



# APPLICATION FORM 2018



Arise & Shine

Tel: 013 973 2248

Cell: 076 111 6481

info@gracechristianprivateschool.co.za

Arise & Shine

Note: this form must be completed in full: All changes to be initialed or signed by parent/guardian. Completing the form does not necessarily mean that the learner has accepted into the School

Grade Applied For:		Highest Grade Passed:		Year When Grade Was Passed:		Accession No:	
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### Learner's Personal Information

Surname:				Initials:		Nick Name:		
First Name:				Other Names				
Date of Birth: YYYY		MM		DD		Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Race:				ID or Passport No:				
Country of Residence:				Citizenship:				
If SA, indicate province of residence:								

### Learner's Contact Information

Physical Address:				Home Telephone:			
				Emergency Telephone:			
City/Suburb:				Learner Cell:			
Code:		Learner Email Address:					
Home Language:			Preferred Language of Instruction:				
Boarder:	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Deceased Parent	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both <input type="checkbox"/>	Mode of transport:			
Religion:		For Grade 1 only: Indicate pre-primary education		None <input type="checkbox"/>	Non Formal <input type="checkbox"/>	Formal <input type="checkbox"/>	

### Previous School Information

Name of Previous School:							
Previous School Address:							
Code:		Province:		Country:			

### Learner's Medical Information

Medical Aid Number:			Medical Aid Name:			
Medical Aid Main Member:			Doctor Name:			
Doctor's Address:			Doctor's Telephone:			
Medical Condition:				Reg. Social Grant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special Problems Requiring Counseling:						
Dexterity of Learner:	Right Handed <input type="checkbox"/>	Left Handed <input type="checkbox"/>	Ambidextrous <input type="checkbox"/>			

The following documents must be submitted with the form:

- |   |   |                  |                           |
|---|---|------------------|---------------------------|
| 1. Copy of Immunization Records         | 2. Copy of Birth Certificate            | 5. 2 ID Photos   | 7. Parent ID Copy         |
| 3. Progress Report from Previous School | 4. Transfer Letter from Previous School | 6. Proof Payment | 8. Parent Proof of Income |



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### Learner's Siblings at the School

Number of other Children at this school:

Position in the family (e.g. first)

Please supply full names below:

Names:

Grade:

Names:

Grade:

Names:

Grade:

### Parent/Guardian Information

Title:

Initials:

Surname:

First Name:

Gender:

Male:

Female:

Home Language:

Race:

ID or Passport No:

Account Payer:

Yes

No

Residential Street Address:

City/Suburb:

Code:

Occupation:

Employer:

Surname of Spouse:

First Name:

Occupation of Spouse:

Learner resides with this parent/s:

Yes

No

Spouse ID No:

Relationship to Learner:

Marital status of parent:

### Correspondence Details

Title:

Surname:

Postal Address:

City/Suburb:

Code:

Home Telephone:

Work Telephone:

Fax Number:

Cell Number:

Spouse Work Telephone:

Spouse Cell Number:

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent/Guardian (Please Print): \_\_\_\_\_

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

Date: ...../...../.....

For office use only:

1. Date:

2. Accepted:

3. Accession Number:

4. Rejected:

5. Reason for Rejection:

6. Documentation Received:

6a. Immunization:

6b. Birth Certificate:

6c. Progress Report from Previous School:

6d. Transfer Letter from Previous School: