

School of Affirmations Admission Application Form for the year of 2021



PLEASE COMPLETE THIS ADMISSION APPLICATION FORM NEATLY AND RETURN IT TO SCHOOL TOGETHER WITH ITS DOCUMENTS THAT ARE LISTED BELOW:

PLEASE NOTE:

1. This form serves as application for admission for 2021 at School of Affirmations. Completion of this application does not in any form or by implication constitute acceptance into School of Affirmations.
2. Please attach the documents listed below, to the Admission Application Form.

1) Identification Copies of both parents	5) Child's Birth Certificate
2) Identification Copies of person responsible for fees	6) Latest School Report: From Grade 2
3) Current Proof of Residence of person responsible for fees	7) Transfer Card
4) Child's Inoculation Certificate	8) Child's Birth Certificate
9) Proof of Income, e.g. Payslip of person responsible for fees OR a copy of Bank Statement if self-employed	

LEARNER'S DETAILS

Surname: Full Name(s):

Date of Birth: Age:

Language of Learning: AFRIKAANS ENGLISH Dexterity:

Allergies:

Home address:

Next Age by 30th June 2021 Grade Applying for: Gender: **M** **F**

LEARNER'S SCHOOL HISTORY

Name of school / crèche	Telephone No.	From Date	To Date	From Grade	To Grade

DETAILS OF OTHER CHILDREN ATTENDING SCHOOL OF AFFIRMATIONS OR HEAVENLY FLOWERS PRE-PRIMARY

Name	Grade	School	Name	Grade	School
1.			3.		
2.			4.		

Whom does the learner live with?	Mother/Father/Both/Other	
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FATHER'S/GUARDIAN'S DETAILS

Surname:
 Name(s):
 I.D. No.:
 Nationality:
 Residential Address:
 Code:
 Employer Name:
 Occupation:
 Employer Address:
 Code:
 Contact No.:
 Email Address:

MOTHER'S/GUARDIAN'S DETAILS

Surname:
 Name(s):
 I.D. No.:
 Nationality:
 Residential Address:
 Code:
 Employer Name:
 Occupation:
 Employer Address:
 Code:
 Contact No.:
 Email Address:

DETAILS OF PERSON RESPONSIBLE FOR SCHOOL FEES:

Surname: Name(s) in full:
 Residential Address: Code:
 Cell No.: Home No: Work No:
 Relationship with learner(s):
 I.D. No:

ORGANISATION RESPONSIBLE FOR SCHOOL FEES

(Please complete if applicable)

Name of organisation:
 Registration No: Contact No:
 Address:

 Responsible person:
 Cell No.: Email address:

DETAILS OF NEXT OF KIN/ EMERGENCY NOS

Surname: Name(s) in full:
 Residential Address: Code:
 Cell No.: Home No: Work No:
 Relationship with learner(s):

INDICATE THE JOINT INCOME FOR THE FAMILY PER MONTH (Including Funds from Pension Funds)

Between R10 000 and R20 000		Between R25 000 and R35 000	
Between R35 000 and R40 000		Above R40 000	

DECLARATION BY PARENTS/GUARDIANS

I/we, Mr/Mrs/Ms/Dr, declare that the information supplied in this application form is true and correct and that complete details have been furnished. I furthermore understand that:

1. Following our successful application, the administration from School of Affirmations will forward a Service Agreement to complete. Upon receipt of the completed Service Agreement and all supporting documentation, we will receive confirmation of registration and enrolment with School of Affirmations.
2. The R1000 Application Fee will cover the administration costs for the relevant academic year. This administration fee (enrolment fee) will be paid when submitting the Service Agreement and will be payable annually.

Signature of Parent/Guardian

Date / /