

# APPLICATION FOR ADMISSION – 2019 GR \_\_\_\_\_

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?  Yes  No Year: \_\_\_\_\_



Name of other children in the school (Brother/Sisters): \_\_\_\_\_

## LEARNER INFORMATION

### LEARNER

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality:  RSA  Other: \_\_\_\_\_

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

Gender:  Male  Female

Ethnic group: \_\_\_\_\_

Home language:  English  IsiZulu  Other: \_\_\_\_\_

Learner's language preference:  English  IsiZulu  
 Other: \_\_\_\_\_

Learner cell phone number: \_\_\_\_\_

Learner **L** or **R** handed: \_\_\_\_\_

Admission date: \_\_\_\_\_

Grade in 2018 : \_\_\_\_\_

Grade in 2017 : \_\_\_\_\_

Grade in 2016 : \_\_\_\_\_

Pre-primary education attended:  Formal  Informal  
 Other: \_\_\_\_\_

Attach learner photo: 

Photo

Method of transport:  Private  Taxi  Bus

Taxi/Bus registration number: \_\_\_\_\_

Name of driver: \_\_\_\_\_

Contact number: \_\_\_\_\_

### ALTERNATIVE CONTACT:

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Alternative contact number: \_\_\_\_\_

Relation: \_\_\_\_\_

## OFFICE USE ONLY

Approved  Declined  Waiting list

**R400 APPLICATION FEE MUST ACCOMPANY THE FORM**

Family Code: \_\_\_\_\_ Report

Register Class: \_\_\_\_\_ ID Copy

Admin no: \_\_\_\_\_ **Transfer card**

Proof of residence

Proof of income

Birth Certificate

### FAMILY INFORMATION: Position in family \_\_\_\_\_ Total in family \_\_\_\_\_

Family status:  Both parents  Single parent - Unmarried

Foster care  Childrens home  Single parent - Divorced

Other  Re-composed  Widow/Widower

Parents deceased:  Mother  Father  None

### LEARNER HEALTH INFORMATION

Chronic diseases: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

### MEDICAL AID INFORMATION

Medical aid Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Member number: \_\_\_\_\_

Primary member: \_\_\_\_\_

### FAMILY DOCTOR INFORMATION

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Business address: \_\_\_\_\_

### INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in KwaZulu Natal :  Yes  No

Learner attended school last year:  Yes  No

If yes, in which Province/Country: \_\_\_\_\_

If no, reason for no attendance: \_\_\_\_\_

Previous school: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_

Highest grade in previous school: \_\_\_\_\_

Reason for leaving the school: \_\_\_\_\_

**PARENT / GUARDIAN 1 INFORMATION**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Home language:  English  IsiZulu  Other: \_\_\_\_\_

Communication preference:  SMS  E-mail  
 Mail  By hand

Relation to Child: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Occupation status:  Own Employer Non-Professional  
 Own Employer Professional  
 House wife  Part time  
 Contract worker  Pensioner  
 Student  Temporary  
 Full time  Unemployed

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

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relation to Child: \_\_\_\_\_

Is the learner living with this parent?:  Yes  No

**PARENT / GUARDIAN 2 INFORMATION**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Home language:  English  IsiZulu  Other: \_\_\_\_\_

Communication preference:  SMS  E-mail  
 Mail  By hand

Relation to Child: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Occupation status:  Own Employer Non-Professional  
 Own Employer Professional  
 House wife  Part time  
 Contract worker  Pensioner  
 Student  Temporary  
 Full time  Unemployed

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

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the learner living with this parent?:  Yes  No

**DECLARATION BY PARENT / GUARDIAN**

I, \_\_\_\_\_ (Name of Parent / Guardian), hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

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

Signature of Parent/Guardian: \_\_\_\_\_

**ACCOUNTABLE PERSON'S INFORMATION** Parent 1 Parent 2 Other

Only if 'Other', please complete section A or B below:

**A) INDIVIDUAL**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Home language:  Afrikaans  English  Other: \_\_\_\_\_

Communication preference:  SMS  E-mail  
 Mail  By hand

Relation to Child: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax \_\_\_\_\_ number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

Postal Code: \_\_\_\_\_

**B) COMPANY / CLOSED CORPORATION / TRUST**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Registration number: \_\_\_\_\_

Language preference: \_\_\_\_\_

Contact number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Business address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

**CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT**

Agreement between SOUTH COAST ACADEMY and \_\_\_\_\_ (Name of parent / guardian) 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) day of each month:

A  
Cash

B  
Internet transfer

C  
Stop order

- b. I agree to inform the Principal 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 ON THE 1<sup>ST</sup> 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 of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_