



# HOËR LANDBOUSKOOL WINTERBERG AGRICULTURAL HIGH SCHOOL

Principal: Mr KS Schwab

Private Bag X238, FORT BEAUFORT, 5720

[amandac@winagric.co.za](mailto:amandac@winagric.co.za)

[www.winagric.co.za](http://www.winagric.co.za)

Tel: 046 5550005

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## APPLICATIONS CLOSE ON 31 JULY

ADMISSION FOR 20 \_\_\_\_\_

GRADE: \_\_\_\_\_

**NO INCOMPLETE APPLICATIONS WILL BE CONSIDERED – Please use BLACK ink**

Documents to be attached:

1. Unabridged birth certificate
2. Term 2 report
3. Parent/guardian ID copy

LEARNER Name and Surname							
ID Number					Male / Female		
Nick Name							
Language of Tuition Mark with X		ENGLISH			AFRIKAANS		
Learner Cell							
Learner WhatsApp Number							
Learner Home Telephone							
Learner Emergency Telephone							
Learner Email							
Learner Physical Address							
Deceased Parents		Mother		Father		Both	
Learner Parents (Your Mother and Father) Mark with X		Married					
		Not married but living together					
		Divorce					
		Separated					
Religion							
Medical Condition E.g. Allergies, Physical handicap							
Special Educational Needs							
Dexterity of Learner Mark with X		Right-Handed					
		Left-Handed					
		Ambidextrous					
Boarding in hostel required? Yes OR No							
Siblings at Winterberg AHS		Brother					
		Sister					
		Half-brother					
		Half-sister					
Name and Surname of Siblings at THIS school							

<b>FATHER</b>		
<b>Name and Surname</b>		
<b>ID Number</b>		
<b>Account Payer (mark with X)</b>	<b>YES</b>	<b>NO</b>
<b>Father Cell</b>		
<b>Father WhatsApp Number</b>		
<b>Father Home Telephone</b>		
<b>Occupation</b>		
<b>Father Work Telephone</b>		
<b>Father Email</b>		
<b>Father Physical Address</b>	<b>Father Postal Address</b>	

<b>MOTHER</b>		
<b>Name and Surname:</b>		
<b>ID Number</b>		
<b>Account Payer (mark with X)</b>	<b>YES</b>	<b>NO</b>
<b>Occupation</b>		
<b>Mother Cell</b>		
<b>Mother WhatsApp Number</b>		
<b>Mother Home Telephone</b>		
<b>Mother Work Telephone</b>		
<b>Mother Email</b>		
<b>Mother Physical Address</b>	<b>Mother Postal Address</b>	

<b>Please mark with X</b>	<b>Guardian</b>		<b>Legal Guardian</b>	
<b>GUARDIAN</b>				
<b>Name and Surname</b>				
<b>ID Number</b>				
<b>Occupation</b>				
<b>Guardian Cell</b>				
<b>Guardian WhatsApp Number</b>				
<b>Guardian Home Telephone</b>				
<b>Guardian Work Telephone</b>				
<b>Guardian Email</b>				
<b>Guardian Physical Address</b>	<b>Guardian Postal Address</b>			

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

I accept full responsibility for all school / hostel fees and other financial expenses as determined by the SGB.

I shall do my best to ensure that my child observes the rules and regulations of the school.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

HOËR LANDBOUSKOOL WINTERBERG AGRICULTURAL HIGH SCHOOL

VERSLAG DEUR SKOOLHOOF / REPORT BY PRINCIPAL

(Moet deur die huidige Skool voltooi word / To be completed by the current School)

1. NAAM VAN LEERDER / NAME OF LEARNER \_\_\_\_\_
2. (a) GRAAD GESLAAG / GRADE PASSED \_\_\_\_\_  
 (b) HUIDIGE GRAAD / PRESENT GRADE \_\_\_\_\_
3. GEBOORTEDATUM / DATE OF BIRTH \_\_\_\_\_
4. SKOLASTIESE PRESTASIES / SCHOLASTIC RECORD

VAK / SUBJECT <u>Hoef nie te voltooi as rapport aangeheg word nie./Don't have to complete if report is attached</u>	GRAAD GRADE	VORIGE GRAAD - DESEMBER PREVIOUS GRADE - DECEMBER GEE AS % / EXPRESS AS %	HUIDIGE GRAAD (JONGSTE PUNTE) PRESENT GRADE (LAST EXAM) GEE AS % / EXPRESS AS %

5. HUISTAAL / HOME LANGUAGE \_\_\_\_\_

6. TAALVAARDIGHEID / LANGUAGE PROFICIENCY **SCHOOL FEES PAID UP YES/NO**  
 {MERK MET (X) / MARK WITH (X)}

	Baie goed Fluent	Goed Fairly fluent	Swak Weak	Baie Swak Very Weak
ENGELS / ENGLISH				
AFRIKAANS				

7. GEDRAG / BEHAVIOUR \_\_\_\_\_ **JARE IN FASE/YEARS IN PHASE** \_\_\_\_\_

8. SPORTPRESTASIES / SPORTING ACHIEVEMENTS \_\_\_\_\_

9. NAAM EN ADRES VAN SKOOL / NAME AND ADDRESS OF SCHOOL

\_\_\_\_\_ TEL. NO.: \_\_\_\_\_  
 \_\_\_\_\_

SCHOOL STAMP

SKOOLHOOF / PRINCIPAL \_\_\_\_\_ DATUM / DATE \_\_\_\_\_



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## MEDICAL PARTICULARS / MEDIESE BESONDERHEDE

**THIS FORM MUST BE COMPLETED – Do you belong to a medical aid fund?  
HIERDIE VORM MOET INGEVUL WORD – Behoort u aan 'n mediese fonds?**

Yes/Ja	No/Nee

1. Surname and name of learner / Van en naam van leerder:

\_\_\_\_\_ Grade / Graad \_\_\_\_\_

2. Parent particulars / Ouer besonderhede

Surname and Full names / Van en Volle name: \_\_\_\_\_

ID No / Nr: \_\_\_\_\_ Gender / Geslag: \_\_\_\_\_ Title / Titel: \_\_\_\_\_

Postal address / Posadres : \_\_\_\_\_

Residential address/Woonadres: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Cell/Sel) \_\_\_\_\_ (e-mail) \_\_\_\_\_

MEDICAL AID FUND / MEDIESE FONDS: \_\_\_\_\_

OPTION / PLAN: \_\_\_\_\_ NO / NR: \_\_\_\_\_

Tel no of medical aid fund / Tel no van mediese fonds: \_\_\_\_\_

Dependant (full names)  
Afhanklikes (volle name)

Dependant no  
Afhanklike nr

Gender  
Geslag

Date of birth  
Geb. Datum

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**WINTERBERG AGRICULTURAL HIGH SCHOOL**

Admission Number appearing

Laundry Number

in Admission Register: \_\_\_\_\_

\_\_\_\_\_

**APPLICATION FOR ADMISSION OF LEARNER TO HOSTEL**

*Use own bedding!!!*

**A once-off refundable breakage deposit of R500 must be paid on registration (new parents)**

Full names of learner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of present school: \_\_\_\_\_

Present grade: \_\_\_\_\_ Date on which admission is desired: \_\_\_\_\_

Learner will be a FULL TIME / WEEKLY boarder \_\_\_\_\_

**Particulars regarding parent / guardian:**

Full name: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Identity number: \_\_\_\_\_

Telephone number: Home \_\_\_\_\_ Work \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Name and membership number of Medical Aid Fund: \_\_\_\_\_

Has the admission of the pupil to Winterberg Agricultural High School been approved? \_\_\_\_\_

Reason(s) for leaving the present school: \_\_\_\_\_

Has pupil any health problems (e.g. food allergies) or physical handicaps? If so, specify: \_\_\_\_\_

Previous operations with dates: \_\_\_\_\_

Underline diseases which pupil has had: MEASLES, GERMAN MEASLES, WHOOPING COUGH, CHICKENPOX, MUMPS, SCARLET FEVER, DIPHTHERIA, RHEUMATIC FEVER.

State any other illnesses not mentioned above, from which pupil has suffered:

Underline diseases against which pupil have been immunised: POLIOMYELITIS, DIPHTHERIA, WHOOPING COUGH, TETANUS, TUBERCULOSIS (BCG), MEASLES, GERMAN MEASLES, MUMPS.

Name of doctor to be called during illness (local): \_\_\_\_\_

Telephone no: \_\_\_\_\_

Religious denomination: \_\_\_\_\_

**Declaration and undertaking by parent / guardian:**

I, the undersigned parent / guardian of the abovementioned child hereby declares that the particulars, as furnished, are to the best of my knowledge correct, and undertake:

1. in the event of this application being successful and my child not making use of the accommodation, to accept liability for the full boarding fees for one school quarter, unless the committee having general supervision of the hostel decides otherwise;
2. in the event of this application being successful and my child making use of the accommodation from a later date, to accept liability for the full boarding fees, unless the said committee decides otherwise.
3. **to give written notice not less than one school quarter in advance** of my intention to remove my child, except in cases where the committee has accepted shorter notice and, if I fail to comply herewith, **to accept liability for the full boarding fees for my child until the end of the school quarter in respect of which notice should have been given;**
4. **to accept liability for the full boarding fees** for my child until the end of the school quarter should his/her accommodation in the hostel be suspended by the Management Board;
5. **to pay the boarding fees payable**, as fixed by the School from time to time, **quarterly in advance, and**
6. to abide by the eternal rules of the hostel.

The superintendent stand in loco parentis to all learners in the hostel and is hereby empowered to act as such as my agent in all emergencies and medical or other matters.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

**TAKE NOTE:**

1. In terms of the rules relating to hostels, a boarder whose boarding fees for any particular quarter have not been paid at the end of that quarter, shall be excluded from the hostel from the beginning of the next succeeding quarter and may not be readmitted until the arrear boarding fees have been paid.
2. The School does not accept liability for any loss or damage to the personal effects of boarders, irrespective of how such loss or damage is caused.
3. Parents are very strongly advised to insure their children's possessions against fire, theft, etc.

**For official use:**

Hostel code: \_\_\_\_\_

Full time / Weekly: \_\_\_\_\_



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### Curriculum

#### Grade 8 and 9

- Afr HL/FAL, Eng HL/FAL, NS, Maths, SS, LO, TECH, EMS
- Computer Literacy
- Agricultural Studies

#### Grade 10 – 12

<p>1. COMPULSORY</p> <ul style="list-style-type: none"><li>➤ Afrikaans Home Language/1<sup>st</sup> Additional Language</li><li>➤ English Home Language/1<sup>st</sup> Additional Language</li><li>➤ Mathematics/Mathematical Literacy</li><li>➤ Life Orientation</li></ul>	<p>2. ELECTIVE (Choose ONE from each group)</p> <ul style="list-style-type: none"><li>➤ Agricultural Sciences Computer Application Technology Life Sciences</li><li>➤ Physical Sciences Agricultural Technology Business Studies</li><li>➤ Agricultural Management Practice Tourism Life Sciences</li></ul>
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School and hostel fees are strictly **PAYABLE IN ADVANCE**. The fees for 2023 are as follows:

**School fees** – R20 000-00 (R2 000 per month from January to October 2023)  
**(R2 000-00 compulsory payment on registration – fees for January 2023)**

**Hostel fees – FULL TIME:** R9 750-00 per learner per term. (Gr 8-11 payable over 4 terms)  
R13 000-00 per learner per term. (Gr 12 payable over 3 terms)

**WEEKLY:** R7 814-00 per learner per term. (Gr 8-11 payable over 4 terms)  
R10 418-00 per learner per term. (Gr 12 payable over 3 terms)

**HOSTEL BOARDERS: A refundable breakage deposit of R500 to be paid on registration.**

Hostel fees are strictly payable in **ADVANCE**. **No learner will be allowed in the hostel without payment.**  
**Ten (10) equal monthly payments ARE ACCEPTED BY DEBIT ORDER ARRANGEMENT ONLY.**

**FEES FOR 2024 WILL ONLY BE FINALISED AT THE BUDGET MEETING IN NOVEMBER 2023**