DA SILVA ACADEMY

High School

Physical Address
212 Klopper Street,
Rustenburg
0299
Fax/Office Tel: (014) 592 5613
E-Mail: dasilvaacademy@gmail.com
EMIS: 600105372

HIGH SCHOOL APPLICATION
Please complete in full: Incomplete Applications will not be accepted.

Grade for which you are applying: _____

Proposed date of entrance: _____

Date of application: _____

Learner's Surname: _____

Learner's First Names: _____

Preferred First Name: _____

Date of Birth: _____

Male / Female: _____ Ethnic Group:_____

Is the Learner a RSA Citizen: _____
If Not, Specify: _____

Visa/Study Permit Number: _____

Home Language: _____
Religion and Denomination: _____

Last School attended: School Name: _____
Town / City / Province / Telephone:
_____
_____
_____

2. Da Silva Academy High School

NB: **Kindly provide the following documents when returning the application form. Application forms will NOT be ACCPETED without ALL these documents: (Please tick (_) to indicate item provided)**

Certified Copy of Birth Certificate _____
Transfer card _____
4 Recent passport–size photos
Copy of Father's / Guardian's I.D._____
Latest school report _____
Testimonial from current school _____
Copy of Mother's I.D. _____
Copy of latest Financial Statement from
Previous School _____
Copy of Residence Permit (If not SA)_____
National Tracking Number (LURITS No.) _____
(Available from previous School)
.....
FOR OFFICE USE ONLY:
Date of Application: Registration Receipt Number:_____
Application Number: Admission Receipt Number:_____
Admission Number: Admission Paid: R_____
Text Books Receipt No: R Grade: _____
School Fees Receipt No: R First day(date) _____
References Checked:_____
Photograph:_____
Inter house group of the learner: _____

Da Silva Academy High School

Learner's Particulars Please tick (_) the appropriate)

Lives with own parents Lives with guardian _____
Lives with mother only Lives with father only_____
Has step-mother _____ Has step-father _____
Lives with mother (father deceased) _____
Lives with father (mother deceased)_____
Lives with mother (parents divorced) Lives with father (parents divorced) _____
Lives with grandparents _____ Other (Please
Specify)_____

2. **PARENTS/GUARDIANS PARTICULARS**

2.2 FIRST PARENT/GUARDIAN (with whom the child resides)

2.2.1 Surname:

_____

2.2.2 First names:

_____

2.2.3 Identity Number:

_____

2.2.4 Marital Status:

Married ☐ Unmarried ☐ Divorced ☐ Separated ☐ Widow/er ☐

2.1.5 Title:

Mr ☐ Mrs ☐ Ms ☐ Other ☐

_____

2.1.6 Work Tel:

_____

2.1.7 Home Tel:

_____

2.1.8 Cell:

_____

2.1.9 Email Address:

_____

2.1.10 Physical Address:

_____

2.1.11 Postal Address:

_____

2.1.12 Occupation:

_____

2.1.13 Employers Name:

_____

2.1.14 Employers Address:

_____

2.1.15 Relationship to child:

☐ Father ☐ Mother ☐ Guardian

2.1.16 If guardian, state relationship:

_____

2.2 SECOND PARENT/GUARDIAN

2.2.1 Surname:
_____

2.2.2 First Names:
_____

2.2.3 Identity Number:
_____

2.2.4 Marital Status:

Married ☐ Unmarried ☐ Divorced ☐ Separated ☐ Widow/er ☐

2.2.5 Title:

Mr ☐ Mrs ☐ Ms ☐ Other ☐
_____

2.2.6 Work Tel:
_____

2.2.7 Home Tel:
_____

2.2.8 Cell:
_____

2.2.9 Email Address:
_____

2.2.10 Physical Address:
_____

2.2.11 Postal Address:
_____

2.2.12 Occupation:
_____

2.2.13 Employers Name:
_____

2.2.14 Employers Address:
_____

2.2.15 Relationship to child:

Father ☐ Mother ☐ Guardian ☐

If guardian, state relationship:
_____

4. Da Silva Academy High School

Address of Learner
Residential:
……
……
……
……..
Code: ……..
Home telephone Number: ……
Number of children in family: ……
Position of learner in family (eg. first) ……
How will the learner get to school? (e.g. parent /
taxi / bus) ……
Who will be at home when the learner returns
from school? ……

Names and relation –(e.g. sister, cousin) of
family members who presently attend Da Silva Academy
……
Names and relation of family members who
previously attended Da Silva Academy ……

Emergency Contact Person – (NOT Parent or Guardian)

Name: ……
Address:
……
……
Relationship to learner: ……
Telephone Number: (W) (H) ……
Cell Phone Number: ……

Medical Information and Learner's Medical History (Kindly provide copy of Medical Aid Card)
Medical Aid: ……
Main Member's Name: ……
Medical Aid Number: ……
Doctor: ……
Doctor's Telephone Number: ……
Doctor's Practice Address: ……
……..
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5. Da Silva Academy High School

Please state the dexterity of the learner (Right of left handed): _____

Has the learner been inoculated against:
Diphtheria Yes No Date: ……
Polio Yes No Date: ……
Whooping Cough Yes No Date: ……
Tuberculosis Yes No Date: ……

Tick (_) any contagious diseases the learner has had:
Chicken Pox…… Mumps ……German Measles …… Measles…
Diphtheria ……Scarlet Fever ……Rheumatic Fever ……Whooping Cough……

Tick (_) if the learner experiences any of the following:
Asthma ……Hay Fever ……Epileptic Fits ……Bed Wetting……
Hyperactivity…… Dyslexia…… Allergies…… Diabetes……
Hard of Hearing ……Poor Eyesight…… Physical Handicap ……Other: ……

Please give details, and list any medication and treatment the learner is receiving if he/she has any of the conditions listed above:

DECLARATION OF PARENT / GUARDIAN

I, the undersigned, hereby knowingly authorise the School Authorities of Da Silva Academy to grant consent on my behalf for any emergency treatment or where it is necessary and / or expedient, and on advice by a medical doctor, for an operation on my child. This authority will be operative where I cannot reasonably be contacted.

I hereby knowingly and irrevocably indemnify Da Silva Academy for any costs, medical or otherwise, that may be incurred in the process.
I furthermore grant my full consent for my child to participate in any sport, educational visits and extramural activities undertaken by the school.
I solemnly declare that I fully absolve Da Silva Academy of any liability in respect of any injury occurring to my child from any accident by whatever cause. I undertake not to take any action against Da Silva Academy
and/or any of its staff in case of an accident.

Signed: _____

Date: _____

6. Da Silva Academy High School

CONTRACT OF PAYMENT

Please note: Parent/Guardian in this case is to whom all accounts and correspondence should be sent.

Learner's Full Name……
Parent / Guardian's……
Surname and Title (eg. Mr.) ……
First Names (in full) ……
Identity Number /……
Passport Number……
Telephone Number……
Postal
Address……
……
Home
Address……
……

I, _____, the undersigned, declare that I am responsible for the payment of all tuition fees, book fees and any other fees due for this learner.
Should any instalment remain unpaid for a period of one month, the whole balance of the account will fall due and will be paid immediately.

 I accept liability for payment of all costs on an attorney and client scale, inclusive of collection commission calculated at 10% per instalment together with Value Added Tax calculated on all costs incurred pertaining to collecting the school fees should I fail to pay. Payment made in respect of the outstanding debt will first be allocated to costs, interest, collection, commission and thereafter capital.

 I undertake to inform the school in writing should I change my address, failing which I shall be
liable for tracing costs which may be incurred to trace me.

 No indulgence or grace allowed by the Plaintiff shall be regarded as a waiver of any of the School's rights and it will not be necessary for the school to place me in mora.

 I consent to an Emolument order in terms of Section 65j of the Magistrate's Court Act 32 of 1944,
as well as judgement in terms of Section 58 of Act 32 OF 1944 for the outstanding debt plus costs.

 I declare that I will be liable for interest on outstanding school fees.

 A School fee check will be done with other schools.

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 I declare that I will be responsible for any costs incurred should any of my cheques be returned.

 I accept that 1 (one) month's written notice in writing is required upon withdrawal of the learner from the school.
Upon withdrawal, any fees paid for periods exceeding the notice period, will be refunded.
In the event of the child being moving to another school the following school year, parents must inform Da Silva Academy in advance before children are allocated to new classes. Failure to give the required notice period, your account will be charged for 3 months extra upon giving the required transfer card for the next school.

 I accept that 1 (one) month's written notice in writing is required upon withdrawal of the learner from aftercare classes.
Upon withdrawal, any fees paid for periods exceeding the notice period, will be refunded.
In the event of the child being removed from aftercare, parents must inform Da Silva Academy 1 month in advance.

 In the event of the School being unable to meet its obligations to the learner/parent/guardian for
any cause whatsoever, fees paid in advance for any full month will be refunded, and the School
shall not be obliged to provide an alternative Institution of Education for any learner.

I agree to pay the school fees in 12 monthly instalments, by the third day of the month or the first day of a new term, as laid down by the School Board for the current year.

I am aware that failure to meet my financial obligations will result in my child forfeiting his/her
place at DA SILVA ACADEMY with immediate effect.

November and December will not be accepted as notice month

Signed _____

Date _____

8. Da Silva Academy High School

FINANCIAL POLICY

Please take note of the following guidelines concerning School Fees for 2026, and carefully read the contract which you have signed with your application form.

Failure to comply with your contract will unfortunately result in your child losing his/her place at Da Silva Academy

1. **An Admission/ Registration Fee of R1600, is payable on initial admission to Da Silva Academy on the day that the child has been accepted at Da Silva Academy. This is non-refundable and does not form part of the annual School Fees.**
2. All School fees are payable in advance and must be paid by the 3rd of the month that is payable, i.e.
February school fees are due by 3rd February. If the monthly school fee is not paid by the 3rd, a late payment fine of R300.00 will be added to the account. The R300 fine will be added for ANY outstanding amount on school accounts.
2.1 January school fees must be paid in December by currently enrolled children.
All new children January, School fees must be paid together with registration.
3. Fees for 2026 are R3800.00 per month, for 12 months of the year (January to December). School will be closed according to the Departmental guidelines for all school holidays.
The Annual Fee is R45600.00 per annum.
4. If the full annual fee is paid on or before 31st January 2026, a discount of R3800,00 will be given, i.e.R41800,00 is payable.
5. There is a yearly charge of R2000.00 per learner for events which is a fee. This fee is COMPULSORY and is to be paid by 3 February 2026.
6. All extra mural activities are at your own cost and are not compulsory.
7. All School Fees must be paid directly into the school's bank account.
Learners name and surname must be shown on each deposit made. The bank details can be obtained at the school office.
8. The first day of school will be devoted to registration. Teachers will check that all learners have receipts for Fees, the correct stationery, uniform etc for the year.
9. If school fees can only be paid on the 15th of each month, please note that a double payment will have to be made on admission of learner, in order for the account not to accumulate in arrears.
If these requirements have not been met, your child/ren will not be admitted for 2026.
The above policy has been implemented to ensure the smooth running of our school. It is your responsibility to ensure that your fees are paid timeously, and we would appreciate your full cooperation.
Please refer to your Contract of Payment for further details of your financial obligations.
NAME: CHILD'S NAME:
(PLEASE PRINT)
SIGNED: DATE:

Docs required annually – Financial Policy 2026

9. Da Silva Academy High School

SCHOOL RULES

At our School learners will, at all times, aim to uphold the principles and code of conduct of the School, as these are the acceptable norms of behaviour in society. The learners will aim to bring credit to our School by their courtesy and behaviour, especially when in School uniform.

BEHAVIOUR

a) Politeness to teachers, visitors and one another is expected from learners at all times.
b) Learners should greet an Educator or visitor first.
c) Abusive language, swearing, whistling or chewing of gum will not be tolerated.
d) No aggressive behaviour, playful or otherwise will be tolerated.
e) No undesirable literature, pictures or articles are to be brought to School.

SCHOOL UNIFORM

a) School uniform must be worn at all times between School and home and at all School functions.
b) Learners may not wear coloured vests or T-shirts which show above their shirts/blouses.

GROUNDS AND BUILDINGS

a.)Before School or during breaks, learners may not enter the buildings or corridors, but are to remain on the outside area.

b) No learner may leave the School grounds at any time without the prior permission of the Principal.

c) The School grounds must be kept free of litter.
d) Learners must not damage School or personal property. Graffiti is not permitted.
e) No learners may remain in a classroom at break unless an Educator is present.
f) All movement along the corridors must be quiet and orderly. Children must be quiet when going to and
leading off to Assembly.
g) No smoking allowed in the school premises.
h) No weapons of any sorts allowed in the school, (knifes, guns)
i) No drugs, no alcohol

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g) Learners must queue quietly in front of the Tuck Shop.

h) Theft will not be tolerated.
i) Behaviour in public areas of the school may be monitored by CCTV for discipline purposes and safety.

DISCIPLINARY CODE

♦ No corporal punishment will be administered.
♦ Learners will be counselled and disciplined. Parents will be consulted if the School counselling should fail to elicit a response from the learner.
♦ A learner will be suspended by the Principal for serious misdemeanours, e.g. anti-social behaviour.
♦ The Executive of the Board of Governors reserves the right to expel a child if he/she does not fit into the Code of Behaviour of this School.

I agree that my child will abide by the rules of Da Silva Academy High School

SIGNED: _____

DATE: _____

Admission fee for new enrolments: R1600 Non refundable
Events Fee: R2000.00 Annually
High School Fees: R3800 (6.30AM-13.30PM)
Aftercare: R600 (13:30pm-16:00pm)
NO TEXTBOOKS APPLICABLE – IPADS WILL BE USED FOR CLASSWORK ETC
Extra murals provided by the school upon trials: Choir classes, Drama, Public Speaking, Spelling Bee, Hockey, Netball, Athletics and Soccer. (only learners who have been selected to represent the school will be chosen).
BANKING DETAILS: **ACCOUNT NAME: DA SILVA ACADEMY** **BANK: TYMEBANK** **ACCOUNT NUMBER: 53001618107** **REFERENCE: CHILD'S NAME AND SURNAME**