

Cambridge High School

GRADE 8 2027 APPLICATION CHECKLIST

CLOSING DATE: 16 APRIL 2026

CAMBRIDGE HIGH SCHOOL IS A FEE PAYING SCHOOL - SCHOOL FEES FOR 2026 ARE R36 600-00.

Please note your application will not be considered if the application is incomplete and important supporting documents are not attached.

A parent/legal guardian must return the application forms physically to the school from 8 April to 16 April during the following times: 07h30 to 08h30 and 12h30 to 14h30.

PLEASE DO NOT EMAIL THE APPLICATION FORM.

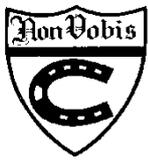
| | | DOCUMENTS ATTACHED |
|---|--|--------------------|
| 1. | Completed signed Application Form with relevant documents. | |
| 2. | Recent ID sized photograph in School Uniform. | |
| 3. | Certified copy of your child's Unabridged Birth Certificate. | |
| 4. | Certified copies of parents/legal guardians' I.D.'s. | |
| 5. | Certified copy of your child's Grade 6 final report. | |
| 6. | Certified copy of your child's first term Grade 7 report. | |
| 7. | Copy of Medical Aid card (if applicable). | |
| 8. | a) Certified copy of I.D. of person responsible for the school fee account of the pupil (if not the parent or legal guardian). b) If a Trust Fund is responsible for School Fees, please attach a copy of the document. | |
| 9. | A Municipal Account must be submitted as proof of residence (not more than three months old) in the name of the Parent/Legal Guardian. Should you be renting a property, please provide a letter/lease agreement from the Leasing Agent or owner of the property and a copy of the owner's Municipal Account. Ward Councilor letters are not acceptable. NB: Proof of Residence is required for both parents if not living at the same address. | |
| 10. | If self-employed, please supply company Registration Documents. If company not registered a copy of your ITA34 tax form and letter from your accountant. | |
| 11. | Proof of Employment from the Employer. | |
| 12. | Certified copy of 2025 and current year (2026) School Fee Statement. | |
| SINGLE PARENTS ALSO NEED TO SUBMIT | | |
| 1. | A certified copy of the death certificate of the deceased parent. | |
| 2. | A certified copy of the final agreement if divorced. | |
| 3. | A certified copy of the I.D. or passport and contact details of the other parent if never married. | |
| 4. | An affidavit should the whereabouts of a parent be unknown. | |
| OTHER | | |
| 1. | Certified copy of Court Ruling for Guardianship if applicable | |
| 2. | Certified copies of Valid Residence and Study Permits issued by the Department of Home Affairs if the learner is not a South African Citizen | |

Please note that you will be advised in writing (via email) as to whether the application has been successful or not. If you have not heard from the school by the second week of term 3, please contact the school office.

Parent/Guardian's Name: _____

Signature: _____

Date: _____



Cambridge High School

APPLICATION FOR ADMISSION GRADE 8

Applications will be accepted ONLY with FULLY completed form and submission of ALL relevant documentation as required.

*Please attach
ID – sized
photograph
of
applicant*

| FOR OFFICIAL USE ONLY | | |
|-----------------------|---------------------|--|
| <i>Successful</i> | <i>Unsuccessful</i> | |
| <i>Grade/Class</i> | | |
| <i>Year</i> | | |
| <i>Ref</i> | | |
| <i>Admission No.</i> | | |

| | |
|------------------------|--|
| Current school: | |
|------------------------|--|

DETAILS OF APPLICANT (THE LEARNER)

| | | | | | | | | | | | | | |
|---|---------------------|---------------|---------------|--|-----------------------------|--|---|--|--|--|-------------|---------------|--|
| SURNAME: | | | | | | | | | | | | | |
| FIRST NAMES: | | | | | | | | | | | Male | Female | |
| Date of Birth: | | | | | | | | | | | | | |
| Identity Number: | | | | | | | | | | | | | |
| Home Language: | | | | | | | Nationality | | | | | | |
| Applicant's Cell Number: | | | | | | | NB: Copy of valid Study Permit/Permanent Resident if not South African citizen is required. | | | | | | |
| Applicant's Email Address: | | | | | | | | | | | | | |
| Applicant lives with: | both parents | mother | father | Legal Guardian or other (state relationship): | | | | | | | | | |
| Applicant's physical address: | | | | | | | | | | | | | |
| Religious affiliation: | | | | | | | | | | | | | |
| Medical Conditions: | | | | | | | | | | | | | |
| Learning Disabilities: | | | | | | | | | | | | | |
| Has applicant previously repeated a Grade? | NO | | YES | | If YES, which grade? | | | | | | | | |

CURRENT EXTRA CURRICULAR ACTIVITIES OF APPLICANT

| | |
|--|--|
| Cultural activities: | |
| Summer sport (highest team / achievements): | |
| Winter sport (highest team / achievements): | |
| Leadership positions: | |
| Music as a subject: | |

PREVIOUS ASSOCIATION WITH CAMBRIDGE HIGH

| | | | |
|---|----------------------|--------------|----------------|
| Present / Previous relatives at Cambridge: | | | |
| Name: | Relationship: | Year: | Grades: |
| | | | |
| | | | |
| | | | |

B. DETAILS OF APPLICANT'S BIOLOGICAL MOTHER:

(Should this be unavailable, please provide supporting documentation as proof thereof)

| | | | | | | | | | | | | | |
|--------------------------------------|--------|---------|-----------|----------|-----------------|---------------|-------------------------|--|--|--|------|--|--|
| SURNAME: | | | | | | TITLE: | (e.g.) Mrs/Miss/Dr/Adv. | | | | | | |
| FIRST NAMES: | | | | | | | | | | | | | |
| Identity No.: | | | | | | | | | | | | | |
| Citizenship: | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | |
| Name of Employer and address: | | | | | | | | | | | | | |
| Marital status: | Single | Married | Separated | Divorced | Living together | Remarried | Widowed | | | | | | |
| Telephone numbers: | Home: | | | Work: | | | Cell: | | | | | | |
| Email Address: | | | | | | | | | | | | | |
| Residential address: | | | | | | | | | | | | | |
| | | | | | | | | | | | Code | | |

C. DETAILS OF APPLICANT'S BIOLOGICAL FATHER:

(Should this be unavailable, please provide supporting documentation as proof thereof)

| | | | | | | | | | | | | | |
|--------------------------------------|--------|---------|-----------|----------|-----------------|---------------|-------------------|--|--|--|------|--|--|
| SURNAME: | | | | | | TITLE: | (e.g.) Mr/Dr/Adv. | | | | | | |
| FIRST NAMES: | | | | | | | | | | | | | |
| Identity No.: | | | | | | | | | | | | | |
| Citizenship: | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | |
| Name of Employer and address: | | | | | | | | | | | | | |
| Marital status: | Single | Married | Separated | Divorced | Living together | Remarried | Widowed | | | | | | |
| Telephone numbers: | Home: | | | Work: | | | Cell: | | | | | | |
| Email Address: | | | | | | | | | | | | | |
| Residential address: | | | | | | | | | | | | | |
| | | | | | | | | | | | Code | | |

B. DETAILS OF APPLICANT'S STEP-MOTHER – IF REMARRIED:

| | | | | | | | | | | | | | |
|-------------------------------------|--------------|---------------|-------------------------|--|--------------|--|--|--|--------------|--|--|-------------|--|
| SURNAME: | | TITLE: | (e.g.) Mrs/Miss/Dr/Adv. | | | | | | | | | | |
| FIRST NAMES: | | | | | | | | | | | | | |
| Identity No.: | | | | | | | | | | | | | |
| Citizenship: | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | |
| Name of Employer and address | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Telephone numbers: | Home: | | | | Work: | | | | Cell: | | | | |
| Email Address: | | | | | | | | | | | | | |
| Residential address: | | | | | | | | | | | | | |
| | | | | | | | | | | | | Code | |

C. DETAILS OF APPLICANT'S STEP-FATHER – IF REMARRIED:

| | | | | | | | | | | | | | |
|--------------------------------------|--------------|---------------|-------------------|--|--------------|--|--|--|--------------|--|--|-------------|--|
| SURNAME: | | TITLE: | (e.g.) Mr/Dr/Adv. | | | | | | | | | | |
| FIRST NAMES: | | | | | | | | | | | | | |
| Identity No.: | | | | | | | | | | | | | |
| Citizenship: | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | |
| Name of Employer and address: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Telephone numbers: | Home: | | | | Work: | | | | Cell: | | | | |
| Email Address: | | | | | | | | | | | | | |
| Residential address: | | | | | | | | | | | | | |
| | | | | | | | | | | | | Code | |

DETAILS OF PERSON LEGALLY RESPONSIBLE FOR APPLICANT (IF NOT A PARENT):

NB: Supporting documentation to be attached

| | | | | | | | | | | | | |
|-----------------------------------|--|---------------|-------------------|--|--------------|------------------|--|--|--------------|--|-------------|--|
| SURNAME: | | TITLE: | (e.g.) Mr/Dr/Adv. | | | | | | | | | |
| FIRST NAMES: | | | | | | | | | | | | |
| Relationship to applicant: | Please attach certified copies of legal status of said relationship. | | | | | | | | | | | |
| Identity No.: | | | | | | | | | | | | |
| Citizenship: | | | | | | | | | | | | |
| Occupation: | | | | | | Employer: | | | | | | |
| Telephone numbers: | Home: | | | | Work: | | | | Cell: | | | |
| Email: | | | | | | | | | | | | |
| Residential address: | | | | | | | | | | | Code | |

PAYMENT OF SCHOOL FEES:

| | | | | |
|---|---------------|---------------|---------------------------|-------------------|
| Please note that Cambridge High School is a FEE PAYING SCHOOL in terms of relevant Legislation. Both parents are responsible for Payment of school fees. Please indicate which Parent/other must receive the account. Tick | FATHER | MOTHER | PRIVATE INDIVIDUAL | TRUST FUND |
| | | | | |
| Email address for accounts. Please print clearly | | | | |

DETAILS OF PRIVATE INDIVIDUAL (PLEASE ATTACH CERTIFIED COPY OF ID)

| | | | | | |
|---------------------------------|--|--------------------------|--|--|--|
| SURNAME: | | FIRST NAME: | | | |
| Relationship to Learner: | | Cellphone Number: | | | |
| Email Address: | | | | | |
| Physical Address: | | | | | |
| Occupation: | | | | | |
| Name of Employer: | | | | | |

TRUST FUND (COPY OF TRUST FUND TO BE ATTACHED)

| | | | | |
|---------------------------|--|----------------------|--|--|
| Name of Trust Fund | | | | |
| Contact Person: | | | | |
| Email Address: | | | | |
| Cellphone No.: | | Business No.: | | |

SOCIAL GRANTS (ATTACH RELEVANT DOCUMENTATION)

| | | | | |
|--|------------|------------------------|-----------|--|
| Do you receive a Social Grant? Please Tick | YES | | NO | |
| If yes, please give Grant number | | | | |
| Please tick which type of Grant you are receiving | | | | |
| Child Support | | Maintenance | | |
| Foster Child | | Care-dependency | | |

MEDICAL AID DETAILS: COPY OF MEDICAL CARD TO BE ATTACHED

| | | | |
|-----------------------------------|--|----------------------------|--|
| Name of Medical Aid: | | Medical Aid Number: | |
| Name of Main Member: | | | |
| Doctor's Name or Practice: | | Doctor Contact No.: | |

AGREEMENT OF UNDERSTANDING:

NB: In this agreement of understanding, unless the context indicates otherwise, words used in the singular include the plural and *vice versa* and a word referring to one gender includes the other gender.

DECLARATION: (to be completed in full)

I, _____ (biological mother’s name in full)
_____ (biological father’s name in full)
_____ (legal guardian’s name in full – only if applicable)

of the abovementioned child in respect of whom application is made, declare that I am legally entitled to make this application and that the information furnished on this application is, to the best of my knowledge, complete and correct and undertake to inform the school of any changes in respect of this information. Should I fail to notify the school of the required information, the Governing Body may conduct an *Information Technology Communications* (ITC) search.

I acknowledge and agree that acceptance of this application will result in a valid and binding agreement between the school and myself, the terms and conditions of which shall be as follows:

- I undertake to acquaint myself and my child with the School’s Code of Conduct and agree to accept the consequences of a breach of this code.
- I, the parent/guardian/person responsible for the applicant, have no conscientious objection to the applicant attending school assembly where and when religious instruction in Bible Education may be given as laid down in the South African Schools Act (Act No 84 of 1996).
- I hereby acknowledge the school’s policy of participation by its learners in the extra-mural programme of the school, and give my consent that the above-mentioned applicant may take part in these activities, sport and cultural, offered by the school.
- I am aware of the school fees which are presently levied by the Governing Body in terms of Section 39 of the S A Schools Act and I undertake to pay the fees as may be determined by the Governing Body of the school from time to time, and to do so regularly and timeously. (If any form of exemption is required from this fee I will apply in writing to the Governing Body for this exemption.) I furthermore acknowledge that should I be in breach of this agreement by failing and/or neglecting to make such payment of such school fees:
 - the Governing Body shall be entitled, in terms of Section 40 of the SA Schools’ Act, to take action against me as it may deem fit in this regard. I acknowledge liability for all costs so incurred by the Governing Body, including attorney and client costs and collection commission. Arrear accounts may be blacklisted with the ITC.
 - I shall be liable for interest on any outstanding school fees.
 - I UNDERSTAND THAT CAMBRIDGE HIGH SCHOOL RESERVES THE RIGHT TO ENQUIRE ABOUT MY CREDIT RECORD WITH ANY CREDIT REFERENCE AGENCY
 - I choose as my *domicilium citandi et executandi* either of the addresses referred to in this application.
 - I consent to the Governing Body implementing an Emoluments Attachment Order against my salary.
- I specifically indemnify Cambridge High School and/or its employees against any *bona fide* action in the event of a medical emergency such as first aid administered and all *bona fide* attempts to prevent injury, alleviate pain and discomfort and the like, whether through participation in games, sporting, cultural and educational tours and trips and educational excursions arranged by the School and/or conducted under its aegis. (Whilst it is recognised that the school will take every precaution to ensure the safety and well-being of the learner, I hereby indemnify and hold blameless the School, the Governing Body, staff and other agents against all claims which may arise in consequence of the death of or any injury sustained by the learner during the course of such games, sporting, cultural tours and trips and educational excursions from whatsoever cause arising including any fault of whatsoever nature attributable to the School, its Governing Body, its staff and other agents save that liability shall not be excluded under this indemnity for loss occasioned by a deliberate act of wilful misconduct attributable to the School, its Governing Body, its staff and other agents.) In the event of the learner being injured I hereby authorise the School, its staff and other agents to procure such medical treatment/surgery as may in its/their absolute discretion be deemed necessary. I undertake to indemnify the School, its Governing Body, its staff and other agents from all medical and hospital costs occasioned thereby.
- I acknowledge that copies of the following documents are available to me on request, and hereby acknowledge that these have been read/understood and accepted: 1. SGB Constitution 2.School’s Language Policy
3. Code of Conduct for Learners 4. Admission Policy

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| |
| Father Signature |

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|------------------|
| |
| Mother Signature |

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|----------------|
| |
| Legal guardian |

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|------------|
| |
| DD MM YYYY |