CENTRE OF EXCELLENCE HIGH SCHOOL

Tel: 043 722 4004
Email: leeann.alexander0@gmail.com
4 St Marks Road Southernwood, East London 5201

Application Form 2027

Please note:

- Nothing in this application should be interpreted as a representation or guarantee made by the School that your child will be admitted to and enrolled with the school.
- Please include the applicant's birth certificate and two latest school reports

PUPIL INFORMATION

Surname: _____ Proposed date of entry_____

Given names: _____ Suggested entry grade:_____

Preferred name:_____ Name of present school:_____

Date of birth Identily:_____ Home Language:_____

Nationality:_____ Application for day pupil:_____

Gender:_____

REQUIREMENTS NEEDED:	**APPLICATION FEE: R200.00**
• Copy of ID doc of person responsible for fees • Copy of Birth Certificate • Latest report • Confirmation of employment • Copy of payslip not older than 3 months • 3x months bank statement not older than 3 months • Proof of address not older than 3 months • 2x ID photos of learner • Latest school fee statement • Transfer letter from previous school	**DATE PAID:** _____ **AMOUNT PAID:** _____

Application does not constitute acceptance.

PARENT/GUARDIAN/SPONSOR INFORMATION

PARENT/LEGAL GAURDIAN/SPONSOR 1
GUARDIAN/SPONSOR 2

Relationship to applicant:_____

Surname: _____

Title: _____

Name: _____

Identity number: _____

Marital Status: _____

Occupation/Profession: _____

Home Address: _____

_____

Work Telephone: _____

Mobile number: _____

E-Address: _____

PARENT/LEGAL

Relationship to applicant:_____

Surname: _____

Title: _____

Name: _____

Identity number: _____

Marital Status: _____

Occupation/Profession: _____

Home Address: _____

_____

Work Telephone: _____

Mobile number: _____

E-Address: _____

MARITAL STATUS

Are the above-mentioned Parents/Legal Guardians/Sponsors currently married to each other? YES/NO

If the applicant is completed by one Parents/Legal Guardians/Sponsor, do you have sole custody of the pupil? YES/NO

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INFORMATION OF THE PUPIL

Academic Achievements / Interest: _____

_____

Sport Achievements / Interest: _____

_____

Cultural Achievements / Interest: _____

_____

Other: _____

Has the pupil:

1. Been involved in any serious disciplinary issue or does the pupils face any disciplinary charge? YES/NO
2. Been involved in the use of illegal substances / substance / substance abuse? YES/NO

HEALTH DECLARATION

Present state of health of the health of the pupil (including conditions such as ADD, ADHD, anxiety, depression, ect)

_____is the pupil on any form of medication? YES/NO if yes, please provide

Details:_____

Any additional information, behaviour, medical or otherwise relating to this application which should be brought to the attention of the
Head?_____

_____.

Please note, any failure to make full disclosure of all information sought on this form will entitle the School to cancel the admission and enrolment of the pupil, whether before or after such admission has occurred.

_____

_____

Signature of Parent/Legal Guardian/Sponsor 1 Date_____

Please return all completed application forms to Centre of Excellence High school. No faxed copies will be accepted!!

Application does not constitute acceptance.

Affordability Assessment Evaluation

NAME OF PARENTS /GUARDIANS: _____ IDENTITY NUMBER:_____

GRADE OF ADMISSION_____

NAME OF CHILD: _____APLLIED FOR GRADE: _____

Monthly Salary Before Deduction	
Other Monthly income (E.G. Secondary jobs, Allowance, Rental income)	
House Bond & House insurance	
PAYE, UIF	
Rent	
Rates, Water & Electricity	
Child support	
Medical Aid & Other expenses e.g Chemist	
Life insurance & Funeral Policy	
Risks / Motor Insurance / Repayment	
Telephone/Mobile phone account	
Transport	
Current School/University Fees	
Clothing & Furniture accounts	
Groceries	
Other	
TOTAL EXPENDITURE	
TOTAL INCOME LESS TOTAL EXPENDITURE	

In the processing of your application for credit we will obtain information from the Credit Bureau for the following purpose.

1. To assess your application for credit, and your level of indebtedness and debt repayment history as required by the Act and/or
2. Assess risk and/or
3. Validate and verify the information you provide to us including your identify as well as the identity of your spouse, your partner or other directors/partners and/or
4. Undertake checks for the prevention and detection of fraud and/or money laundering and/or
5. Any other processes many be automated.

Application does not constitute acceptance.

N.B Application does not constitute acceptance. [redacted]

CENTRE OF EXCELLENCE
HIGH SCHOOL
4St Marks Road, Southernwood
East London 5201
Tel: 043 722 4004

[redacted] **2026**

Name of Learner	
Grade applying for	_____(Learner may NOT apply to repeat the same Grade)
Name of present School	
School's address	
School's Telephone #	
School's Fax #	

This is to certify that _____was a pupil at this school from_____to_____.

Were there any transgressions against your Code of Conduct?	Yes	No

If any, please elaborate:_____

_____

His/her conduct was:	Exemplary	Good	Satisfactory	Not Satisfactory

If any, please elaborate:_____

We:	Recommend	Do Not Recommend

All fees are:	Paid up to date	Not paid up to date
Principal's Name		School Stamp
Principal's Signature Date:		