

Hudson Park High School - check list

PLEASE USE THIS CHECKLIST TO ENSURE THAT YOU HAVE COLLECTED ALL THE NECESSARY DOCUMENTS
AND HAVE ATTACHED IT TO THE FULLY COMPLETED APPLICATION FORM

- | | |
|---|--------------------------|
| 1. COMPLETED HUDSON PARK HIGH SCHOOL APPLICATION FORM | <input type="checkbox"/> |
| 2. PASSPORT SIZE PHOTOGRAPH IN SCHOOL UNIFORM (MUST BE TAKEN IN THE CURRENT YEAR) | <input type="checkbox"/> |
| 3. COPY OF YOUR CHILD'S <u>UNABRIDGED BIRTH CERTIFICATE</u> (showing both parents)
(IF NO FATHER ON BIRTH CERTIFICATE, AN AFFIDAVIT NEEDS TO BE PROVIDED WITH THE DETAILS) | <input type="checkbox"/> |
| 4. COPY OF THE FINAL SCHOOL REPORT FOR THE PRIOR YEAR | <input type="checkbox"/> |
| 5. COPIES OF THE FOLLOWING IDENTITY DOCUMENTS: | |
| * FATHER | <input type="checkbox"/> |
| * MOTHER | <input type="checkbox"/> |
| * PERSON RESPONSIBLE FOR ACCOUNT PAYMENT (IN THE CASE OF A THIRD PARTY) | <input type="checkbox"/> |
| * DEATH CERTIFICATE OF DECEASED PARENT/S | <input type="checkbox"/> |
| 6. COPIES OF BOTH PARENTS' PAYSLEIPS (NOT OLDER THAN 3 MONTHS) - bank statement if self or unemployed
(AND PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES) | <input type="checkbox"/> |
| 7. SARS NOTICE OF ASSESSMENT (ITA34) - personal and business | <input type="checkbox"/> |
| 8. COMPANY REGISTRATION DOCUMENTS (if self employed) | <input type="checkbox"/> |
| 9. COPY OF THE FRONT AND BACK OF MEDICAL AID CARD | <input type="checkbox"/> |
| 10. COPY OF CURRENT SCHOOL FEE STATEMENT, AS WELL AS THE PRIOR YEAR | <input type="checkbox"/> |
| 11. PROOF OF RESIDENCE (EG: MUNICIPAL OR TELEPHONE ACCOUNT - NOT OLDER THAN 3 MONTHS) | <input type="checkbox"/> |
| 12. LEGAL GUARDIANS - PLEASE SUPPLY COURT RULING FOR LEGAL GUARDIANSHIP | <input type="checkbox"/> |
| 13. COMPLETED SUBJECT CHOICE FORM | <input type="checkbox"/> |
| 14. COMPLETED CURRENT SCHOOL EVALUATION FORM (DOCUMENT TO BE EMAILED BY CURRENT SCHOOL) | <input type="checkbox"/> |
| 15. COPY OF BEHAVIOUR/DEMERIT RECORD (DOCUMENT TO BE EMAILED BY CURRENT SCHOOL) | <input type="checkbox"/> |
| 16. NON SA RESIDENTS - PLEASE SUPPLY VALID RESIDENCE AND STUDY PERMITS ISSUED BY THE
DEPARTMENT OF HOME AFFAIRS | <input type="checkbox"/> |
| 17. SINGLE PARENTS - TO SUBMIT THE FOLLOWING FOR OTHER PARENT | |
| * AFFIDAVIT STATING THE WHEREABOUTS OF THE OTHER PARENT | <input type="checkbox"/> |
| * CERTIFIED COPY OF IDENTITY DOCUMENT OF THE OTHER PARENT | <input type="checkbox"/> |
| * CONTACT DETAILS OF THE OTHER PARENT | <input type="checkbox"/> |
| 18. PLEASE BRING R10 FOR PROCESSING FEE AS PROOF OF SUBMISSION | <input type="checkbox"/> |

PLEASE NOTE: NO APPLICATION WILL BE ACCEPTED OR PROCESSED WITHOUT ALL THE
RELEVANT SUPPORTING DOCUMENTATION



Hudson Park High School

Devereux Avenue, East London Tel: 043 726 3205 - Website: www.hphs.co.za

APPLICATION FOR ADMISSION

CLOSING DATE FOR APPLICATIONS 23 - 26 FEBRUARY 2026

PLEASE NOTE: APPLICATIONS TO BE HAND DELIVERED TOGETHER WITH **R10 FEE**
APPLICATIONS ONLY ACCEPTED WITH ALL THE SUPPORTING DOCUMENTATION

DATE OF APPLICATION DD MM YYYY

GRADE APPLYING FOR 2027

PLEASE COMPLETE SEPARATE APPLICATION FORM FOR HOSTEL, AVAILABLE FROM FRONT OFFICE

HOSTEL REQUIRED? YES NO

HOSTEL APPLICATION SUBMITTED? YES NO

PASTE
CURRENT
PHOTO IN
SCHOOL
UNIFORM

LEARNER INFORMATION

SURNAME				FIRST NAMES			
DATE OF BIRTH	DD	MM	YYYY	IDENTITY #			
GENDER	M	F		RACE			
RESIDENTIAL ADDRESS							
					CODE		
LEARNER'S EMAIL ADDRESS				LEARNER'S CELL #			
HOME LANGUAGE				ANY DECEASED BIOLOGICAL PARENTS?	MOTHER	FATHER BOTH	
NAME OF CURRENT SCHOOL				SCHOOL CONTACT #			
HAS APPLICANT PREVIOUSLY REPEATED A GRADE?	YES	NO		IF YES, WHICH GRADE?			

LEARNER'S INVOLVEMENT IN CURRENT SCHOOL

(VERIFIED ON EVALUATION FORM)

LEADERSHIP POSITIONS (Prefect, Captain etc)			
SPORT (if Provincial, <i>provide evidence</i>)		HIGHEST LEVEL	
CULTURAL/PASTORAL (Music, Chess etc)		HIGHEST LEVEL	
OTHER			

MEDICAL INFORMATION / EMERGENCY CONTACT

MEDICAL AID		MEDICAL AID NO.	
MAIN MEMBER		DOCTOR'S NAME	
EMERGENCY CONTACT NAME (OTHER THAN PARENT)		DOCTOR'S TEL NO.	
EMERGENCY CONTACT NUMBER		RELATION TO LEARNER	ALLERGIES?
DEXTERITY OF LEARNER	RIGHT HANDED	LEFT HANDED	AMBIDEXTROUS

DATE APPLICATION

DD MM YYYY

FOR OFFICE USE ONLY

Checked by

Receipt No

Captured on Excel

Date submitted to panel

Academic

LSEN

GET

Finance

Admissions

Discipline

ACCEPTED

NOT ACCEPTED

Headmaster Signature

DATE OUTCOME LETTER SENT:

DD MM YYYY

PASTEL #

SCANNED

ADMISSION #

SASAMS 1

SASAMS 2

Academic

Sport

Culture

Behaviour

Sibling

NOTES:

BIOLOGICAL SIBLINGS OF THIS APPLICANT at HUDSON PARK HIGH SCHOOL																								
1. SIBLING NAME AND SURNAME										GRADE				HOUSE										
2. SIBLING NAME AND SURNAME										GRADE				HOUSE										
3. SIBLING NAME AND SURNAME										GRADE				HOUSE										
FATHER/LEGAL GUARDIAN																								
TITLE				INITIALS				SURNAME																
FIRST NAMES												HOME LANGUAGE												
RACE							IDENTITY NO																	
RESIDENTIAL ADDRESS																				CODE				
OCCUPATION							EMPLOYER																	
WORK NO							HOME NO								CELL NO									
EMAIL ADDRESS (compulsory)																								
MARITAL STATUS		SINGLE		MARRIED		DIVORCED		REMARIED		WIDOWED (PROVIDE DEATH CERTIFICATE)														
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CONTRACT																								
<p align="center"><u>PARENT/LEGAL GUARDIAN DECLARATION - I hereby declare that:</u></p> <ol style="list-style-type: none"> The stated information is true and correct. I/We have read, understood and accept the School Rules and Code of Conduct as found on the school's website. I/We have read, understood and accept the School Admission Policy as found on the school's website. I/We will hold the school in no way responsible for loss of personal effects at school or on school tours. We acknowledge that we are jointly and severally liable for the compulsory school fees in terms of Section 39 SASA, as set out from year to year by the Governing Body. I/We appoint my/our home address referred to above as my domicilium citandi et executandi address for any process which may be instituted against me should I fail to pay any outstanding school fees by the due date. I/We hereby consent to the use of photographs that may include my/our child, to market the school in promotional materials and on the school's social platforms. I/We authorise that the personal information herewith provided to the school, be used by the school; appointed parent representatives; and the D6 Communicator service provider for administrative purposes only. Information will be accessed only when deemed necessary by relevant staff and service provider requirements. I understand that my data will be held securely and will not be distributed to third parties. I reserve the right to amend my information, and understand that when this information is no longer required for the purpose of school administration, that professional protocol will be followed by Hudson Park High School to remove my data. 																								
<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">Father Signature</div>					<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">Mother Signature</div>					<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">Legal Guardian Signature</div>					<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">DD MM YYYY</div>									
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CONSENT																								
<p>I/We hereby consent to an illicit substance test being carried out should the school deem it necessary.</p>																								
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<p><i>HUDSON PARK HIGH SCHOOL IS A FULL FEE PAYING SCHOOL, THEREFORE THE PAYMENT OF SCHOOL FEES IS COMPULSORY FOR ALL LEARNERS. THE ANNUAL FEE FOR 2026 IS R48 400. THE FEES FOR 2027 HAVE NOT BEEN FINALISED, HOWEVER THERE WILL BE AN ANNUAL INCREASE. YOU WILL BE NOTIFIED OF THE ANNUAL FEE FOR 2027 SHOULD YOUR CHILD BE ACCEPTED INTO THE SCHOOL</i></p>																																																																																																																																																													
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Hudson Park High School

CURRENT SCHOOL EVALUATION FORM **** NB** Confidential**

Please note that this form will only be accepted if it is emailed by the current school.

Email: reception@hphs.co.za

Section A: - To be completed by Parent/Legal Guardian

Section B: - To be completed by the learner's current school's base class teacher and signed by the base class teacher and principal.

Dear Principal, Grade Head and Base Class Teacher

A learner from your school has applied for admission to Hudson Park High School. Kindly complete Section B of this Evaluation Form, as it forms part of the application. Please fax/email the document directly to Hudson Park High School.

SECTION A

LEARNER INFORMATION

LEARNER NAME & SURNAME			
NAME OF CURRENT SCHOOL		CURRENT GRADE	
PARENT/LEGAL GUARDIAN CONTACT NUMBER:			

SECTION B

CURRENT SCHOOL INFORMATION

CURRENT SCHOOL TEL NO		EMAIL		
DOES THE LEARNER'S ACADEMIC PERFORMANCE REFLECT HIS/HER CAPABILITY?	YES	NO		
THIS LEARNER'S ACADEMIC RESULTS FALL INTO THE	TOP	MIDDLE	BOTTOM	
ANY GRADES REPEATED?	YES	NO	IF YES, WHICH GRADE/S?	AND WHICH YEAR
WERE THE LEARNER'S PARENTS INVOLVED IN AND / OR SUPPORTIVE OF THE SCHOOL?	YES	NO		
PLEASE SPECIFY INVOLVEMENT				

LEADERSHIP

PLEASE LIST ANY LEADERSHIP POSITIONS HE / SHE HAS ACQUIRED IN THE LAST CALENDAR YEAR (HEADBOY/HEADGIRL, PREFECT, STUDENT REPRESENTATIVE COUNCIL, CLASS CAPTAIN, TEAM CAPTAIN ETC)

DISCIPLINE

HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST THE LEARNER FOR THE FOLLOWING OFFENCES (DURING HIS/HER SCHOOL CAREER AT THE CURRENT SCHOOL)? _____

BOOKS LEFT AT HOME/WORK NOT DONE		GANG RELATED ACTIVITIES		THEFT	
BULLYING/FIGHTING		INSOLENCE/DISRESPECT		SWEARING	
DEALING IN/TAKING DRUGS		SEXUAL TRANSGRESSIONS/PORNOGRAPHY		VANDALISM	
DISRUPTIVE IN CLASS		SMOKING		OTHER (PLEASE SPECIFY)	

HAS THE LEARNER EVER BEEN EXPELLED?

YES	NO
YES	NO

HAS THE LEARNER ATTENDED AN INTERNAL HEARING?

YES	NO
YES	NO

HAS THE LEARNER EVER BEEN SUSPENDED?

HAS THE LEARNER ATTENDED A SGB HEARING?

YES	NO
-----	----

SKILLS

PLEASE RATE THE LEARNER ON THE FOLLOWING SCALE: 5=EXCELLENT 4=GOOD 3=AVERAGE 2=WEAK 1=VERY WEAK

Social Skills						Work Skills					
Self Control	5	4	3	2	1	Concentration	5	4	3	2	1
Acceptance of Responsibility	5	4	3	2	1	Independence	5	4	3	2	1
Interaction with Peers	5	4	3	2	1	Following Instructions	5	4	3	2	1
Group Participation	5	4	3	2	1	Task Completion	5	4	3	2	1
Courtesy	5	4	3	2	1	Presentation of Work	5	4	3	2	1
Behaviour	5	4	3	2	1	Meeting Deadlines	5	4	3	2	1
Respect for Superiors	5	4	3	2	1	Study Habits	5	4	3	2	1
Appearance	5	4	3	2	1	** Please attached a copy of the demerit/behaviour record **					
Reliability	5	4	3	2	1						
Adherence to Code of Conduct	5	4	3	2	1						
School Attendance	5	4	3	2	1						

SPORTS

PLEASE LIST THE APPLICABLE SPORT INVOLVEMENT AS WELL AS LEVEL ACHIEVED, DURING THE LAST CALENDAR YEAR IN WHICH DURING THE LAST CALENDAR YEAR IN WHICH HE/SHE PARTICIPATED

SUMMER SPORTS	WINTER SPORTS

PLEASE CIRCLE IF THE LEARNER ACHIEVED REPRESENTATION AND ELABORATE BELOW: u13A / District / Provincial / National

CULTURE

PLEASE INDICATE THE LEARNER'S INVOLVEMENT IN CULTURE DURING THE LAST CALENDAR YEAR

SOCIETY	LEVEL OF PARTICIPATION
CHESS	
CHOIR	
DANCE	
DRAMA	

SOCIETY	LEVEL OF PARTICIPATION
MUSIC	
PUBLIC SPEAKING	
OTHER	

IS THERE ANYTHING ELSE YOU FEEL WE SHOULD KNOW ABOUT THE LEARNER?

BASE CLASS TEACHER'S NAME	SIGNATURE OF BASE CLASS TEACHER:
PRINCIPAL'S NAME	SIGNATURE OF PRINCIPAL:
DATE	

SCHOOL STAMP

THANK YOU VERY MUCH FOR COMPLETING THIS FORM