



SOUTH COAST ACADEMY

APPLICATION FOR ADMISSION – 2022 GR _____

BOARDER

E HESS

APPROVED/NO

PLEASE COMPLETE IN BLACK PEN 2021 – GR _____ 2020 – GR _____ 2019 – GR _____

ACCEPTED LETTER DECLINED WAITING PP ADMIN NO. _____ SASAMS WHATSAPP FOR OFFICE USE ONLY
 REPORT ID COPY Prov TRANSFER Final TRANSFER RESIDENCE INCOME BIRTH CERTIFICATE CLINIC CARD CONDUCT REPORT

Highest Grade passed	Year when Grade passed:	App rec date:	Holding fee
Application date:	Registration date:	App rec no:	Rec no

FAMILY INFORMATION

Family Status:	Parents: Both Single Divorced Foster Recomposed	Sibling Name & Grade: How many children in fam: How many children mom: How many children dad: This child's position in family:	Only if in South Coast Academy Total number of children in family 1 st 2 nd 3 rd
Social Grant:	Child support / Disability / Foster care / Dependency	Receiving Grant: Grant number:	Child support / Disability / Foster care / Dependency
Deceased parent:	Father Mother Both	Gr 1 only: Pre-primary education:	Formal Non Formal

LEARNER INFORMATION (As per birth certificate)

First Name:	Initials:
Surname:	Citizenship: SOUTH AFRICAN OR NON SOUTH AFRICAN
Date of Birth: YYYY MM DD	ID number:
Religion: CHRISTIAN / HINDU / MUSLIM	Population group: BLACK WHITE INDIAN COLOURED OTHER
Citizenship:	GENDER: MALE FEMALE
Province:	Home language:
Left or Right handed: L R	Learner cell:
Learning disabilities: ADD ADHD DYSLEXIA	Mode of transport: FOOT PUBLIC PRIVATE
Pre-primary educations: FORMAL NON FORMAL	Name of driver: TRANSPORT DRIVER NAME
CONTACT IN CASE OF EMERGENCY:	Telephone number of driver:

Name & contact number of person learner resides with during school time:

PREVIOUS SCHOOL

Name of previous school:	
Previous schools address:	
Tel no of previous school:	
Email address of previous school:	
Province of previous school:	
1 st time registration of learner at a school:	YES OR NO
1 st time registration of learner in KZN:	YES OR NO
Did the learner attend school last year:	YES OR NO
Reason for leaving:	

LEARNER MEDICAL – COMPLETE PG 4 IF THERE ARE ANY MEDICAL CONDITIONS TO NOTE

MEDICAL AID NAME:	Med aid number:
Medical Aid main member name:	Doctor name and number:
Medical Conditions:	Please supply doctors letter for serious conditions

Notes: _____

PERSON RESPONSIBLE FOR ACCOUNT / COMPANY / TRUST FUND (MAIN CONTACT)

First Name:	Title:	Initials:
Surname:	Preferred name:	
Date of Birth: YYYY MM DD	GENDER:	MALE FEMALE
Race:	ID or passport number:	COMPULSORY
Country of Residence:	Citizenship:	
Marital status: Single Married Divorced Widow(er)	Relationship to learner: Father Mother	
Contact number: Compulsory	Physical Address:	Postal address:
Whatsapp number: Compulsory		
E-MAIL:		
Home language:		
Employer:	Name	Tel no:
Occupation:		
Surname and Full name of Spouse:		

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between SOUTH COAST ACADEMY and _____ (Name and surname of person responsible for the payment of fees) with regards to the payment of school fees.

- a. Accept responsibility for the payment of fees for above child before or on the fifteenth (15th) (in advance) day of each month and for 11 payments or the yearly fee upfront:
- b. I agree to inform the DIRECTOR in writing if I am unable to pay the fees.
- c. I understand that the school will take the necessary legal steps to recover any outstanding fees.
- d. I agree to give one (1) calendar month's notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn't serve as a notice month.
- e. I understand that a deposit is payable in advance by no later than the 15th of each month
- f. I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.
- g. I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature person responsible for the account: _____ Date: _____

PARENT/GUARDIAN 1 (if not the same as above)

First Name:	Title:	Initials:
Surname:	Preferred name:	
Date of Birth: YYYY MM DD	GENDER:	MALE FEMALE
Race:	ID or passport number:	COMPULSORY
Country of Residence:	Citizenship:	
Marital status: Single Married Divorced Widow(er)	Relationship to learner: Father Mother	
Contact number: Compulsory	Physical Address:	Postal address:
Whatsapp number: Compulsory		
E-MAIL:		
Home language:		
Employer:	Name	Tel no:
Occupation:		
Surname and Full name of Spouse:		

Please ensure that all the information is correct and is kept updated with the main office of the school, it is important that we can get hold of the parents in case of an emergency. Please communicate changes to the office on sca@lantic.net or sca3@lantic.net.

PARENT/GUARDIAN 2 (if not the same as above) SECONDARY CONTACT

First Name:	Title:	Initials:
Surname:	Preferred name:	
Date of Birth: YYYY MM DD	GENDER:	MALE FEMALE
Race:	ID or passport number: COMPULSORY	
Country of Residence:	Citizenship:	
Marital status: Single Married Divorced Widow(er)	Relationship to learner: Father Mother	
Contact number: Compulsory	Physical Address:	Postal address:
Whatsapp number: Compulsory		
E-MAIL:		
Home language:		
Employer:	Name	Tel no:
Occupation:		
Surname and Full name of Spouse:		

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

- I, parent / guardian of _____ hereby give permission that he / she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
- I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licenses may be asked to transport them.
- I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
- I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he / she is physically able to participate in any organised activities and he / she resides in good health.
- I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
- I undertake to inform the school if any of the above information may change.
- I undertake to support my child to obey the Code of Conduct and the disciplinary system of SOUTH COAST ACADEMY as included in the Policy of the school.
- I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.
- I understand that my child must live with his/her parents or legal guardian or in the school hostel. My child is not staying in a private hostel or in the care of a minor.

Signature of Parent / Guardian: _____ Date: _____

INDEMNITY

I/We the parents of/I the guardian of _____ (name of learner) indemnify unconditionally and without restriction SOUTH COAST ACADEMY and/or the shareholders of SOUTH COAST ACADEMY or any person employed by SOUTH COAST ACADEMY or any person acting on behalf of SOUTH COAST ACADEMY against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by SOUTH COAST ACADEMY.

Signed at _____ on _____ day of _____ 20_____.

Signature of Parent / Guardian: _____

Please ensure that all the information is correct and is kept updated with the main office of the school, it is important that we can get hold of the parents in case of an emergency. Please communicate changes to the office on sca@lantic.net or sca3@lantic.net.

MEDICAL INFORMATION

This form must be completed if a physical or medical condition may affect the learner at school. No medication is kept on the premises. The school is not permitted to administer any medication unless accompanied by a letter with full instructions from the parent/guardian.

Learner information (completed by Parent/Legal Guardian)

Learner Full Name and Surname:

Medical Aid info: Medical Aid name:

(SUPPLY COPY Medical Aid number:

OF MEDICAL AID Main member:

CARD) Main member ID:

Contact number for main member:

ONLY IF THE MEDICAL CONDITION IS DIAGNOSED BY A MEDICAL PROFESSIONAL – LETTER OR DOCTORS NOTE TO ACCOMPANY THE FORM

MARK WITH (X)

ILLNESS	X	TREATMENT	ILLNESS	X	TREATMENT
ASTHMA			DIABETES		
HEART DISORDER/DISEASE			EPILEPSY		
BLADDER PROBLEMS			TB		
HIV			ADD		
ANXIETY			ADHD		
PENNICILLIN			BEES		

OTHER.....

NO MEDICATION WILL BE ADMINISTERED WITHOUT A LETTER OF CONSENT FROM THE PARENT/GUARDIAN, IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO ENSURE THAT THE MEDICATION IS ON HAND AT SCHOOL I.E. ASTHMA PUMP – EXTRA ONE FOR TEACHER PLEASE ENSURE, THAT YOUR CHILD WEARS A BRACELET WITH HIS MEDICAL CONDITION CLEARLY INDICATED.

Name of Parent/Guardian:

Signature of Parent/Guardian:.....Date:.....