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EMIS Number: 200200092 IEB Exam Centre Number: 6420
NPC Reg. No.: 2010/020000/08

High School Application Form
Grade 8 – 12

Mission Statement

Advance for Life Christian Academy endeavours to provide the local community with a school that educates to the highest standard, guiding our learners in the Laws of God so as to produce Godly, disciplined children who will become independent adults well-grounded in Christian morals and principles. We endeavour to work with the students in cooperation with their parents, helping them learn self-discipline under the direction of God's word and His Holy Spirit. Our approach is to teach right from wrong by providing moral guidelines and boundaries.

Learner's Full Name: _____

Grade: _____ Term: _____ Year: _____

For office use only: Date of Application: _____ Accepted: YES / NO

Reason for Rejection: _____

_____

Document Check List

(application forms will **not** be accepted without ALL documentation listed below).

Birth Certificate	
Progress Report from Previous School (last two reports)	
Transfer Letter from Previous School	
Certified ID – Father (if applicable)	
Certified ID – Mother (if applicable)	
Certified ID – Guardian (if child lives with guardian)	
Certified ID – Account Payer (if different from Parent/Guardian)	
Proof of Residence (any account posted to you)	
ID size photo of learner (x1)	
Copy of both sides of Medical Aid Card (if applicable)	
Signed and Completed Direct Debit Form (School fees)	
Other	

Sections Completed

Section 1		**Section 5**	
Section 2		**Section 6**	
Section 3		**Section 7**	
Section 4		**Section 8**	
Account Payer's Details		**Direct Debit Form**	

Office Signature: _____

Please use CAPITALS throughout.

1. THIS SECTION RELATES TO THE LEARNER WHO IS BEING ADMITTED:

Legal Surname: ……... Forename: …….

Middle Name(s): …… Nickname: …….

Address:
…….

…… Code: ……

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2. Date of Birth: ..... **Gender:** …….

Race: ..... **Religion:** …….

ID/Passport number: .....…….

Dexterity of Student: Right handed ☐ **Left handed** ☐

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3. CONTACTS

Please give details of parents/guardians **(see page 4)** and anyone else you wish to be contacted in an emergency. Place them in the order you wish them to be contacted in any emergency – Contact priority.

PARENT / GUARDIAN

Title: …….. Forename: ……..…….. Surname: …….

ID/Passport number: …… Cell number: …….

Occupation: …… Work number: ……..

Address: …… Code: …….

Marital status: …….. Email address: ……..……..…….

Contact Type ☐ **(see page 9)** Contact priority: 1- 4 (in case of an emergency) ☐

PARENT / GUARDIAN

Title: …….. Forename: ……..…….. Surname: …….

ID/Passport number: …… Cell number: …….

Occupation: …… Work number: ……..

Address: …… Code: …….

Marital status: …….. Email address: ……..……..…….

Contact Type ☐ **(see page 9)** Contact priority: 1- 4 (in case of an emergency) ☐

OTHER CONTACTS

Title: …….. Forename: ……..…….. Surname: …….

ID/Passport number: …… Cell number: ……

Occupation: …… Work number: ……..

Address: …… Code: …….

Marital status: …….. Email address: ……..…….

Contact Type [ ] **(see page 9)** Contact priority: 1- 4 (in case of an emergency) [ ]

OTHER CONTACTS

Title: …….. Forename: ……..……..…. Surname: …….

ID/Passport number: …… Cell number: ……

Occupation: …… Work number: ……..

Address: …… Code: …….

Marital status: …….. Email address: ……..…….

Contact Type [ ] **(see page 9)** Contact priority: 1- 4 (in case of an emergency) [ ]

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4. MEDICAL DETAILS

Medical Aid Name: …… Medical Aid Number: ……

Main Member Name: ……..

Doctor Name: …… Tel No: .....

If there is any medical information which you feel the school should know about (allergies, conditions etc.), please give brief details below.

…….. .....

……

Permission for administering medicine or treatment:

I, ……, the parent/guardian of ……, hereby consent for my child to receive basic medication and first aid treatment when necessary.

I, ……, the parent/guardian of ……, hereby **DO NOT** give consent for my child to receive basic medication and first aid treatment. Please contact …… on contact number ……. In case of an emergency.

5. PREVIOUS SCHOOL

School Name: ……

Address: ……..…..

…… Code: …….

Telephone Number: ……

Date Attended: ……. To ……. Grade passed: …….

6. FAMILY INFORMATION

Does the student live with his/her parent/s? YES ☐ NO ☐

If NO, please confirm who the student lives with: _____

_____

Deceased Parents (tick if applicable): Mother ☐ Father ☐

Social Grant received: YES ☐ NO ☐

Please give details of any children already attending Advance for Life Christian Academy

Student Full Name	**Grade**

Position in family (first, second child etc): _____

7. TRANSPORTATION

Please confirm how your child will be travelling to and from school.

Transport (eg contract, taxi, train etc)	

8. SERVICE PERSONNEL

We are collecting data on whether a child has a parent or parents who are Service personnel, serving in regular forces military units of all services.

Parent in Armed Forces? YES ☐ NO ☐

Please provide details i.e: Mother or Father Army, Navy, RAF, Police or Hospital.	

Account Payer's Details

Please provide details of the person responsible for paying the school account for:

Name of Student: _____

Name of Account Payer: _____

Cell number: _____

Work number: _____

Occupation: _____

ID number: _____

Please read the below statements before signing responsibility of the school account.

Payment plans:
School fees begin in January when the school commences and ends with the last payment before December the 31st. Please note that school fees are over 12 months. All school fees must be paid by the end of the month for that month. All school fees must be paid by the 31st December allowing the student to continue education in the following academic year.

Late Payments:
On the last day of the month, school fees overdue are cause for suspension until the entire account is paid in full. For example: if the March account is not paid by the end of March the student will be suspended until the fees are paid in full.

Private School:
Please note that Advance for Life Christian Academy is a private school and if school fees are not paid then your child/children will be suspended from school until fees are paid in full. If your account is not paid, your account will be handed to our debt collectors and your child/children will not be allowed to return to education at Advance for Life Christian Academy.

Admission Fee:
Please note that the Admission Fee of **R800.00** is payable as a once off payment **only after acceptance** to Advance for Life Christian Academy.

Bank Details:
Nedbank
Vincent Park
Branch number: 120621
Account number: 1030212333
Reference: Child's full name and Grade

Signature of Account Payer: _____

LEARNER'S SCHOOL RELATED INFORMATION
(This section to be completed by Parent /Guardian).

Please complete the details of the school <u>currently</u> being attended.

School Name: _____

Suburb/City: _____ Telephone number: _____

Principal: _____

Enrolled into Grade: _____ in _____ (year).

Reason for leaving: _____

_____

Are the school fees at the current school up to date? YES NO

Please complete the details of the school/s **<u>previously</u>** attended.

School Name: _____

Suburb/City: _____ Telephone number: _____

Principal: _____

Enrolled into Grade: ____ in_____ (year) and left during/at the end of Grade _____ in _____ (year).

Reason for leaving: _____

_____

Has the learner been required to attend any disciplinary hearings or received any disciplinary sanctions (for example – detention, community service, suspension or expulsion) at any of the schools that have been attended? YES NO

If Yes, please clarify: _____

_____

Has the learner ever been refused admission to any school? YES NO

If Yes, please clarify: _____

_____

Briefly describe the learner's general level of responsibility, independence and self-discipline, including with regard to the completion and presentation of homework and project work.

_____

_____

_____

_____

Briefly describe the learner's attitude towards their personal appearance, school and school related activities. _____

_____

_____

LEARNER'S OUTLOOK ON LIFE
(This section to be completed by the LEARNER).

Briefly describe the nature of your relationship with the following people:

Each Parent and/or Guardian: _____

_____

_____

Each brother and/or sister: _____

_____

_____

Other learners at your school: _____

_____

Have you ever smoked cigarettes, misused alcohol, been drunk, or used drugs of any kind? YES NO

If Yes, please clarify: _____

_____

Have you ever committed a crime, been in trouble with the law or been arrested? YES NO

If Yes, please clarify: _____

_____

List any current or previous leadership positions held, sporting interests involvement or achievement in or out of school: _____

_____

_____

_____

Do you consider yourself to be a committed Christian? YES NO

Please explain your answer:_____

_____

_____

_____

Which church do you attend?_____

How often? _____

Pastor's name and contact numbers: _____

What are a few of your goals and where do you see yourself in ten years time? _____

_____

_____

_____

LEARNER'S OUTLOOK ON LIFE
(This section to be completed by the LEARNER).

The undersigned declare that all the information contained in this application is accurate and correct to the best of their knowledge.

The undersigned accept that Advance for Life Christian Academy has the right to verify any information contained herein.

The undersigned understands that the granting of an interview does not guarantee acceptance, nor does it guarantee a place on the waiting list.

The undersigned accepts that, should the application prove to be successful, the learner and the parents/guardians will be required to enter into a signed agreement accepting the Principals, policies and practices set out in the latest Parent / Learner Manual before admission to the school is granted.

Name of Adult Signatory 1 _____ Signature _____

Relationship to student _____ Date signed _____

Name of Adult Signatory 2 _____ Signature _____

Relationship to student _____ Date signed _____

Signature of Student _____ Date signed _____

ALL SIGNATURES ARE REQUIRED.

Contact Type - section 3

Biological Mother	PAM	Grandparent	GRP
Biological Father	PAF	Sibling	SIB
Step Parent	STP	Other family member	FAM
Foster Parent	FOS	Any other relation	REL
Legal Guardian	GRD	Other (please specify)	OTH

POPI – Parent/Carer information

The Information collected on this form will be processed and stored electronically by Advance for Life Christian Academy in compliance with the POPI. We need to hold personal information about you and your child on our computer system and in paper records to help us with your child's education. School staff have access to your child's data to enable them to do their jobs. From time to time data may be shared with others involved in your child's care, if it is necessary. Anyone with access to your child's records is properly trained in confidentiality issues and is governed by a legal duty to keep their details secure, accurate and up to date. All data about you and your child is held securely and appropriate safeguards are in place to prevent accidental loss. To ensure you and your child's privacy, we will not disclose information over the telephone unless we are sure that we are talking to you - the parent/guardian. You have a right to see your child's records if you wish.

The information contained within this form is of a confidential nature and for the use of Advance for Life Christian Academy employees only.