



# PIETERMARITZBURG GIRLS' HIGH SCHOOL

AFFIDAVIT OF SINGLE PARENT/GUARDIAN (CUSTODIAN PARENT) APPLYING FOR ACCEPTANCE, WHERE THE OTHER BIOLOGICAL PARENT/GUARDIAN (NON-CUSTODIAN PARENT) IS UNABLE TO SUPPLY HIS/HER INFORMATION.

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I, the undersigned, please print full names and surname:

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Identity Number: \_\_\_\_\_

Do hereby make oath and say:

1. All the facts alleged herein are both true and correct and are, unless otherwise stated, within my personal knowledge and belief.
2. I am the custodial parent of the learner in respect of who I am making an application for acceptance to the school for the 2026 school year. The UNABRIDGED BIRTH CERTIFICATE in respect of who I am making application is annexed hereto. For clarity's sake I confirm that my application is for the following learner.

FULL NAME AND SURNAME	GRADE	IDENTITY NUMBER

3. I am unable to supply ALL the information of the father/mother/guardian (circle whichever one is relevant) (non-custodial parent) in my application for the following reasons:

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4. I confirm that I have been unable to make contact with the parent/guardian (non- custodian parent), THE LAST KNOWN details of whose information is omitted from the application are as follows:

NAME OF NON-CUSTODIAN PARENT (FULL NAMES AND SURNAME)	
IDENTITY NUMBER:	
PHYSICAL ADDRESS:	
EMPLOYMENT ADDRESS:	
EMAIL ADDRESS (Please print)	
HOME PHONE NUMBER:	
WORK PHONE NUMBER:	
CELL NUMBER:	

5. I confirm that I have personally verified the above information as being true and correct.

6. I confirm that I understand that the following information is required from me:

- The proper completion and timeous submission of this affidavit together with the required UNABRIDGED BIRTH CERTIFICATE; of the Learner
- The Governing Body reserves its right to call for supporting documentation at any point during the year to verify the information is true and correct;
- I acknowledge that both I and the biological non custodian parent remain jointly and severally liable for school fees under the South African Schools Act:

7. I know and understand that my application for acceptance to the school, together with this affidavit, and all supporting documents must be submitted to the school on or before the closing date for applications.

\_\_\_\_\_  
DEPONENT

I certify that the Deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn to before me at:

\_\_\_\_\_ on the \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_\_\_, the Regulations contained in Government Notice No R1648 of 19 August 1977 have been complied with.

FULL NAMES:	ADDRESS	CAPACITY	AREA

STAMP:

\_\_\_\_\_  
COMMISSIONER OF OATHS