

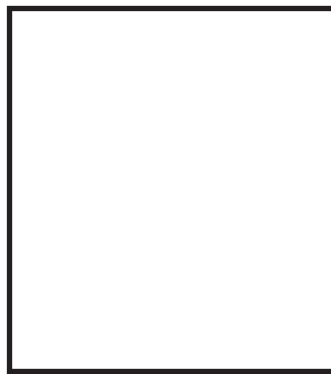


## APPLICATION FORM

PUPIL'S NAME: \_\_\_\_\_

GRADE REQUIRED: \_\_\_\_\_

YEAR REQUIRED: \_\_\_\_\_



(Colour passport photograph)

FATHERS SIGNATURE: \_\_\_\_\_

MOTHERS SIGNATURE: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

Dear Parents

Thank you so much for expressing an interest in our school. Our prospectus may answer some of the questions that you have, however, please feel free to contact the school at any stage should you have further questions. The direct number for our admissions secretary is 012 361 1182. An official interview with the Principal will be arranged at a later date.

As a school we recognize that child training is essentially a parental responsibility and we exist to assist parents with the awesome task. It is our goal to serve you by working alongside you in seeing your child effectively launched into adulthood and finding his/her God-given purpose. At all times we endeavour to provide a thoroughly Christian Environment with teachers who are both suitably qualified and committed to the Lord Jesus. We endeavour to teach our subjects from a Biblical perspective thereby giving them a sound worldview.

Please furnish us with the information required and ensure that the following documents are attached to your application form.

### **SOUTH AFRICAN CITIZEN**

**Without this documentation, your application will not be processed.**

1. Copy of Parents ID / Passport
2. Copy of your child's ID document or birth certificate.
3. Copy of your child's latest school report
4. Copy of a recent city council account.
5. Completed Pastor's recommendation form.
6. Copy of your child's immunization form and growth chart (Grade 000 – 6).
7. Colour passport photograph of your child.
8. Confidential report from the child's previous school (Grade 7 and up).
9. Financial Clearance Certificate.
10. Copy of last 3 months Payslips.
11. Copy of last 3 months Bank Statements.
12. An administration fee of R520.00 is to accompany this application.

Our banking details are *Hatfield Christian School, First National Bank, Branch code: 210 554, Account number: 62824753728, Ref: Pupil name and surname*

### **NON SOUTH AFRICAN CITIZEN**

**Without this documentation, your application will not be processed.**

1. All documents as indicated in numbers 2 - 11 above
  2. Certified copy of Permanent Residence Permit
- OR
3. Certified copy of Work Permit
  4. Childs Study permit
- OR
5. Asylum visa

When we have the completed application form and all the relevant documents, we will contact you to confirm receipt of the application. In the event of us contacting you for an evaluation, a fee of R1260.00 is to be paid.

**Owing to the limited number of places available, this process unfortunately may not guarantee your child a place at the school and the final decision is at the discretion of the Principal.**

Once the School Executive has considered the application, you will be notified accordingly. If your application is successful, **an entrance fee equivalent to one month school fees is payable. Only on receipt of this deposit can we assure you of your child's place in the school.**

May God give you wisdom in selecting a suitable school.

Sincerely



**GRAEME HOLLOWAY**  
**EXECUTIVE PRINCIPAL**

# Parents Details

## DETAILS OF FATHER / GUARDIAN

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

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

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

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home telephone number: \_\_\_\_\_

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

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

Marital status: \_\_\_\_\_

Permanent Resident: \_\_\_\_\_

Church denomination: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

Born again Christian:  Yes  No

First Names: \_\_\_\_\_

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

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

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

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

Email address: \_\_\_\_\_

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

Nationality: \_\_\_\_\_

Working Visa: \_\_\_\_\_

Church membership: \_\_\_\_\_

Pastor's tel no: \_\_\_\_\_

## DETAILS OF MOTHER / GUARDIAN

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

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

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

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home telephone number: \_\_\_\_\_

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

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

Marital status: \_\_\_\_\_

Permanent Resident: \_\_\_\_\_

Church denomination: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

Born again Christian:  Yes  No

First Names: \_\_\_\_\_

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

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

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

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

Email address: \_\_\_\_\_

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

Nationality: \_\_\_\_\_

Working Visa: \_\_\_\_\_

Church membership: \_\_\_\_\_

Pastor's tel no: \_\_\_\_\_

Please motivate and provide details as to your choice of Hatfield Christian School for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Name and contact number of family member or friend who can be contacted in case of

**emergency:** (In event of parents/guardian not being available)

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

Relationship: \_\_\_\_\_

Home no: \_\_\_\_\_

Cell no: \_\_\_\_\_

# Pupil Details

## PUPIL INFORMATION

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Present grade or level of schooling: \_\_\_\_\_  
(name used on class lists, etc)  
Gender: \_\_\_\_\_ Home Language: \_\_\_\_\_  
Race: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(required by IEB/GDE)  
Citizenship: \_\_\_\_\_ Study Visa: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Present age: \_\_\_\_\_  
Child's email address: \_\_\_\_\_ Child's cell phone no: \_\_\_\_\_  
(if applicable) (if applicable)  
Name and grade of any siblings attending HCS: \_\_\_\_\_

## SWIMMING AT HATFIELD

Is your child:

- Water safe: ie – able to keep their head above the water.  
 Water proficient: ie – able to swim a length of a 25m pool in any stroke.

The school requirement in this regard is that your child is at least water proficient. There will be an assessment in order to establish their proficiency and a referral to a swim school should we deem them not to be proficient.

## MEDICAL INFORMATION

Child's doctor's name: \_\_\_\_\_ Doctor's telephone no: \_\_\_\_\_  
Medical Aid: \_\_\_\_\_ Number: \_\_\_\_\_  
Main member / Initials and Surname: \_\_\_\_\_

### Has your child ever been:

- |           |                              |                             |                                     |                              |                             |
|-----------|------------------------------|-----------------------------|-------------------------------------|------------------------------|-----------------------------|
| Expelled  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Involved in a disciplinary hearing  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Suspended | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Refused admission to another school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|           |                              |                             | Recommended to repeat a year        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have replied **YES** to any of the above, kindly give full details:

\_\_\_\_\_  
\_\_\_\_\_

(The school reserves the right to request an independent report where deemed necessary)

## PREVIOUS SCHOOL INFORMATION

Last school attended: \_\_\_\_\_ City/ Town and Province: \_\_\_\_\_  
Telephone no: \_\_\_\_\_ Contact name and position: \_\_\_\_\_

Is there any further information that the school should know in assisting with the processing of this application?

\_\_\_\_\_  
\_\_\_\_\_

# Student Intervention History

We would appreciate your assistance in completing Section A and B below. The information requested is in no way intended to jeopardise the application but rather to assist us in establishing how/whether we can best serve the needs of your child.

In the space provided in Table A below, please compile a summary of the history of interventions your child may have received, e.g. Educational Psychologists, Occupational Therapists, Speech Therapy, Play Therapy, Paediatric Neurologists, medical interventions, to remedial lessons, etc. Where necessary please provide copies of reports that the school would benefit from in understanding the intervention more accurately.

If your child was/is on any medication, or has an assistive device e.g. hearing aid, or is seeing a psychologist/counsellor, please would you fill this in on Table B.

A	1	2	3	4
Name of Therapist				
Date Intervention started				
Date intervention ended				
Diagnosis				
Prescribed course of action e.g. medication, glasses, therapy . .				

B	Condition	Medication/Support	Dosage	Do meds need to be administered at school?
	Acne			
	Anxiety			
	Allergies			
	Asthma			
	Attention Deficit			
	Depression			
	Diabetes			
	Heart problems			
	Physical Disability e.g. hearing, sight etc.			
	Other			

# Important Information

## FURTHER IMPORTANT INFORMATION:

In applying for admission to Hatfield Christian School, it is important that you understand the following:

- Your child will be taught according to the faith promulgated by the Hatfield Christian Church. A Statement of Faith of the Hatfield Christian Church is attached to this document. Adherence in lifestyle to this Statement of Faith is an inherent requirement of enrolment.
- In order for us to administer the finances of the school effectively our school fee policy is as follows
- **PROMPT PAYMENT** of school fees is essential for efficient administration of the school and also assists us in keeping the fees as low as possible.
- It is a requirement that school fees be paid on or before the **7th** of the month. Statements with outstanding balances are emailed before the last day of each month. Fees are paid by debit order or EFT as this not only eliminates the risk of having large amounts of money in the office, but also cuts out a lot of administration. **If for any reason you are unable to pay your account timeously, please contact the accounts office and submit a payment plan for approval. Failure to adhere to your payment plan will further result in you being handed over for further legal action and the remainder of the debtor's policy will apply.**
- The annual school fee is spread over 12 months for your convenience. Therefore, please pay promptly for the holiday periods as well.
- After the 7th of each month, an email will go out reminding you of outstanding amounts.
- Accounts unpaid after 30 days will bear interest at the maximum rate of interest for incidental credit prescribed from time to time in terms of the National Credit Act, 2005 ("NCA"), or at such lesser rate as the School determines from time to time in its sole discretion.
- Accounts not paid within 60 days will automatically be handed over to our Attorneys Stegmanns Inc for collection and all legal fees will be for your account on an attorney and client scale.
- Upon handover and due to your material breach of contract, you may also be given one Term's notice (no less than 3 months) from the school, **wherein you will be advised to find an alternative school for your child/children.** One school term's notice as aforementioned, is a reasonable time in which to find an alternative school for your child/ children. No allowances will be granted herein.
- The school does not take responsibility for fees / monies sent to school with pupils until a receipt has been issued.
- The school may, at its discretion, ascertain the credit rating status of the Applicant/s with any credit bureau.
- An Application fee (See fee structure) per pupil is payable with your application **(Non-refundable).**
- An amount (See fee structure) is payable on the day of the child's evaluation **(Non-refundable).**
- A **Non-refundable entrance fee**, (See fee Structure), is payable per pupil upon acceptance.
- Parents sign re-enrolment forms towards the end of the year each year indicating their commitment to the school for the following year. Together with this, a re-enrolment fee (See fee structure) is payable by the 30th of November each year. This is then offset against fees in the March of the following year.
- If you wish to remove your child from the school, **ONE FULL TERM'S NOTICE IS REQUIRED IN WRITING.** You will be responsible for payment of the school fees for the term even if the child leaves before the notice period is up. Please note that if you Terminate in Term 4, you will still be liable for **ONE FULL TERMS FEES.**

We have read and understood the Debtors Policy and agree to settle our account as specified.

Father's Signature/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_