

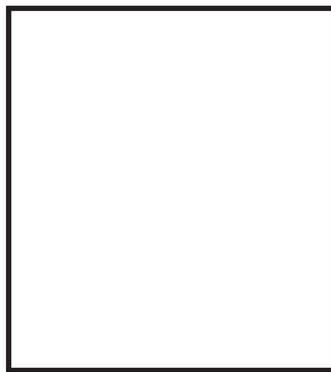


APPLICATION FORM

PUPIL'S NAME: _____

GRADE REQUIRED: _____

YEAR REQUIRED: _____



(Colour passport photograph)

FATHERS SIGNATURE: _____

MOTHERS SIGNATURE: _____

DATE OF APPLICATION: _____

01 | Letter to parents

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.

Without this documentation, your application will not be processed.

1. Copy of your child's ID document or birth certificate.
2. Copy of your child's latest school report
3. Copy of a recent city council account.
4. Completed Pastor's recommendation form.
5. Copy of your child's immunization form and growth chart (Grade 0 – 3)
6. Colour passport photograph of your child.
7. Confidential report from the child's previous school (Grade 7 and up)
8. Financial Clearance Certificate.
9. An administration fee of R490.00 is to accompany this application. Our banking details are Hatfield Christian School, Standard Bank, Branch: Hatfield, Branch code: 011545, Account number: 012593249, Ref: Pupil name and surname

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 R1180.00 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

02 | Parents Details

DETAILS OF FATHER / GUARDIAN

Surname: _____

Title: _____

ID number: _____

Home address: _____

Home telephone number: _____

Cell phone number: _____

Occupation: _____

Marital status: _____

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: _____

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: _____

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: _____

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: _____

03 | 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: _____
(required by IEB/GDE)
ID number: _____ Citizenship: _____
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: _____

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
Suspended	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Involved in a disciplinary hearing	<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?

04 | 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			

05 | 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.
- 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: _____

Mother's Signature/Guardian: _____

Date: _____