



45 Maynard Street, Gardens, Cape Town 8001  
Tel: 021 461 2524 Email: [admin@cttorahhigh.com](mailto:admin@cttorahhigh.com) Web: [www.cttorahhigh.com](http://www.cttorahhigh.com)

## STUDENT APPLICATION FOR ENROLMENT

Updated August 2020

Child's full name: \_\_\_\_\_

Enrolment year: \_\_\_\_\_

Applying for grade: \_\_\_\_\_

FOR OFFICE USE:

Received on: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE SUBMIT YOUR COMPLETE APPLICATION FORM TOGETHER WITH THE FOLLOWING SUPPORTING DOCUMENTATION:

- A copy of your child's birth certificate
- R2000 registration fee (non-refundable)
- School reports from the past year
- Any relevant medical/educational psychologist reports (where applicable)
- Conversion / Jewish identity certificates (where applicable)

### STUDENT INFORMATION:

Surname:	
First Name:	
Hebrew Name:	
Preferred Name (if applicable):	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____
Student ID/Passport Number:	
Previous School(s):	
Citizenship Status:	
Position in Family:	

Names, ages, and schools of all siblings:	
Jewish Status:	<input type="checkbox"/> Birth <input type="checkbox"/> Conversion (if converted, please include a copy of the conversion certificate)
Home language:	
Additional languages (if any):	
Mobile Number (if any):	Email (if any):

**HOME DETAILS:**

Home address:	
Suburb:	
Postcode:	Telephone Number:
Congregation and Rabbi/Rebbitzen:	
List any conversions in the immediate family (please include a copy of conversion certificate):	

**PARENT DETAILS:**

Parent's marital status:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
	If separated/divorced, how long? _____
	If separated/divorced, child resides with: _____

FATHER'S DETAILS:

Title:	
Surname:	
First Name:	
Occupation:	
Employer (or Business name):	
Citizenship:	
ID Number:	
Email:	
Mobile number:	
Add to CTTH Whatsapp group	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred method of contact:	
Work number:	
Religious affiliation:	
Residential Address (if different than above)	
Home:	
Suburb:	
Postal Code:	
What is the highest level of education completed?	
<input type="checkbox"/> High School <input type="checkbox"/> Certificate (one year) <input type="checkbox"/> National Diploma (three years) <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Honours Degree <input type="checkbox"/> Masters/Doctorate Degree <input type="checkbox"/> Rabbinical Degree	

MOTHER'S DETAILS:

Title:	
Surname:	
First Name:	
Occupation:	
Employer (or Business name):	
Citizenship:	
ID Number:	
Email:	
Mobile number:	
Add to CTTH Whatsapp group	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred method of contact:	
Work number:	
Religious affiliation:	
Residential Address (if different than above)	
Home:	
Suburb:	
Postal Code:	
What is the highest level of education completed?	
<input type="checkbox"/> High School <input type="checkbox"/> Certificate (one year) <input type="checkbox"/> National Diploma (three years) <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Honours Degree <input type="checkbox"/> Masters/Doctorate Degree	

**EMERGENCY CONTACT DETAILS:**

Emergency contact:	
Relationship:	
Mobile number:	
Home number	
Address:	Home address: Suburb: Postal Code:

**COMMUNICATION RESPONSIBILITIES:**

General communication:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____ Emails (if different than above): Mobile number:
Reports:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____ Emails (if different than above):
Accounts/Invoices:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____ Email (if different than above): Mobile number:

**FEES POLICY:**

1. All fees are payable in advance and must be paid on time.
2. A non-refundable registration fee of R2000 is applicable.
3. One full term's written notice is required when leaving the school to avoid being liable for that term's fees.
4. School fees have been determined per annum. They have been divided into four terms. Fee structure conditions remain unchanged irrespective of your child's school attendance. Term 1: January, February, March. Term 2: April, May, June. Term 3: July, August, September. Term 4: October, November, December.
5. Sibling discount on school fees is 10% for the second child and 15% for the third child.
6. There is a printing levy of R330 per term.
7. Tuition fees do not include textbooks or workbooks.
8. Students in attendance for two thirds or more of the term will be liable for a full-term fee. Students who are admitted at any time during the last month of a term will be liable for one full month's fees for that term
9. All fees are subject to change with notification.
10. All reports and transcripts will be released on full payment of fees.

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such.

I hereby certify that the information contained within this form is correct:

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Father / Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_ ID NO: \_\_\_\_\_

Mother / Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_ ID NO: \_\_\_\_\_

Enrolment is confirmed only upon the signing of both principals:

Kodesh Principal: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

General Studies Principal: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_