

G CONSENT INDEMNITY AND ACKNOWLEDGEMENT OF DEBT WITH RESPECT TO SCHOOL FEES.

Consent and indemnity

I hereby give my consent for my child to take part in extramural activities for the school, including educational excursions / tours, cultural and sports activities while attending this school. I fully understand and accept that my child's participation in all tours, excursions and sports activities shall be undertaken at indemnity, hold harmless and absolve the Governing Body, Principal and Staff against any or all claims whatsoever that may arise in connection with my aforesaid child in the course of any such tour / excursion / cultural or sports activity.

Acknowledgement of debt

We agree that both parents, father and mother, and/or guardian, are jointly and severally liable for the school fees as determined by statutory regulation annually, and that fees will be paid in accordance with the requirements set out from time to time by the school for the duration of our/my child's school career at J.G. Meiring High School.

Mandate to gather personal information

We understand the school's right to seek confidential information regarding personal finances and income and agree to the above when application for financial relief is applied for.

Signatures:

Father/ Guardian (Delete whichever is not applicable)

Mother/ Guardian (Delete whichever is not applicable)

School representative

Date

SPECIMEN SIGNATURES

Father

Mother

Guardain

H APPLICATION AT OTHER SCHOOLS

Have you applied at any other schools? If YES, list the schools at which you have applied:

a) _____

b) _____

c) _____

Which is the closest school to where the learner resides?

a) _____

N.B

Your child's enrolment form will not be considered, unless it has been correctly completed and all the relevant documentation is attached.

The first round of applications for admission closes on the first Friday in June. The final round of applications closes on the first Friday of the last school week in September.

It is thus extremely important that all applications from within the catchment area are received timeously to avoid disappointment.

**SCHOOL CONSELLING INFORMED CONSENT
J.G. MEIRING HIGH SCHOOL**

Dear Parent/Guardian

J.G. Meiring High School offers short-term individual counselling to students. One registered counsellor, registered with the Health Professions Council of South Africa, offer this service, Mrs J De Lange.

Parents/guardians or school staff may refer students for counselling, or students may request counselling. It is the policy of the Health Professions Council of South Africa to obtain parent/guardian written permission for counselling to take place. The bottom portion of this consent form may be attached to your child's application form.

School counselling services are short-term services aimed at the more effective education and socialization of your child within the school community. These services are not intended as a substitute for diagnosis or treatment for any mental health disorder.

In order to build trust with the child, the school counsellor will keep information confidential, with some possible exceptions. Because these services are provided to minor children in the school setting, the school counsellor may share information with parents/guardians, the child's teacher, and/or administrators or school personnel who work with the child on a need to know basis, so that we may better assist the child as a team. The school counsellor is also required by law to share information with parents or others in the event that the child is in danger of harm to self or others. The school counsellor will make the child aware of these limits to confidentiality and will inform the child when sharing information with others. If you would like the counsellor to share information with a third party, such as a community counsellor, psychiatrist, social services worker, or paediatrician, you will need to sign an additional release of information form.

We hope you child will enjoy and benefit from the services we offer, and **we encourage you to contact us whenever you have a question, input or concern, or would like an update on your child's progress in counselling.**



Child's Name _____

I, _____, am the legal parent/guardian of _____.
I have read, understand, and agree to the terms of the attached **School Counselling Informed Consent.**

Please check one:

I give permission for my child to receive school counselling services at J.G. Meiring High School if deemed necessary. I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counselling services.

I choose to decline school counselling services for my child at this time. I understand that I may request counselling services at a later date if needed.

Parent/Guardian (Signature)

Date: _____

Phone: Daytime contact number: _____

E-mail: _____

Cell phone: _____



JG MEIRING HIGH SCHOOL: Counselling Service

Dear Principal

A learner from your school has applied to JG Meiring High School. Kindly complete Section B of this assessment below as soon as possible, as it forms part of the Application. Please fax it directly to the school (fax no. 021 592 2920) OR return it via the applicant in a SEALED ENVELOPE.

SECTION A

Name of learner: _____ Surname: _____

Present School: _____ Grade: _____

Contact numbers of Parents: Father: _____ Mother: _____

SECTION B – For completion by the school Principal.

Contact numbers of present school: Tel: _____ Fax: _____

Does the learner’s academic performance reflect his/her capability? Yes () No ()

This learner’s academic results fall into the (TOP) (MIDDLE) (BOTTOM) third of his/her Grade.

Were the learner’s parents involved in and/or supportive of the school’s intervention programme?
Yes () No ()

Please specify: _____

Has the learner been tested by the SLES of the WCED for any learning barriers? Yes () No ()

Remarks: -----

1. DISCIPLINE

Has any disciplinary action been taken against the learner for the following offences? Please indicate.

Disruptive in class		Books left at home		Swearing	
Insolence		Stealing		Smoking Cigarettes	
Work not done		Dealing in / taking drugs		Bullying / Fighting	
Gang-related activities		Vandalism		Late coming	

Has the learner ever been suspended? YES () No ()

Has the learner been expelled? YES () No ()

2. SKILLS

Please rate the above-mentioned learner on the following scale:

5 = Excellent

4 = Good

3 = Average

2 = Weak

1 = Very Weak

WORK SKILLS		SOCIAL SKILLS	
Concentration		Self-control	
Independence		Acceptance of responsibility	
Listening skills		Interaction with peers	
Following instructions		Group participation	
Task completion		Courtesy	
Presentation of work		Behaviour	
Meeting deadlines		Respect for superiors	
Proficiency in English		Appearance	
Proficiency in Afrikaans		Reliability	
Proficiency in Mathematics		Problem solving ability	
Study habits		Adherence to Code of Conduct	
Reading ability		Leadership skills	

3. SCHOOL FEES

Are the school fees currently up to date? YES () NO () Amount outstanding: R

4. INVOLVEMENT IN SCHOOL LIFE

Please rate the above-mentioned learner on the following scale:

5 = Excellent

4 = Good

3 = Average

2 = Weak

1 = Very Weak

Attendance at school		Attendance at Extra murals		Culture	
Sport		Societies			

5. GENERAL INFORMATION

Any areas in which the learner has excelled: _____

Any other remarks:

Thank you for completing this form

PRINCIPAL'S NAME: _____

SIGNATURE: _____

DATE: _____

SCHOOL STAMP:

NB: This form is for use by the Counselling Service of JG Meiring only.



DEBIT ORDER

Acc	
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Debit Order Amount	
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Grade	
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Account Holder Details:

Parent: Surname			
Home Address			
E-mail		Learner: Surname	Learner: First Name
Tel (Home)			
Tel (Work)			
Cell			

Bank Details:

Account Holder:														
Bank:														
Branch Name:														
Branch Code:														First Payment date: _____/02/2019
Account Type:	Cheque			Savings				Transmission						
Account No:														

Debit Order processing:

All Debit orders are processed from 1 February to 1 November.

NB: Please note that where applicable day falls on a weekend or public holiday the debit order will be processed on the following working day.

I, the undersigned, hereby authorize J.G Meiring High School to withdraw the above amount from my bank account.

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Please print Name:

SIGNATURE OF ACCOUNT HOLDER

DATE



J G MEIRING HIGH SCHOOL

☎ 021 591 3131 E-MAIL: admissions@jgmeiring.co.za

FAX: 021 592 2920 MERRIMAN ROAD, GOODWOOD, 7460

Name of learner: _____ Gr. & Section: _____ Date of birth: _____

Dear Parents

CO-CURRICULAR PARTICIPATION – 2019

As you know, from January 2019 it is compulsory for a learner to take part in at least one summer sport and one winter sport. In the column below please indicate what sport your child is going to participate in. Your child must attend all practices and matches. If, for reasons of illness or injury, he/she is not able to participate in a practice or match, please provide him/her with a note or a doctor's certificate.

SUMMER SPORT	INDICATE WITH X
ATHLETICS (Specify event)	
CRICKET	
TENNIS	
SWIMMING	
WINTER SPORT	INDICATE WITH X
NETBALL	
HOCKEY (BOYS)	
HOCKEY (GIRLS)	
RUGBY	
SOCCER (BOYS)	
SOCCER (GIRLS)	
CHESS	
TABLE TENNIS	
CHOIR	
DRAMA	
MUSIC (Specify Instrument)	

Yours sincerely

T LINDERTS
HEADMASTER

DECLARATION BY PARENT / GUARDIAN

I, _____ have taken note of the contents of this Circular and agree to abide by the conditions set out therein. I also undertake to ensure that my child attends all practices and matches.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____