

AMITEK SCHOOLS

"Be the Difference"



231 Oxford Street, UPPER SOUTHERNWOOD, East London—5201

Landline: 043 7223548 Cell 0833291115

High School: reception1@amitekbc.co.za

Primary School: reception2@amitekbc.co.za

	DOCUMENTS PROVIDED	YES	NO
1.	FULLY COMPLETED APPLICATION FORM WITH ALL SUPPORTING DOCUMENTS		
2.	CHILD'S BIRTH CERTIFICATE ATTACHED		
3.	TERM1, TERM2, TERM3 OR TERM 4 REPORT ATTACHED		
4.	SCHOOL FEES STATEMENT FROM PREVIOUS SCHOOL ATTACHED		
5.	3 MONTHS BANK STATEMENTS FOR THE PAYER ATTACHED		
6.	PROVISIONAL TRANSFER DOCUMENT FROM CURRENT SCHOOL / FINAL TRANSFER REPORT FROM PREVIOUS SCHOOL ATTACHED		
7.	ID COPY OF PARENT / GUARDIAN ATTACHED		
8.	ID PHOTO X 1 OF LEARNER ATTACHED		
9.	CLINIC CARD FOR PRIMARY APPLICATIONS ATTACHED		
10.	ANY IMPORTANT REPORTS(PSYCHOLOGICAL, ACADEMICS, SPORT AND BEHAVIOUR)		
11.	RECEIPT NUMBER : APPLICATION FORM R200 :		
12.	RECEIPT NUMBER : REGISTRATION :		
13.	CAPTURED ON SASAMS :		
14.	CAPTURED ON XERO:		

APPLICATIONS - 2027

Attached is the 2027 application form. Please complete this application form in **FULL**. It is **important** that the form is **correctly completed** and that **ALL** the applicable supporting documents are attached. The form must be signed by **BOTH/GUARDIANS/PARENTS**. Should any information or documentation be missing, we will unfortunately be unable to process the application for enrolment.

Please ensure that you have returned your completed application form well before the closing date of 15 December 2026.

Thank you

ADMISSIONS TEAM



Scan to download this form on our website.

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APPLICATION FORM

(THIS APPLICATION FORM MUST BE COMPLETELY FILLED FOR PROCESSING)

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PLEASE NOTE: WE ARE A FEE-PAYING SCHOOL

FOR OFFICE USE ONLY		AFR	XHOSA
RECEIVED ON AND BY	STARTING DATE		
ADMIN NO.			
LEARNER NAME			
SURNAME			
GRADE APPLYING FOR:		YEAR	2027
ADMIN SIGN		BURSAR SIGN	
APPROVAL SIGN		APPROVED	YES / NO

Dear Parents

This form is only valid for the year of application.

- Only on receipt of a **fully completed application form**, with all the required documents attached, will an application be placed on file for consideration.
- The completion of an application form **DOES NOT** guarantee acceptance to Amitek Schools.
- Our language of instruction is **English**.
- Learners will only be considered for enrolment if their parents or the legal guardians enrol them.
- Amitek High School reserves the right to verify all information on this application.

The following documents must accompany the application: **(Please note: no copies of documents will be made at the school)**

VERY IMPORTANT

EMERGENCY CONTACT	WHATSAPP NUMBER
RELATIONSHIP TO CHILD	CALLS

LEARNER DETAILS												
Surname								Initials				
First Names												
Date of Birth				YYYY		MM		DD		Gender	M	F
Identification								Population Group				
Country of Residence								Citizenship				
IF NOT A SOUTH AFRICAN, PLEASE PROVIDE INFO BELOW:												
Passport No								Country of origin				
Study Permit No								Expiry Date				
Physical Address												
								Postal Code				
Home Language				Deceased Parent			Father	Mother		Both		
Choice of First Additional Language				Afrikaans				Xhosa				
No of Children in family			Position in Family	Only/ 1 st child	2 nd child	3 rd child	4 th child		5 th or more			
Dexterity of Learner		Right Handed	Left Handed	Ambidextrous		Disability, if any:						
Religion	African Traditional	Bahai	Buddhist	Christian	Hindu	Jewish	Islam	Other:				
With whom does the learner live?		Parents		Mother	Father	Guardian	Other*					
		Name			Relationship		ID Number		Telephone			
*If Other, please complete												

LEARNER MEDICAL INFORMATION					
Allergies					
Routine Medication					
MEDICAL AID DETAILS	Medical Aid No.				Name of Main Member
	Medical Aid Name			Option	
	Doctor's Name			Tel No	

PREVIOUS SCHOOL INFORMATION					
Name of Current School					
Current School Address					
Code		Province			Country
Phone Number		School's Email			

DETAILS OF SIBLINGS AT AMITEK HIGH			
PUPIL		GRADE	Relationship to Pupil : Sister, Brother, Step
SURNAME	NAME		

CORRESPONDENCE			
WHO IS TO RECEIVE THE SCHOOL REPORT?	FATHER	MOTHER	OTHER (Please give details)
SCHOOL FEES			
WHO WILL BE RESPONSIBLE FOR THE SCHOOL FEES?	FATHER	MOTHER	OTHER (Please give details)
PAYMENT METHOD	Annual payment	Termly	Monthly

DETAILS OF PAYER (COMPULSORY)			
SURNAME		NAME	TITLE
ID No. / Birth Date / Passport No.		Email	
Whatsapp No.		Cell No.	Work Phone No.
Physical Address			Postal Code:
Name of Employer			
Occupation			

COMBINED PARENT GROSS INCOME

R 0.00 – R 10 000		R 10 001 – R 20 000		R 20 001 – Upwards	
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DETAILS OF BIOLOGICAL FATHER					
SURNAME		NAME		TITLE	
ID No. / Birth Date / Passport No.		E-mail			
Marital Status	Married	Divorced	Widow/er	Single	Re-married
Home Phone No.		Cell No.		Work Phone No.	
Physical Address				Postal Code:	
Name of Employer	(If parent is a teacher, please state the name of the school ; if self-employed, give name of business)				
Occupation					

DETAILS OF BIOLOGICAL MOTHER					
SURNAME		NAME		TITLE	
Identity Number		E-mail			
Marital Status	Married	Divorced	Widow/er	Single	Re-married
Whatsapp No.		Cell No.		Work Phone No.	
Physical Address				Postal Code:	
Name of Employer	(If parent is a teacher, please state the name of the school ; if self-employed, give name of business)				
Occupation					

HOW ARE YOU MARRIED?	ANTE-NUPTIAL CONTRACT	COMMUNITY OF PROPERTY	CUSTOMARY	HINDU / MUSLIM	OTHER
DETAILS OF STEPFATHER / STEPMOTHER					
SURNAME			NAME	TITLE	
Identity Number			E-mail		
Marital Status	Married	Divorced	Widow/er	Single	Re-married
Whatsapp No.	Cell No.		Work Phone No.		
Physical Address					Postal Code:
Name of Employer	(If parent is a teacher, please state the name of the school ; if self-employed, give name of business)				
Occupation					
DETAILS OF LEGAL GUARDIAN / SPONSOR					
SURNAME			NAME	TITLE	
Identity Number			e-mail		
Marital Status	Married	Divorced	Widow/er	Single	Re-married
Home Phone No.	Cell No.		Work Phone No.		
Physical Address					Postal Code:
Name of Employer	(If parent is a teacher, please state the name of the school ; if self-employed, give name of business)				
Occupation					
Relationship to Learner	Legal Guardian	Grandparent	Foster Parent	Other:	

DECLARATION BY PARENT/ LEGAL GUARDIAN/SPONSOR:

- I/We hereby certify that I/we are the biological/adoptive parents and that I/we have legal custody and / or legal guardianship in respect of the above-named learner.
- SCHOOL FEES**
 - I/We acknowledge that Amitek Schools is a fee-paying school and parents / guardians / stipulated fee payer are expected to pay the fees in full. School fees are payable in advance on the first day of each month (January – November) 11 equal monthly instalments or per term. If the learner joins in February or later the payments will be until December.
 - In terms of Family Law, parents are jointly and severally liable for the payment of the school fees, irrespective of marital status. In the event of non-payment of school fees, the school will have the right to sue both parents, irrespective of maintenance and court orders, which may exist between the parties.
 - In terms of Section 39 of the South African Schools Act, the parties to this form are liable to pay compulsory school fees. In terms of 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
 - Financial assistance forms are available from the Bursar. Only upon approval, will fees be reduced or waived. A reduction/exemption must be applied for annually.
 - The school may conduct an enquiry and / or information search about the parents with a credit information bureau, persons acting as their agents and/ or credit grantors.
 - If parents fail to meet their school fee obligations, the school may record the parent's non-performance with a credit information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.
- Unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the School to:
 - collect, store and process information about you and any Third Party or divorced or separated Parent responsible for payment of any or all amounts owing in school fees.
 - collect, store and process names, contact details and information relating to yourself and your Child, and to such information being made available to other parents/guardians, staff or responsible persons engaged or authorised by the School for School-related purposes to the extent required for the purpose of managing relationships between the School, parents/guardians, and current learners as well as providing

references and communicating with the body of former learners.

- include photographs, with or without name, of your Child in School publications, or in press releases to celebrate the School's or your Child's activities, achievements, or successes.
- supply information and a reference in respect of your Child to any educational institution which you propose your Child may attend. We will take care to ensure that all information that is supplied relating to your Child is accurate and any opinion given on his/her ability, aptitude and character is fair. However, the School cannot be liable for any loss you or your Child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or report given by us.

4. I/We hereby agree to:

- accept the ethos of the school as contained in the **Mission Statement** and to adhere to the school rules and disciplinary code.
- acknowledge the authority of the Principal, the teacher's, and all staff.
- pay the stipulated school fees as agreed by the parent body at the annual budget meeting.
- pay any bank charges and interest on any outstanding fees.
- to **give 2 months notice** in writing of any intention to remove my/our child from the school.
- return all books and other property belonging to the school.
- ensure that my child/ward attends school regularly and, should my child /ward be absent from school for any reason, inform the school of his/her absence.
- pay all costs incurred for damage to school property or losses caused by my child /ward.

5. I/We am fully aware of the admission requirements of Amitek Schools as contained herein.

6. I/We will take responsibility for ensuring that my child /ward is adequately insured against personal injury or related risks. I/We will also ensure that their personal belongings are adequately insured against loss and I understand that the school cannot be held responsible for any losses or damage incurred.

7. Please be advised that our application and registration fee is non-refundable, under no circumstances whatsoever.

This commitment, in its entirety, will be valid from the day on which it is signed by the parent/ guardian to the day on which the pupil officially leaves the school.

DECLARATIONS:

BIOLOGICAL FATHER

I,.....hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body (SGB) or his designate, permission to verify/check and confirm any of the details, documents or statements made in this application. I understand that should any information be found to be false or of a questionable nature this application will be rejected in full, and no further negotiations will be entered into between the SGB and the applicant.

.....
SIGNATURE DATE

BIOLOGICAL MOTHER

I,..... hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body (SGB) or his designate, permission to verify/check and confirm any of the details, documents or statements made in this application. I understand that should any information be found to be false or of a questionable nature this application will be rejected in full, and no further negotiations will be entered into between the SGB and the applicant.

.....
SIGNATURE DATE

LEGAL GUARDIAN / SPONSOR

I,.....hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body (SGB) or his designate, permission to verify/check and confirm any of the details, documents or statements made in this application. I understand that should any information be found to be false or of a questionable nature this application will be rejected in full, and no further negotiations will be entered into between the SGB and the applicant.

.....
SIGNATURE DATE

PAYER

I,..... hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body (SGB) or his designate, permission to verify/check and confirm any of the details, documents or statements made in this application. I understand that should any information be found to be false or of a questionable nature this application will be rejected in full, and no further negotiations will be entered into between the SGB and the applicant.

.....
SIGNATURE DATE



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AGREEMENT OF SCHOOL FEES PAYMENT

I,

The parent / Guardian of

.....

In Grade Promise to pay School Fees on theOf each and every month starting from January to November. (Payments in advance - 11 Months)

Kindly note, if joining our school after January, fees are paid from February to December. Mid year joining will also include payment of fees up and including December.

Failure to do so your child will not be able to attend classes until payment is made.

(Basic Education Rights Handbook—Chapter 20 Education Rights of Independent School)

Signed : Parent / Guardian :

Date :

Signed :

BURSAR

AGE	GRADE	APP FEE	REG FEES	MONTHLY	AFTERCARE	HOMEWORK
5 -6 YEARS	GR R	200	1 000	1760	500	
6 -9 YEARS	GR 1 - 3	200	1 000	2200	500	
10 -12 YEARS	GR 4 - 7	200	1 000	2310		500
13 - 14	GR 8	200	1 000	2500		
15 - 16	GR 9					
16 - 18	GR 10 -11	200	1 000	2530		
17 - 19	GR 12	200	1 000	2640		

NOTE: Schools fees is subject to a certain annual increment.

AMITEK PRIMARY AND HIGH SCHOOL

Bursar Whatsapp High School: 078 004 3262 | Primary School: 067 165 5201

BANK DETAILS:

Amitek Business College

First National Bank

62179879807

Ref: Surname & Grade



PAYMENT PLAN

(to be completed by ALL parents and payer)

FULL NAME OF FATHER / LEGAL GUARDIAN	
IDENTITY NUMBER OF FATHER / LEGAL GUARDIAN	
FULL NAME OF MOTHER / LEGAL GUARDIAN	
IDENTITY NUMBER OF MOTHER / LEGAL GUARDIAN	
FULL NAME/S OF SIBLINGS AT AMITEK	

We, the parents / legal guardians of _____ hereby acknowledge that we are lawfully indebted to Amitek Schools for the fees as resolved by the parents at the Annual Budget Meeting. These fees must be paid according to the options available.
(A monthly statement is handed to your child during the last week of every month.)

(Please indicate your preferred option):

- Quarterly in advance at the start of each term
- Monthly debit order or
- Monthly direct transfer (EFT) not later than the signed payment date of each month from January through to November each year. Monthly payment in advance.

In the event of my failing to make any payment promptly on due date, Amitek Schools shall have the right to demand the immediate payment of the total owing. I further accept that in such circumstances, I shall be liable for the payment of all legal fees based on the attorney and client scale of costs, including collection commission.

Physical address of Father/Legal Guardian:

Physical address of Mother/Legal Guardian:

SIGNATURE: _____
FATHER / LEGAL GUARDIAN
MOTHER / LEGAL GUARDIAN

NAME OF CHILD: _____

NAME OF PAYER: _____

SIGNATURE OF PAYER: _____ **DATE:** _____

NAME OF BURSAR: _____

SIGNATURE OF BURSAR: _____ **DATE:** _____



AMITEK SCHOOLS

ACKNOWLEDGEMENT / DECLARATION BY PARENTS / GUARDIAN LIABLE FOR THE PAYMENT OF SCHOOL FEES IN RESPECT OF:

PUPIL: _____, to be admitted to **GRADE** _____ **in 2027**

We acknowledge and accept that by a decision of the Parent Body, the payment of school fees at Amitek Schools is compulsory. We also acknowledge and accept that as parents/guardians we will be jointly and severally responsible for the payment of fees as prescribed by Amitek Schools in terms of current legislation.

We warrant that we are in a financial position to pay the prescribed fees and agree to pay timeously and in full when required to do so.

We do hereby consent to the jurisdiction of the East London Magistrate’s Court and agree to pay collection commission and costs as between attorney and client in the event of legal steps being taken against us for defaulting.

We consent that this document may be used for the aforesaid purposes.

FATHER / LEGAL GUARDIAN:

NAME & SURNAME: ID NUMBER

SIGNATURE:

MOTHER / LEGAL GUARDIAN:

NAME & SURNAME: ID NUMBER

SIGNATURE



AMITEK SCHOOLS GENERAL CONSENT FORM

I, _____
(Full names and surname of the lawful parents/legal guardians of)

(Child’s full name and surname)

Hereby declare that:

1. For the duration of my child’s enrolment as a learner at Amitek Schools, I give my general consent for my child to participate in officially sanctioned school activities and excursions.
2. I expect to be informed in advance, of any planned excursions to exercise my right, should I so choose, to have my child excluded from such excursions.
3. I give my consent to the school obtaining medical help in case of necessity or injury to my child. Should my designated doctor be unavailable or unreachable, I consent to the school appointing a doctor at its discretion.

To my knowledge, the above-mentioned child does/does not* suffer from any notifiable disease.

FATHER / LEGAL GUARDIAN:

NAME & SURNAME: DATE

CELL PHONE NUMBER

MOTHER / LEGAL GUARDIAN:

NAME & SURNAME: DATE

CELL PHONE NUMBER