



## HIGH SCHOOL APPLICATION FORM FOR 2026

10th ROAD, NOORDWYK, MIDRAND

www.goodshepherd.co.za

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Tel No: 012 023 2118

CHILD ID PHOTO

### The Good Shepherd College: A Christian School of Excellence

To ensure that your application receives full consideration, please read through this form carefully and provide all the required information and supporting certificates. Once completed, kindly return the form as soon as possible or submit it via email.

Please note:

- If any false information is provided, the child's application will not be accepted.
- Incorrect, incomplete, or missing documentation will result in delays in processing and evaluating the application.

### CHILD'S DETAILS

<b>Date</b>		<b>Start</b>	
<b>Grade(tick)</b>	Grade 8	Grade 9	Grade 10
<b>Surname</b>			<b>Name</b>
<b>Gender(tick)</b>	Male	Female	
<b>Date of Birth</b>			
<b>Language</b>	Home	Additional (tick)	Afrikaans
			IsiZulu
<b>Nationality</b>			
<b>Religion</b>			
<b>Race (tick)</b>	Black	White	other

**PARENT'S DETAILS**

	Father	Mother
<b>Title</b>		
<b>Name</b>		
<b>Surname</b>		
<b>Identity Number</b>		
<b>Home Address</b>		
<b>Cell Number</b>		
<b>WhatsApp Number</b>		
<b>Email address</b>		
<b>Occupation</b>		
<b>Employer</b>		
<b>Work Address</b>		
<b>Work Telephone</b>		
<b>Marital Status</b>		

**EMERGENCY CONTACT OTHER THAN PARENTS**

<b>Name</b>		<b>Surname</b>	
<b>Relationship</b>			
<b>Address</b>			
<b>Contact Number</b>			

**PREVIOUS SCHOOL**

Gr R	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7
<b>Name of the School</b>		<b>Country/Province</b>		<b>Contact Number</b>		<b>Reason for leaving</b>	

**MEDICAL INFORMATION (Please put N/A where necessary than leaving a gap)**

	<b>Condition</b>	<b>Medication</b>
Allergies: (peanuts, bee stings, etc)		
Chronic Illnesses: (diabetes, epilepsy, etc)		
Medical Conditions: (pulmonary stenosis, muscular dystrophy, cerebral palsy, etc)		
Disabilities: (hearing impairment, partially or short sighted, autistic spectrum disorder, ADHD, etc)		
other		

**DOCUMENTATION**

The following documents must be submitted with the completed application form.

	<b>Yes (tick)</b>	<b>No (tick)</b>	<b>Date to be Submitted</b>
Copy of official Birth Certificate			
Copy of official immunisation card, or proof confirming immunisation against polio, measles, tuberculosis, diphtheria, tetanus, and hepatitis B.			
Copy of Parents' or Guardians' Identity Documents			
Proof of residential address, in parent's name, such as statements of Rates, Water and Lights, Telephone or store account, etc. or proof of work address should you work in the zoned area.			
Proof of income. (Recent Payslip)			
Latest School Report			
Transfer card and final report			

Parents/Guardians of **other nationalities** must submit the following additional documents.

	Yes	No	Date to be Submitted
Refugee document, Temporary or Permanent Residence Permit from the South African Department of Home Affairs, or evidence of application for such documentation			

## ENROLMENT INFORMATION

### 1. School Ethos

- The Good Shepherd College is a **Christian school**.
- Learners are expected to uphold our **Christian values** at all times.

### 2. Faith-Based Practices

- Learners must wear the **full, proper school uniform**.
- Each learner must bring a **Bible** to school daily.
- Learners will **pray every morning** with their class teacher.
- Learners must be prepared to **share the Word of God** in class and during assemblies.

### 3. Discipline and Conduct

- All applicants must demonstrate **discipline and respect**.
- If a learner does not abide by the school's Christian values and discipline, **disciplinary measures** will be taken, and in serious cases, the learner may be **dismissed from school**.
- Our aim is to raise children who are **good candidates for heaven** and responsible **citizens of South Africa**.

### 4. Academic & Language Policy

- The **language of learning and teaching** is **English**.
- From **Grade 1 to Grade 7**, learners must choose a **First Additional Language (FAL): IsiZulu or Afrikaans**.

### 5. Stationery & Resources

- All learners must provide their **own stationery**.
- No learner will be allowed into class without the **required stationery**.

### 6. School Activities

- Participation in **all school activities** is **compulsory**.

### 7. Respect for Educators

- All teachers must be treated with **love and respect**, as they are both **educators** and **school parents** to our learners.

## ENROLMENT AGREEMENT

I, \_\_\_\_\_ (Full Name of Parent/Guardian), hereby apply for the above-named child to be enrolled at **The Good Shepherd College**. I agree to abide by the following terms and conditions:

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### Terms and Conditions

1. I undertake to pay the prescribed monthly school fees **before the 1st day of every month** and acknowledge the penalty of **R100 per day** for late payment.  
Monthly School Fees: **R 2600** per month.  
**Initial:** \_\_\_\_\_
2. I agree to pay the **non-refundable Administration Fee of R1,500**.  
**Initial:** \_\_\_\_\_
3. I acknowledge that a **penalty fee of R100 per hour** will be charged for collection of my child **after 15:00**.  
**Initial:** \_\_\_\_\_
4. I agree to give **at least one full calendar month's written notice** before withdrawing my child. Failure to do so will result in payment of the full month's fee even if the learner is not attending.  
**Initial:** \_\_\_\_\_
5. I grant permission for **my child's photographs** to be used in the school's marketing and promotional material.  
**Initial:** \_\_\_\_\_
6. I acknowledge that **no cash payments** will be allowed on the school premises for security reasons.  
**Initial:** \_\_\_\_\_
7. I understand that a learner may be **suspended if school fees remain overdue**.  
**Initial:** \_\_\_\_\_
8. I accept that **upfront school fees are non-refundable**.  
**Initial:** \_\_\_\_\_
9. I understand that a learner who is found to be **ill-disciplined may be dismissed indefinitely**, and all fees already paid will be forfeited.  
**Initial:** \_\_\_\_\_
10. I acknowledge that if **payment is not received by the 5th of every month**, my account will be handed over to the credit bureau (I.T.C.) and I will be listed as a bad payer.  
**Initial:** \_\_\_\_\_

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### Declaration

I, the undersigned, confirm that I have read, understood, and agreed to the above terms and conditions. I accept full responsibility for all payments and obligations as set out in this agreement.

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### Details of Learner

Full Name of Learner: \_\_\_\_\_  
Grade: \_\_\_\_\_

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**Parent/Guardian Details**

Full Name of Parent/Guardian: \_\_\_\_\_

ID Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_**Signatures****Parent/Guardian:**

Name &amp; Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**School Representative (The Good Shepherd College):**

Name &amp; Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Our account details are as follows:

**Bank: ABSA**

Cheque Account

Account Holder: The Good Shepherd College

Account No: 4104734050

Branch Code: 632005

**Ref:** *Your child's name and Grade (E.g: Thabo Ndlovu GR1) Failure to do so a cost of R100 will be charged.*

**TRANSPORT FORM (You are required to fill in this form if your child is to use our school transport)**

**CHILD'S DETAILS**

<b>Date</b>		<b>Start</b>	
<b>Grade(tick)</b>	Grade 8	Grade 9	Grade 10
<b>Surname</b>			<b>Name</b>

I..... hereby apply for the above child to be in The Good Shepherd College Transport. I agree to abide by:

1. I undertake to pay the prescribed monthly Transport fees **before the 1st day of every month** and acknowledge the penalty of **R100 per day** for late payment.  
Monthly Transport Fees: R \_\_\_\_\_ per month.  
**Initial:** \_\_\_\_\_
2. I agree to pay the **non-refundable Administration Fee** of **R500**.  
**Initial:** \_\_\_\_\_
3. I agree to give **at least one full calendar month's written notice** before withdrawing my child. Failure to do so will result in payment of the full month's fee even if the learner is not attending.  
**Initial:** \_\_\_\_\_
4. I acknowledge that **no cash payments** will be allowed on the school premises for security reasons.  
**Initial:** \_\_\_\_\_
5. I accept that **upfront school fees are non-refundable**.  
**Initial:** \_\_\_\_\_
6. I understand that a learner who is found to be **ill-disciplined may be dismissed indefinitely**, and all fees already paid will be forfeited.  
**Initial:** \_\_\_\_\_
7. I acknowledge that if **payment is not received by the 5th of every month**, my account will be handed over to the credit bureau (I.T.C.) and I will be listed as a bad payer.  
**Initial:** \_\_\_\_\_

**Declaration**

I, the undersigned, confirm that I have read, understood, and agreed to the above terms and conditions. I accept full responsibility for all payments and obligations as set out in this agreement.

**Details of Learner**

Full Name of Learner: \_\_\_\_\_

Grade: \_\_\_\_\_

**Parent/Guardian Details**

Full Name of Parent/Guardian: \_\_\_\_\_

ID Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Signatures**

**Parent/Guardian:**

Name & Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**School Representative (The Good Shepherd College):**

Name & Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Our account details are as follows:

**Bank: ABSA**

Cheque Account

Account Holder: The Good Shepherd College

Account No: 4104734050

Branch Code: 632005

**Ref:** Your child's name and Grade (E.g: Thabo Ndlovu GR1) Failure to do so a cost of R100 will be charged.

**AFTERCARE APPLICATION FORM. (Please note that you fill this part if your child is going to be on aftercare)**

**CHILD'S DETAILS**

<b>Date</b>		<b>Start</b>	
<b>Grade(tick)</b>	<b>Grade 8</b>	<b>Grade 9</b>	<b>Grade 10</b>
<b>Surname</b>			<b>Name</b>

I..... hereby apply for the above child to be in The Good Shepherd College Aftercare. I agree to abide by:

- I undertake to pay the prescribed monthly Aftercare fees **before the 1st day of every month** and acknowledge the penalty of **R100 per day** for late payment.  
Monthly Aftercare Fees: R \_\_\_\_\_ per month.  
**Initial:** \_\_\_\_\_
- I agree to pay the **non-refundable Administration Fee** of **R500**.  
**Initial:** \_\_\_\_\_
- I agree to give **at least one full calendar month's written notice** before withdrawing my child. Failure to do so will result in payment of the full month's fee even if the learner is not attending.  
**Initial:** \_\_\_\_\_
- I acknowledge that **no cash payments** will be allowed on the school premises for security reasons.  
**Initial:** \_\_\_\_\_
- Aftercare is from 14:30hr to 18:00hr. **Initial:** \_\_\_\_\_
- I accept that **upfront school fees are non-refundable**.  
**Initial:** \_\_\_\_\_
- I understand that a learner who is found to be **ill-disciplined may be dismissed indefinitely**, and all fees already paid will be forfeited.  
**Initial:** \_\_\_\_\_
- I acknowledge that if **payment is not received by the 5th of every month**, my account will be handed over to the credit bureau (I.T.C.) and I will be listed as a bad payer.  
**Initial:** \_\_\_\_\_

**Declaration**

I, the undersigned, confirm that I have read, understood, and agreed to the above terms and conditions. I accept full responsibility for all payments and obligations as set out in this agreement.

**Details of Learner**

Full Name of Learner: \_\_\_\_\_

Grade: \_\_\_\_\_

**Parent/Guardian Details**

Full Name of Parent/Guardian: \_\_\_\_\_

ID Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

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**Signatures**

**Parent/Guardian:**

Name & Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**School Representative (The Good Shepherd College):**

Name & Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Bank: Absa**

Cheque Account

Account Holder: The Good Shepherd College

Account No: 4104734050

Branch Code: 632005

**Ref: Your child's name and Grade (E.g: Thabo Ndlovu GR1) Failure to do so, a cost of R100 will be charged.**

**Note:** please we encourage all our parents to follow the above reference for convenience purposes