

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

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

PASTE
CURRENT
PHOTO IN
SCHOOL
UNIFORM

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

HOSTEL REQUIRED? YES NO HOSTEL APPLICATION SUBMITTED? YES NO

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				

FOR OFFICE USE ONLY

DATE APPLICATION DD MM YYYY

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: <input type="text"/> DD MM YYYY	
PASTEL #	SCANNED	ADMISSION #	SASAMS 1	SASAMS 2	

Academic	<input type="text"/>
Sport	<input type="text"/>
Culture	<input type="text"/>
Behaviour	<input type="text"/>
Sibling	<input type="text"/>

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	REMARRIED	WIDOWED (PROVIDE DEATH CERTIFICATE)	
MOTHER/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	REMARRIED	WIDOWED (PROVIDE DEATH CERTIFICATE)	

CONTRACT

PARENT/LEGAL GUARDIAN DECLARATION - I hereby declare that:

1. The stated information is true and correct.
2. I/We have read, understood and accept the School Rules and Code of Conduct as found on the school's website.
3. I/We have read, understood and accept the School Admission Policy as found on the school's website.
4. I/We will hold the school in no way responsible for loss of personal effects at school or on school tours.
5. 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.
6. 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.
7. 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.
8. 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.

Father Signature	Mother Signature	Legal Guardian Signature	DD MM YYYY
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LEARNER DECLARATION

I declare that I have read, understood and accept the School Rules and Code of Conduct as found on the school's website.

Learner Signature	DD MM YYYY
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CONSENT

I/We hereby consent to an illicit substance test being carried out should the school deem it necessary.

Father Signature	Mother Signature	Legal Guardian Signature	Learner Signature
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FINANCIAL COMMITMENT

STATUTORY OBLIGATION TO PAY FEES

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

PARTICULARS OF PERSON RESPONSIBLE FOR PAYING FEES

SELECT APPLICABLE	FATHER	MOTHER	GUARDIAN	TRUST	OTHER
NAME & SURNAME					
IDENTITY NO			CELL NO		
RESIDENTIAL ADDRESS					
EMAIL ADDRESS					
OCCUPATION			EMPLOYER		

*I UNDERSTAND THAT HUDSON PARK HIGH SCHOOL RESERVES THE RIGHT TO ENQUIRE ABOUT
MY CREDIT RECORD WITH ANY CREDIT REFERENCE AGENCY*

SIGNATURE		SOCIAL GRANT	YES	NO
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BOTH PARENTS/LEGAL GUARDIANS TO INDICATE NETT MONTHLY INCOME

FATHER/LEGAL GUARDIAN	
LESS THAN R20 000	
R20 000 TO R30 000	
R30 000 TO R40 000	
R40 000 TO R50 000	
MORE THAN R50 000	

MOTHER/LEGAL GUARDIAN	
LESS THAN R20 000	
R20 000 TO R30 000	
R30 000 TO R40 000	
R40 000 TO R50 000	
MORE THAN R50 000	

PLEASE SUPPLY THE FOLLOWING: LATEST PAYSLIPS FOR BOTH PARENTS AND CURRENT & PRIOR YEAR SCHOOL FEE STATEMENT

FATHER SIGNATURE:	MOTHER SIGNATURE:	LEGAL GUARDIAN SIGNATURE:
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FOR HPHS OFFICE USE

LEARNER NAME & SURNAME			
CURRENT SCHOOL			
MONTHLY FEES		ANNUAL FEES	
ACCOUNT UP TO DATE		ACCOUNT IN ARREARS	
ACCOUNT HANDED OVER		SUBSIDY GRANTED	

HPHS BIOLOGICAL SIBLING

ACCOUNT NAME		ACCOUNT NUMBER	
ACCOUNT UP TO DATE		ACCOUNT IN ARREARS	
ACCOUNT HANDED OVER		SUBSIDY GRANTED	

DEBTORS CLERK SIGNATURE

DATE



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?

YE	NO
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HAS THE LEARNER ATTENDED AN INTERNAL HEARING?

YE	NO
----	----

HAS THE LEARNER EVER BEEN SUSPENDED?

YE	NO
----	----

HAS THE LEARNER ATTENDED A SGB HEARING?

YE	NO
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SKILLS

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

Social Skills					
Self Control	5	4	3	2	1
Acceptance of Responsibility	5	4	3	2	1
Interaction with Peers	5	4	3	2	1
Group Participation	5	4	3	2	1
Courtesy	5	4	3	2	1
Behaviour	5	4	3	2	1
Respect for Superiors	5	4	3	2	1
Appearance	5	4	3	2	1
Reliability	5	4	3	2	1
Adherence to Code of Conduct	5	4	3	2	1
School Attendance	5	4	3	2	1

Work Skills					
Concentration	5	4	3	2	1
Independence	5	4	3	2	1
Following Instructions	5	4	3	2	1
Task Completion	5	4	3	2	1
Presentation of Work	5	4	3	2	1
Meeting Deadlines	5	4	3	2	1
Study Habits	5	4	3	2	1

** Please attach a copy of the demerit/behaviour record **

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

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	
PRINCIPAL'S NAME	
DATE	

SIGNATURE OF BASE CLASS TEACHER:
SIGNATURE OF PRINCIPAL:

SCHOOL STAMP

THANK YOU VERY MUCH FOR COMPLETING THIS FORM