT FOR THE PRIOR YEAR
5. CERTIFIED COPIES OF THE FOLLOWING IDENTITY DOCUMENTS:
 - * FATHER
 - * MOTHER
 - * PERSON RESPONSIBLE FOR ACCOUNT PAYMENT (IN THE CASE OF A THIRD PARTY)
 - * DEATH CERTIFICATE OF DECEASED PARENT/S
6. CERTIFIED COPIES OF BOTH PARENTS' PAYSLEIPS (NOT OLDER THAN 3 MONTHS) - bank statement if unemployed
(AND PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES)
7. CERTIFIED COPY OF THE FRONT AND BACK OF MEDICAL AID CARD
8. CERTIFIED COPY OF CURRENT SCHOOL FEE STATEMENT, AS WELL AS THE PRIOR YEAR
9. PROOF OF RESIDENCE (EG: MUNICIPAL OR TELEPHONE ACCOUNT - NOT OLDER THAN 3 MONTHS)
10. LEGAL GUARDIANS - PLEASE SUPPLY COURT RULING FOR LEGAL GUARDIANSHIP
11. COMPLETED SUBJECT CHOICE FORM
12. COMPLETED CURRENT SCHOOL EVALUATION FORM (DOCUMENT TO BE EMAILED/FAXED BY CURRENT SCHOOL)
13. NON SA RESIDENTS - PLEASE SUPPLY VALID RESIDENCE AND STUDY PERMITS ISSUED BY THE DEPARTMENT OF HOME AFFAIRS
14. SINGLE PARENTS - TO SUBMIT THE FOLLOWING FOR OTHER PARENT
 - * AFFIDAVIT STATING THE WHEREABOUTS OF THE OTHER PARENT
 - * CERTIFIED COPY OF IDENTITY DOCUMENT OF THE OTHER PARENT
 - * CONTACT DETAILS OF THE OTHER PARENT

PLEASE NOTE: NO APPLICATION WILL BE ACCEPTED OR PROCESSED WITHOUT ALL



Hudson Park High School

CURRENT SCHOOL EVALUATION FORM

Please note that this form will only be accepted if it is emailed or faxed by the current school.
Fax: 086 459 0696 or Email: reception@hphs.co.za

Section A: - To be completed by Parent/Legal Guardian

Section B: - To be completed by the learner's current school's base class teacher and signed by the base class teacher and principal.

Dear Principal and Base Class Teacher

A learner from your school has applied for admission to Hudson Park High School. Kindly complete Section B of this Evaluation Form, as it forms part of the application. Please fax/email the document directly to Hudson Park High School.

SECTION A

LEARNER INFORMATION

LEARNER NAME & SURNAME			
NAME OF CURRENT SCHOOL		CURRENT GRADE	
PARENT/LEGAL GUARDIAN CONTACT NUMBER:			

SECTION B

CURRENT SCHOOL INFORMATION

CURRENT SCHOOL TEL NO		EMAIL		
DOES THE LEARNER'S ACADEMIC PERFORMANCE REFLECT HIS/HER CAPABILITY?		YES	NO	
THIS LEARNER'S ACADEMIC RESULTS FALL INTO THE		TOP	MIDDLE	BOTTOM
ANY GRADES REPEATED?	YES	NO	IF YES, WHICH GRADE/S?	AND WHICH YEAR
WERE THE LEARNER'S PARENTS INVOLVED IN AND / OR SUPPORTIVE OF THE SCHOOL?			YES	NO
PLEASE SPECIFY INVOLVEMENT				

LEADERSHIP

PLEASE LIST ANY LEADERSHIP POSITIONS HE / SHE HAS ACQUIRED IN THE LAST CALENDAR YEAR (HEADBOY/HEADGIRL, PREFECT, STUDENT REPRESENTATIVE COUNCIL, CLASS CAPTAIN, TEAM CAPTAIN ETC.)

DISCIPLINE

HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST THE LEARNER FOR THE FOLLOWING OFFENCES (DURING HIS/HER SCHOOL CAREER AT THE CURRENT SCHOOL)? _____

BOOKS LEFT AT HOME/WORK NOT DONE		GANG RELATED ACTIVITIES		THEFT	
BULLYING/FIGHTING		INSOLENCE/DISRESPECT		SWEARING	
DEALING IN/TAKING DRUGS		SEXUAL TRANSGRESSIONS/PORNOGRAPHY		VANDALISM	
DISRUPTIVE IN CLASS		SMOKING		OTHER (PLEASE SPECIFY)	

HAS THE LEARNER EVER BEEN SUSPENDED?	YES	NO	HAS THE LEARNER EVER BEEN EXPELLED?	YES	NO
--------------------------------------	-----	----	-------------------------------------	-----	----

SKILLS

PLEASE RATE THE LEARNER ON THE FOLLOWING SCALE: 5=EXCELLENT 4=GOOD 3=AVERAGE 2=WEAK 1=VERY WEAK

Social Skills						Work Skills					
Self Control	5	4	3	2	1	Concentration	5	4	3	2	1
Acceptance of Responsibility	5	4	3	2	1	Independence	5	4	3	2	1
Interaction with Peers	5	4	3	2	1	Following Instructions	5	4	3	2	1
Group Participation	5	4	3	2	1	Task Completion	5	4	3	2	1
Courtesy	5	4	3	2	1	Presentation of Work	5	4	3	2	1
Behaviour	5	4	3	2	1	Meeting Deadlines	5	4	3	2	1
Respect for Superiors	5	4	3	2	1	Study Habits	5	4	3	2	1
Appearance	5	4	3	2	1						
Reliability	5	4	3	2	1						
Adherence to Code of Conduct	5	4	3	2	1						
School Attendance	5	4	3	2	1						

SPORTS

PLEASE LIST THE APPLICABLE SPORT INVOLVEMENT AS WELL AS LEVEL ACHIEVED, DURING THE LAST CALENDAR YEAR IN WHICH HE/SHE PARTICIPATED

SUMMER SPORTS	WINTER SPORTS

PLEASE CIRCLE IF THE LEARNER ACHIEVED REPRESENTATION AND ELABORATE BELOW: u13A / District / Provincial / National

CULTURE

PLEASE INDICATE THE LEARNER'S INVOLVEMENT IN CULTURE DURING THE LAST CALENDAR YEAR

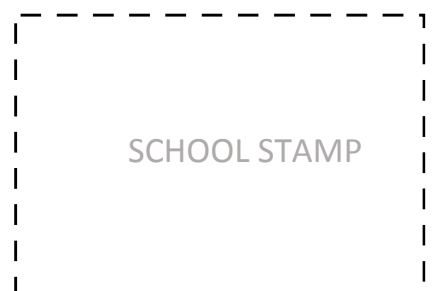
SOCIETY	LEVEL OF PARTICIPATION
CHESS	
CHOIR	
DANCE	
DRAMA	

SOCIETY	LEVEL OF PARTICIPATION
MUSIC	
PUBLIC SPEAKING	
OTHER	

IS THERE ANYTHING ELSE YOU FEEL WE SHOULD KNOW ABOUT THE LEARNER?

BASE CLASS TEACHER'S NAME	
PRINCIPAL'S NAME	
DATE	

SIGNATURE OF BASE CLASS TEACHER:	
SIGNATURE OF PRINCIPAL:	



THANK YOU VERY MUCH FOR COMPLETING THIS FORM