

POTCHEFSTROOM HIGH SCHOOL FOR BOYS

APPLICATION FOR ADMISSION 2025



Nr _____

Private Bag X45 Potchefstroom 2520 Tel: 018 294-5339/0 Fax: 018 293-3338 E-mail: admin@potchboyshigh.co.za Web Site: www.potchboyshigh.co.za
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1 passport
photo
required
Attach
here

Learner Surname:			
Learner First Names:			
Grade applying for:		Age:	
Do you require boarding facilities:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please Note

1. All documents must be attached to this application form.
2. No copies of any documents will be made at school.
3. All copies must be certified.
4. No application will be processed if all documentation is not attached and/or all information required is not completed.
5. Applications may be emailed to the school.

The following documents must be attached:

	Office use only
1. One recent ID-size photograph of the learner, to be attached to this form	<input type="checkbox"/>
2. Confidential report. (To be mailed/faxed to us by the learner's present school)	<input type="checkbox"/>
3. The learner's most recent school report	<input type="checkbox"/>
4. Proof of residential address of main parent (Copy of municipal/water & lights account)	<input type="checkbox"/>
5. Salary advice of BOTH parents/guardians, EVEN IF DIVORCED / SEPARATED OR SINGLE . (Copy of salary advice or letter from auditors stating amount earned monthly if self-employed, bank statements NOT accepted). Applications will not be considered without BOTH parents' details, even if divorced, separated, or single. AFFIDAVIT MUST BE PROVIDED IF BOTH PARENTS' DETAILS ARE NOT SUBMITTED / Death certificate if applicable	Gardian 1 <input type="checkbox"/> Gardian 2 <input type="checkbox"/> Affidavit <input type="checkbox"/>
6. Copy of ID of BOTH parents/guardian, EVEN IF DIVORCED / SEPARATED OR SINGLE . Applications will not be considered without BOTH parents details, even if divorced, separated or single. AFFIDAVIT MUST BE PROVIDED IF BOTH PARENTS' DETAILS ARE NOT SUBMITTED / Death certificate if applicable	Gardian 1 <input type="checkbox"/> Gardian 2 <input type="checkbox"/> Affidavit <input type="checkbox"/>
7. A certified copy of the learner's Birth certificate & unabridged birth certificate . Applications will not be considered without an unabridged certificate (NOT ABRIDGED, BUT UNABRIDGED – SEE ATTACHED EXAMPLE (to be submitted only if you DON'T supply BOTH parents' ID documents)	<input type="checkbox"/>
8. Copy of medical card if applicable.	<input type="checkbox"/>
9. Subject choice (Applicable for Grade 10 – 12 learners only)	<input type="checkbox"/>
10. Most recent financial statement from current school.	<input type="checkbox"/>
11. Study permit (all immigrants)	<input type="checkbox"/>

Office use only:

Date Applied:		Account nr:		Informed date:	
Age next year:		Admission No:		Deposit paid:	
Accepted:		Acceptance letter:		Outstanding doc:	
Hostel:		Sport House:			

SECTION A: PARTICULARS OF LEARNER

1. Surname:	
2. First names (as on birth certificate):	
3. Preferred or nickname:	
4. Date of birth:	
5. Population group (e.g. Xhosa, etc):	
6. Home Language:	
7. Church denomination (if applicable):	
8. Learner's cell phone number:	
9. ID Number :	

10. Immigrant:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes: 10.1. Date of arrival in RSA:	
10.2. Passport Number:	
10.3. Country of origin / Birth:	
10.4. Permit Type:	Study <input type="checkbox"/> Refugee <input type="checkbox"/>
10.5. Permit Number:	
10.6. Permit Expiry Date:	

11. Grade/s repeated:	Grade:	Year:
12. Brothers attending this school:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade:
13. Name and Surname of sibling in school:		
14. Your children attending other schools:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:
14.1. Name of schools :		
15. Present school Name:		
15.1. Address:		
15.2. Province:		
15.3. Telephone Number:		
15.4. Fax Number:		
16. School(s) attended in last three years:		
16.1. Name of School:		
16.2. Telephone Number:		

17. Medical information:	
17.1. Medical aid:	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.2. Name of medical aid:	
17.3. Medical aid number:	
17.4. Name of the main member of medical aid:	
17.5. Home doctor:	
17.6. Home doctor - tell number: and cell number:	
17.7. Allergies (if any):	
17.8. Physical disability /s:	Yes <input type="checkbox"/> No <input type="checkbox"/> Specify:
17.9. Learning disability:	Yes <input type="checkbox"/> No <input type="checkbox"/> Specify:

18. Special dietary requirements:	
No pork <input type="checkbox"/>	No fish <input type="checkbox"/>
Halaal <input type="checkbox"/>	Vegetarian <input type="checkbox"/>
Diabetic <input type="checkbox"/>	Other (specify):

**SECTION B : PARTICULARS OF PARENT(S) / GUARDIAN(S) TAKING CARE OF THE
LEARNER AND RESPONSIBLE FOR ALL FEES**

1. Father / Guardian (male):		Father: <input type="checkbox"/>	Guardian: <input type="checkbox"/>	Responsible for account: <input type="checkbox"/>
1.1 Title (e.g. Mr, Dr):				
1.2 Surname:				
1.3 Full Names:				
1.4 ID Number:				
1.5 Date of Birth:				
1.6 Residential Address:				
Province:				Postal Code:
Number of years at current residential address:				
1.7 Home telephone number:				
1.8 Fax number:				
1.9 Cell number:				
1.10 Postal address (for accounts and correspondence):				
				Postal Code:
1.11 e-mail (work):				
1.12 e-mail (home):				
1.13 Occupation:				
1.14 Name of employer:				
1.15 Telephone number of employer:				
1.16 Physical Work address:				
				Postal Code:
2. Mother / Guardian (female):		Mother: <input type="checkbox"/>	Guardian: <input type="checkbox"/>	Responsible for account: <input type="checkbox"/>
2.1 Title (e.g. Ms, Mrs, Dr):				
2.2 Surname:				
2.3 Full Names:				
2.4 ID Number:				
2.5 Date of Birth:				
2.6 Residential Address:				
Province:				Postal Code:
Number of years at current residential address:				
2.7 Home telephone number:				
2.8 Fax number:				
2.9 Cell number:				
2.10 Postal address (for accounts and correspondence):				
				Postal Code:
2.11 e-mail (work):				
2.12 e-mail (home):				
2.13 Occupation:				
2.14 Name of employer:				
2.15 Telephone number of employer:				
2.16 Physical Work address:				
				Postal Code:

3. ***Other person responsible for account (if Father or Mother is not paying the account)	
Responsible for account: <input type="checkbox"/>	
Relationship to learner (e.g. Grandparent / Sister / Brother / Trust Fund etc.):	
3.1 Title (e.g. Ms, Mrs, Dr):	
3.2 Surname:	
3.3 Full Names:	
3.4 ID Number:	
3.5 Date of Birth:	
3.6 Residential Address:	
Province:	Postal Code:
Number of years at current residential address:	
3.7 Home telephone number:	
3.8 Fax number:	
3.9 Cell number:	
3.10 Postal address (for accounts and correspondence):	
	Postal Code:
3.11 e-mail (work):	
3.12 e-mail (home):	
3.13 Occupation:	
3.14 Name of employer:	
3.15 Telephone number of employer:	
3.16 Physical Work address:	
	Postal Code:
*** ID, Payslip and proof of address must be submitted if another person is paying the account	
4. Signature	

RESPONSIBLE FOR ALL FEES if parents are not paying the account	

5. Status of parent(s) or guardian(s)			
Parents (married)	<input type="checkbox"/>	Parents divorced	<input type="checkbox"/>
Parents separated	<input type="checkbox"/>	Father deceased	<input type="checkbox"/>
Mother deceased	<input type="checkbox"/>	Both parents deceased	<input type="checkbox"/>
Other (please explain)			
Please provide death certificate if applicable			
6. In case of emergency (NOT PARENTS) OTHER DETAILS NOT ALREADY SUPPLIED			
Friends or relatives to be contacted if parents cannot be contacted in emergency:			
6.1 Name:			
Relationship to learner:			
Telephone number:			
6.2 Name:			
Relationship to learner:			
Telephone number:			
7. Signatures			
1. PARENT/GUARDIAN (1) (RESPONSIBLE FOR ALL FEES)		2. PARENT/GUARDIAN (2) (RESPONSIBLE FOR ALL FEES)	

SECTION C: GETTING TO KNOW YOU (Must be completed by the learner in his own handwriting)

1. Do you participate in sport?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what sport and what team?			
2. Do you participate in cultural activities?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what activities and at what level?			
3. Are you a leader in your present school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, specify e.g. Prefect, RCL, Class Captain, Monitor			
4. Have you ever been to a disciplinary hearing?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what were the charges and what was the outcome of the hearing?			
5. What would you like to become one day when you have completed school?			
6. What subject are you considering in Gr 10 - 12			
<i>Compulsory</i>			
x	English Home Language		
x	Afrikaans First Additional Language		
x	Life Orientation		
<i>Choose only one</i>			
	Mathematics or		
	Mathematical Literacy		
<i>Compulsory to choose only three</i>			
	Physical Science		
	Life Science		
	Geography		
	History		
	Accounting		
	Business Studies		
	Economics		
	Computer Applications Technology		
	Engineering Graphic and Design		



POTCHEFSTROOM HIGH SCHOOL FOR BOYS

COMMITMENT. ACCOUNTABILITY. RESPECT. EMPATHY. SERVICE.

2024 : ANNUAL FEES

School Fees	R	27,500.00	all day scholars
Hostel Fees	R	58,000.00	
Total Fees payable	R	<u>85,500.00</u>	all boarders

If you have a second child at school, you will receive a 5% discount on his fees

PAYMENT OPTIONS:	PER ANNUM	PER TERM	PER MONTH
	Once off - not later than 31 January 2024 less 10% discount	4x termly payments made in advance on 1 st day of each term	Gr 8 - 11 learners : 10 x monthly payments Gr 12 learners : 9 x monthly payments
School Fees	R 24 750	Jan 2024 = R8 250 Apr 2024 = R8 250 July 2024 = R8 250 Oct 2024 = R2 750	Gr 8 - 11 learners : Jan - Oct 2024 = R2 750 Gr 12 learners : Jan - Aug 2024 = R3 000 and Sep 2024 = R3 500
Hostel Fees	R 52 200	Jan 2024 = R 17 400 Apr 2024 = R 17 400 Jul 2024 = R 17 400 Oct 2024 = R 5 800	Gr 8 - 11 learners : Jan - Oct 2024 = R5 800 Gr 12 learners : Jan - Aug 2024 = R6 500 and Sep 2024 = R6 000

COMPULSORY

SCHOOL & HOSTEL

BOOKING FEE:

In confirmation of the learner's return to the school in 2024, a R3 000 compulsory payment is to be made no later than 30 November 2023 of which R2 500 will be credited to the fees of 2024.

A compulsory payment of R 6 000 is required no later than 30 November 2023 if a learner will be returning as a boarder of which R5 500 will be credited to the hostel fees of 2024.

CASH - still accepted but not preferred

EFT - electronic fund transfer (internet payment performed by you)

DEP - bank deposit (performed by you)

CARD - debit or credit card (machine available at school)

PAYMENT METHODS:

BANK DETAILS FOR PAYMENT OF FEES ARE:

School Bank details:

Potch Boys High School
FNB
62115812655
240438

Name:

Bank:

Acc. No.

Branch:

Hostel Bank details:

PBHS - Hostel
FNB
62115927800
240438

E-mail deposit slip on the same day to:

finance@potchboyshigh.co.za

Reference no. for deposit slips - use your own unique number as issued by the school

A 3345



C 1254740
DEPARTMENT HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

83/BI - 5

XXXXX
BI-19

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

20080739251
**UNABRIDGED
BIRTH CERTIFICATE**

CHILD
SURNAME:
FORENAMES:

IDENTITY NUMBER:

GENDER:
PLACE OF BIRTH:
COUNTRY OF BIRTH:

FEMALE DATE OF BIRTH: 1971-09-24
JOHANNESBURG
SOUTH AFRICA

FATHER

IDENTITY NUMBER: -----

SURNAME:
FORENAMES:

DATE OF BIRTH: 1945.05.22
PLACE OF BIRTH: JOHANNESBURG
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER

IDENTITY NUMBER: -----

MAIDEN NAME:
FORENAMES:

DATE OF BIRTH: 1948.01.09
PLACE OF BIRTH: DURBAN
COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
NONE

DIRECTOR GENERAL: HOME AFFAIRS

DATE PRINTED: 20081124 ISSUED BY: YG0287



Please note: This document MUST be attached if you do not supply BOTH the father and the mother's ID's and payslips, otherwise the application WILL NOT BE CONSIDERED



POTCHEFSTROOM HIGH SCHOOL FOR BOYS

CONFIDENTIAL REPORT

(This form is to be completed by the learner's current School and returned directly to Potchefstroom High School for Boys)

Private Bag X45
Potchefstroom
2520
Tel: 018 294-5339/0
Fax: 018 293-3338
E-mail: admin@potchboyshigh.co.za
Web Site: www.potchboyshigh.co.za

LEARNER SURNAME: _____

LEARNERS FIRST NAMES: _____

GRADE: _____ AGE: _____

ACADEMIC ACHIEVEMENT (as per last report)

SUBJECT	PERCENTAGE
English	
Afrikaans	
Mathematics	
Mathematical Literacy	
Physical Science	

SPORT: Comment on ability, Participation, Sportsmanship and Team Membership:

CULTURAL AND CREATIVE ACTIVITIES

CHARACTER AND LEADERSHIP POTENTIAL

ANY KNOWN PROBLEMS (e.g. Family, Emotional, Remedial, Medical, SGB Disciplinary hearing)

Has all school/boarding fees been paid to date? Yes ☐ No ☐

If "No" please specify

NAME

SIGNATURE

Thank you for your assistance and co-operation.

SCHOOL STAMP