



TIGER KLOOF COMBINED SCHOOL
"Creating new paths in learning, doing and serving"

APPLICATION FOR ADMISSION



LEARNER SURNAME: _____ LEARNER NAME: _____

This application is for the Year 2027 Grade _____

Please indicate whether you are applying for?

DAY

BOARDER

The application will NOT be considered if the ★ (supporting documentation) is not submitted:

1	Passport photograph of learner needed for sport	9	Guardianship (if necessary – copy of Court Ruling)
2	ID documents/passport (both parents)	10	School fee agreement signed by person responsible
3	Proof of residential address in parents name	11	Medical Scheme details and if accepted in South Africa (Very important for Boarders)
4	R100 admin fee – can be deposited	12	Confidential report – (to fax directly to Tiger Kloof)
5	Proof of income (pay slips of both parents)	13	Provisional Transfer letter
6	Latest school report	14	Copy of immunization records
7	Passport & Study permit (for foreign learners)	15	Code of Conduct (on application form)
8	Unabridged Birth Certificate (Parent details should appear on Certificate)		

School admission policy aligns itself with the National Department of Education's admission policy and circular 56 of 1999.

- a) **THE LEARNER MUST BE PROFICIENT IN ENGLISH**, which is the language of learning and teaching at Tiger Kloof.
- b) **MAIN INTAKE IS IN GR. RR & GR. R**
 - ALL other grade applications will depend on space availability and placed on a waiting list.
- c) **FOREIGN LEARNERS:**
 - Passports and Study Permits requested by the Department of Education. Please APPLY on time.
- d) **THIS FORM MUST BE COMPLETED IN FULL BY THE PERSON RESPONSIBLE FOR THE SCHOOL FEES.**
- e) By making this application for admission to the school, the learner and the parents accept that on such admission, the learner will be bound by the mission statement and code of conduct of the school and boarding house.
- f) Admission will not be finalized until ALL the relevant documentation has been received by the school.
- g) If any fact reflected in this application form proves to be incorrect, (e.g., incomplete forms, forms not properly completed, and forms without the requested documents) the School reserves the right to reject the application, whether or not the application has been previously accepted. It is an offence to make a false statement about any item pertinent to this application, such as the age and identity of a child, place of residence or guardianship and financial status.
- h) It is important to remember that FINANCIAL PLANNING IS ESSENTIAL since school fees and transport costs need to be taken into consideration. Proof of all income sources is therefore required for a financial assessment of affordability of tuition and/or boarding fees.
- i) **The R100 administration fee charged for this application and the completed form does not guarantee a space in the school and /or hostel**

CLOSING DATE: 30 JUNE 2026

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PROTECTION OF PERSONAL INFORMATION ACT, ACT 4 OF 2013

Tiger Kloof respects your right to privacy and therefore aim to ensure that we comply with the legal requirements of POPIA (Protection of Personal Information Act, Act 4 of 2013) which regulates the manner in which we collect, process, store, share and destroy any personal information which you have provided to us. We collect personal information about you and your child / children that will enable us to process, validate and verify information provided in your application/s form/s for space in the school. The PAIA and POPI Acts are available online at www.gov.za/documents/acts. By signing this letter, you give us access permission to the personal information you provide for the purposes of this application and all application processes.

I/We are aware my son/daughter's application will be considered in accordance with the prescribed admission requirements and vacancies available in the school / and or hostel

I/We agree to the terms of the REGULATIONS FOR PAYMENT OF SCHOOL FEES accompanying this application.

My/Our child will be subject to the CODE OF CONDUCT FOR LEARNERS together with the disciplinary procedures of the school as amended from time to time.

I/We accept that the school is not responsible for loss/damage to personal property, or personal injury to the learner. I/We accept that if my child does not attend school for any reason whatsoever, I/We are still liable to pay school fees.

PARENTS NEED TO MAKE APPLICATIONS TO OTHER SCHOOLS AS WELL. THIS IS ESSENTIAL AS ACCEPTANCE AT TIGER KLOOF COMBINED SCHOOL CANNOT BE GUARANTEED.

If my child is accepted, I undertake to

Sign the "Code of Conduct"

Pay the prescribed school fees on the 1st of every month, one month in advance.

If my child is accepted in the hostel, I undertake to:

Pay the boarding fees on the 1st of every month, one month in advance. Compensate for any damage to hostel property caused by my child, whatever it may be.

Parents/Guardian please sign that you have read and understood the above:

Name of Parent / Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Name of Parent / Guardian: _____

Parent/Guardian Signature: _____ Date: _____

We thank you for considering Tiger Kloof for the education of your child.

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SECTION 1: LEARNER INFORMATION

Surname:										Initials:													
First Name:										Nickname:													
ID NUMBER:										Gender:										MALE		FEMALE	
RACE					Date of Birth:					y	y	y	y	m	m	d	d						
Country of Residence:										Study Permit Number:													
Province of Home Residence:																							
Physical Home Address:																							
Physical Address were learner will stay during school terms:																							
NB: LEARNER RESIDES WITH (PLEASE TICK BOX)					FATHER				MOTHER				BOTH PARENTS				GRANDPARENT				OTHER (SPECIFY)		
Religion:										Previous School Name:													
Home Language:										P.O Box:													
Mode of Transport:										Grade:													
Indicate if there is a deceased parent:					FATHER				MOTHER				BOTH				NONE						
Dexterity of learner					Right-handed					Left-handed					Ambidextrous								
SOCIAL GRANTS INFORMATION (please tick the correct box)																							
REGISTRATION					RECEIVING										GRANT NO.								
CHILD SUPPORT										CHILD SUPPORT													
MAINTENANCE										MAINTENANCE													
FOSTER CHILD										FOSTER CHILD													
CARE-DEPENDANCY										CARE-DEPENDANCY													
Number of children in Family:					Position in the family on Mother side e.g. first = 1 child					Father's side:													
NAME OF BROTHER OR SISTER CURRENTLY ATTENDING TIGER KLOOF																							
Name of brother or sister										Grade													
Name of brother or sister										Grade													
IT WOULD BE APPRECIATED IF YOU CAN INDICATE THE TOTAL GROSS (BEFORE TAX & DEDUCTIONS) FAMILY (FATHER + MOTHER=?) INCOME PER ANNUM																							
<R19 999				R20 000 – R35 000				R36 000 – R89 999				R90 000 – R119 000				>R120 000							
Please indicate if parents are: (please tick x)					Married				Divorced				Widowed				Single						

BIOLOGICAL FATHER'S DETAILS									
Initials		Surname							
First name:					Employer:				
Home language:			P.O Box:				Postal Code		
ID or Passport number:						Account payer	YES	NO	
Home address:									
BIOLOGICAL MOTHER'S DETAILS									
Initials		Surname							
First name:					Employer:				
Home language:			P.O Box:				Postal Code		
ID or Passport number:						Account payer	YES	NO	
Home address:									
GUARDIAN'S DETAILS									
Title		Initials		Surname					
First name:					Gender	Male		Female	
ID or Passport number:									
Occupation:					Employer:				
BIOLOGICAL FATHER / MOTHER ONLY RESPONSIBLE FOR PAYING SCHOOL FEES									
Title		Name & Surname							
ID or Passport number:									
Home address:									
Physical work address:									
Physical / Postal Address for statements:									
Email address for statements:									
Employer telephone number:					Employer:				
BIOLOGICAL FATHER / MOTHER LIABLE FOR PAYMENT SIGNATURE:									
CONTACT DETAILS OF PARENTS OR GUARDIAN									
Home telephone number:					Mother's cell number:				
Fax number:					Father's cell number:				
Father's work number:					Guardian's cell number:				
Mother's work number:					Guardian's work number:				
Father's Email address:									
Mother's Email address:									
Guardian's Email address:									

TIGER KLOOF CODE OF CONDUCT (ABRIDGED)

I am proud to be a member of the Tiger Kloof community.

I shall show gratitude at all times and in all my actions.

I shall honor my commitments and shall attend and participate fully in meetings and events.

In the event of being unable to attend, I shall offer my apologies in advance. I shall not be late.

I shall greet all guests and make them feel welcome in our community.

I shall give selflessly of myself, my time, my energy and my talents and I shall take full ownership of my personal values.

I shall do my best in all things and shall compete fairly and sensitively.

I shall respect everyone equally.

I shall listen with care when others are talking to me. I shall respond to their needs with understanding.

I commit myself to learning and growing through teamwork and by exercising tolerance for others.

I shall not steal or tell lies

I shall abstain from taking drugs, alcohol, nicotine and all other harmful substances.

I shall control my sexual conduct and behave responsibly and appropriately in all my personal relationships.

I shall respect all people, irrespective of their place and positions.

I shall respect our leaders. I shall learn from their example and shall take care to set a good example for those who will follow in my footsteps.

I shall readily admit to my mistakes and shall apologize appropriately when it is necessary to do so.

I shall take responsibility for my actions.

I am committed to personal growth and to playing my part in building and enhancing the life of our community, in protecting and defending our environment and to making a difference in the world which we share together.

As a visible sign of my commitment to the values and implied behaviors expressed in this code of conduct, I attach my signature to this document.

NAME AND SURNAME (LEARNER):

GRADE: **SIGNATURE of LEARNER**..... **DATE:**

I, the parent of the above learner, sign in support of this code of conduct and promise to work with the school to grow my child into the person God has intended him/her to be.

SIGNATURE OF PARENT (S):

DATE:





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HEALTH AND MEDICAL INFORMATION

PHYSICAL HEALTH OF LEARNER (Please comment. If there are difficulties, please comment on a separate page and attach to this form)

Sight Hearing Speech

Allergies (e.g. penicillin injections)

Chronic Illnesses

Dietary Needs and or Food Allergies (**for Boarding purposes**)

..... (Medical Certificate from a doctor must be attached)

MEDICAL CONDITION / CHRONIC DISEASES	YES/NO	IF YES, COMMENT BRIEFLY
1. Epilepsy		
2. Asthma		
3. Panic Attacks		
4. Psychological Problems		
5. Mental health Problems		
6. Bed wetting		
7. Previous problems with Tuberculosis		
8. Any other chronic diseases difficult to manage in hostels		

NB: IT IS OF THE UTMOST IMPORTANCE THAT ALL MEDICAL CONDITIONS OR HEALTH DISORDERS BE DECLARED TO THE SCHOOL AND THE INSTITUTION.

MEDICAL AID DETAILS

Name of Scheme **Membership No**

Name of Principal Member

Relationship of learner to member

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR MEDICAL AID CARD. THIS INFORMATION IS VERY IMPORTANT IN AN EMERGENCY.....



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086 275 5443

441

VRYBURG 8600

Principal: zackariasj@gmail.com

www.tigerkloof.com

Portion 5, Waterloo Farm
Kimberley road,
VRYBURG
8601

EMIS No: 600102137

TO BE COMPLETED BY THE PRINCIPAL OF THE SCHOOL THE LEARNER IS PRESENTLY ATTENDING

1. Learner Surname: Learner First name:

2. Present School: Grade:

3. Co-curriculum activities:

4. Has the learner ever been involved in smoking, alcohol or drugs at school?

YES

NO

If yes, please comment:

5. Has the learner been referred to an Educational Aid Centre / Psychologist or had remedial problems?

Y

N

Please comment:

6. Are fees paid regularly?

YES

NO

If no, please comment:

7. **IMPORTANT: If this learner failed a Grade previously; please indicate GRADE AND YEAR**

GRADE AND YEAR

YEARS IN PHASE

Criteria	1 Poor	2 Acceptable	3 Good	4 Excellent
Appearance				
Application to work				
Behavior				
School Attendance				
Parental Involvement				

NO CONSIDERATION WILL BE GIVEN TO A LEARNER WHOSE FORM IS INCOMPLETE

Principal's Signature:

Date:

Please return to:

E-mail: info@tigerkloof.org.za

School stamp

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REGULATIONS FOR PAYMENT OF SCHOOL FEES 2027

- ✓ As part of the application process, we require all applicants to submit this form along with their application materials. Please ensure that this form is completed accurately and submitted together with your application documents.
- ✓ This form is essential for us to efficiently process your application. Failure to include this form may result in delays or the inability to process your application.
- ✓ Thank you for your attention to this requirement.

A. PARTICULARS OF CHILD

Full names: _____

Surname: _____

Grade: _____

B. PERSONAL DETAILS OF PARENT/GUARDIAN RESPONSIBLE FOR FEES ACCOUNT:

Full name and Surname: _____

ID number: _____

Salary number: _____

Residential Address: _____

Postal Address: _____

Cell no. (Father): _____ Work no. (Father): _____

Email address (Father): _____

Employer of Father: _____

Address of employer: _____

Cell no. (Mother): _____ Work no. (Mother) _____

Email address (Mother): _____

Employer of Mother: _____

Address of employer: _____

Payment Options:

- Deposit money directly into our Bank Account
- Do an internet transfer
- Do telephone banking
- Pay by Debit or Credit Card at the Finance Office

Tiger Kloof Secondary School
Standard Bank
Vryburg
Branch Code: 05 02 01
Account No. 040404412
Ref: Learner's Name & Surname

I, the undersigned, accept full responsibility for the payment of the School Fees and agree as follows:

1. "Parents/Guardians" are "jointly and severally" responsible and liable for the payment of school fees in terms of the South African School Act 84 of 1996.
2. The Responsible person will be obliged to pay required school fees, as determined by the SGB annually, regarding the learner each month before or on the 1st of that specific month. (e.g. 1 February is the last day to pay the fees for February). The required fees will be advised to the Responsible person on a monthly basis in the form of a statement, which will be posted to the Responsible person. The fees will be payable in 11 (eleven) equal instalments, from January to November each year.
3. Should the Responsible person be in default with any payment, the amount in arrears should bear interest at a rate equal to the prime bank rate applicable at a time? Should the account be in arrears for more than 3 (three) months, legal action will be taken against the Responsible person. The Responsible person agrees to pay all legal costs that may be incurred by the School for the recovery of outstanding fees.
4. The Responsible person will be liable to pay an administration fee of R100 when applying for space at the School. This is a NON-REFUNDABLE fee and will not be refunded if the Responsible person decides not to bring the child to the School.
5. The Responsible person will be obliged to make payments for school fees for periods during which the Learner is not in school due to, for instance illness, personal problems etc.
6. The Responsible person chooses as his/her domicilium citandi et executandi the address as indicated on the application form for any legal action.
7. This contract shall remain in force for the normal duration of the Learner's school life at the School, but the Responsible person will be entitled to terminate it by way of one school term's notice in writing. Should the learner be expelled or suspended from the School as provided for in the Code of Conduct, then and in such event, the School's obligations in terms of this agreement will cease for the period of the suspension or upon the date of the expulsion. The Responsible person will, however be responsible for the payment of fees for the period of suspension or until the end of the term in which the Learner was expelled.
8. This is the whole of the agreement for fees entered into by the parties and no addition or alteration hereto will have any lawful effect unless such alteration or addition is put in writing and signed by both parties.
9. The Responsible person acknowledges that he/she has prior to the signing of this agreement familiarized him/herself with the Admission requirements.

C. CONFIRMATION AND UNDERTAKING

I fully understand the terms regarding the registration of a learner (s) as well as the regulations regarding the payment of school fees and accept that it is applicable to this agreement. The full outstanding balance will become immediately due and payable in the event of any payment not being made on the due date thereof.

I further agree that in the case of my account being handed over to attorneys for collection thereof as a result of my negligence to pay, an emoluments order may be issued against my salary. I will also be responsible for payment of attorney and client cost and debt collection commission.

SIGNED AT _____ ON THE _____ DAY OF _____ 2026.

SIGNATURE OF PARENT/GUARDIAN

WITNESSES 1:

WITNESSES 2:



SIGNATURE OF SGB TREASURER



SIGNATURE OF PRINCIPAL

