

Application Date	
Administration Fee	
Birth Certificate	
Report	
Proof of Residence	
Mother's ID	
Father's ID	
Immunisation Card	



Admission No.	
Admitted to Grade	
House	
Attach Photo Here	

APPLICATION FOR ADMISSION

South African College Junior School

Dean Street, Newlands. Tel: 021 689 4001 Fax: 021 685 7028
 Postal Address: Private Bag, Newlands 7725
 E-mail: cglenday@saccollege.org.za

Admission to Grade _____ in 20 _____ Term _____

Please carefully read the NOTES set out at the end of this form in relation to information and requirements for completion of this Application Form

DETAILS OF LEARNER

Surname _____ Full names _____

Date of birth _____ Present age _____ Years _____ Months _____

Home language _____ Nationality _____

Residential address _____ Code _____

Postal address _____ Code _____

Name of present school/pre-school _____

Address _____ Tel _____

Present grade _____ Name of class teacher _____

Has the learner ever repeated a grade? If so, specify grade _____

Other schools attended _____

Is application being made for a brother to start at SACS at the same time? _____

Surname _____ First name _____ Grade _____

Number of children in family _____ State whether pupil is 1st, 2nd, etc _____

Name of sibling _____ Age _____ School _____

Name of sibling _____ Age _____ School _____

Have you made a previous application for your son to attend SACS Junior? Yes _____ No _____

If yes, please indicate the grade applied for _____ and the year _____

Why is SACS your choice of school for your son's education? _____

MEDICAL HISTORY

Underline illness(es) the learner has had: Measles, German Measles, Whooping Cough, Chicken Pox, Mumps.

Underline illness(es) the learner has been immunised against: Hepatitis B, Tuberculosis (BCG) Diphtheria, Whooping Cough, Tetanus, Measles, German Measles, Mumps, Poliomyelitis. **Learners should have been immunised against ALL the above illnesses before school attendance.**

State any other illnesses or medical problem/s of which the School should be aware (e.g. Asthma, Epilepsy). _____

Is the learner on any medication at present? If so, please give details _____

APPLICATION INFORMATION AND REQUIREMENTS

1. A R100 fee is payable on submission of your application.
2. Please print in capitals and complete ALL sections, even if there is repetition. Incomplete application forms will not be accepted. The supplying of false information will invalidate this application. Please supply your physical residential address as well as a postal address if applicable.
3. The application must be accompanied by copies of the following documents: Identity documents of both parents and account payers, son's birth certificate, son's last school report, a utility bill (e.g. rates account) as proof of your physical residential address and one passport size photograph of your son attached in the space provided.
4. If you have any objections to compulsory participation in any sport or any extra-curricula activities or religious instruction, these must be made in writing and attached to this application for consideration.
5. By signing this application, you are binding yourself to all the rules, regulations and policies of the Junior School as amended from time to time. These are available at the School's Admissions Office upon request.
6. In the case of a divorce, irrespective of the divorce agreement/court order, both parents will be held responsible for the fees and must, therefore, both sign the application form.

ADMISSION ACCEPTANCE

1. Completion of this application is not a guarantee that your child will be accepted at South African College Junior School.
2. You will be informed of the School's decision once all applications have been processed.
3. **Registration Fee:** Should your application be successful, you will be required to indicate your intention to take up the place offered to your son by the payment of a non-refundable registration fee of R2500.00 that will be deducted from your first term's school fees. This fee is payable by the date indicated in our letter of acceptance to you. Late responses will only be reconsidered if there is still a vacancy.
4. If accepted, you will be required to sign an undertaking and further forms on acceptance and no less than one (1) term's notice in advance is required should you wish to transfer your son to another school (a full term's fees will be charged if such advance notice is not given).

DETAILS OF PARENTS Particulars of learner's own parents (or guardians / sponsors). Even if learner resides with only one parent, details of both natural parents are required.

Surname of mother _____ Full names _____

Mrs/Dr etc. _____ Marital status _____ ID No _____

(Copy to be attached)

Residential address _____ Code _____

Postal address _____ Code _____

Tel (H) _____ Tel (B) _____ Cell _____

E-mail _____ Occupation _____

Name & address of Employer _____

Position Held _____ No of years with this Employer _____

Surname of father _____ Full names _____

Mr/Dr etc. _____ Marital Status _____ ID No. _____

(Copy to be attached)

Residential address _____ Code _____

Postal address _____ Code _____

Tel (H) _____ Tel (B) _____ Cell _____

E-mail _____ Occupation _____

Name & address of Employer _____

Position Held _____ No of years with this Employer _____

DECLARATION BY PARENT/GUARDIAN:

1. I/We declare that all particulars furnished by me/us on this form are true and correct.
2. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the abovementioned learner.
3. I/We hereby agree to:
 - accept the ethos of the School;
 - abide by the Code of Conduct set out in the School Rules and all the rules, regulations and policies of the Junior School as may be amended from time to time;
 - acknowledge the authority of the Principal, the teachers and student leaders;
 - accept responsibility for my child's transport to and from the School;
 - ensure that my child's personal belongings are adequately insured and that while every reasonable effort will be made to prevent losses or damage to a learner's clothing and equipment, the School cannot be held liable for such;
 - reimburse the School for any damage to school property that may be caused by my child;
 - take responsibility for ensuring that my child is adequately insured against personal injury or related risks;
 - permit my child to undertake Edumetric and Psychometric tests that have been approved by the Director of Education, with parental consent;

- jointly and severally undertake to pay the stipulated school fees as agreed by the parent body at the annual budget meeting and I/we fully understand the following:
 - ✓ In terms of Section 39 of the South African Schools Act, the parties to this form are liable to pay compulsory school fees.
 - ✓ In terms of Section 40 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
 - ✓ The parties to this application undertake to pay all legal costs, including attorney/client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees.
 - ✓ Fees are due and payable at the end of each month.
 - ✓ If payment is not received by the 7th day of the month following due date for payment, the school reserves the right to charge interest on all overdue accounts at the rate of 25% p.a.
 - ✓ Parents who are unable to pay school fees may qualify to apply for exemption of these fees.
- notify the Principal, in writing at least one term in advance, in the event of my child leaving the school. In addition, I/we undertake to return all books and other property belonging to the school;
- ensure that my son attends school regularly and, should my son be absent from school for any reason, inform the school of that in writing, noting that a doctor's certificate may be required in some instances of absence;
- I/We am/are fully aware of the admission requirements of the South African College Junior School as contained herein;
- Whilst involved in school activities, I/we authorize the Principal (or appointed staff member) to act in loco parentis, including granting consent for medical treatment in the case of an emergency, once all reasonable efforts to contact the learner's parents have been made;
- I/We understand that the School reserves the right to verify all information supplied herein and to take appropriate legal steps in the event of misinformation;
- I/We accept responsibility for immunizing my child/children against contagious diseases and normal infections, and shall produce proof thereof if required to do so;
- I/We undertake to support and abide by the School's constitution, codes, rules and policies, as defined and implemented by the School Governing Body;
- This commitment in its entirety will be valid from the day on which it is signed by the parents or guardian to the day on which the learner officially leaves the School. The Governing Body reserves the right to reconsider the admittance of the learner to the School.
- I/We declare that I/we am/are entitled to sign this document, fully understand its contents and shall be bound hereto both as parent/guardian, and in my/our personal capacity.
- Each signatory hereto chooses as his/her domicilium citandi et executandi (official address) as:

.....

Signed at _____ this ____ day of _____ 20_____

- A) SIGNATURE OF MOTHER: _____
- B) SIGNATURE OF FATHER: _____
- C) SIGNATURE OF GUARDIAN: _____
- D) SIGNATURE OF SPONSOR * _____

NB: The signature of both parents is required, where applicable. Alternatively, the legal guardian or sponsor may sign.

** Sponsor is the person who undertakes to fulfil all the obligations of the persons referred to in A and B towards the learner's education at SACS.*

ENROLMENT QUESTIONNAIRE

Pupil's Surname _____ **First Name** _____

Date of Birth _____ Present Age _____ Years _____ Months

Admission to Grade _____ in year _____ Repeated Grade (if any) _____

Name and Address of present School/Pre-School _____

School's Telephone No _____ Name of Principal _____

The aim of our School is to offer every pupil the best education possible, suited to each individual's needs. In order to ascertain how best to assist your son, we reserve the right to contact his present school.

Please complete the section below by placing an X in the blocks to indicate whether or not he has been referred to, or has received assistance, from any of the specialists listed.

- ◆ If yes, please complete the particulars requested in Questions (a) – (f).
- ◆ Kindly also *attach copies of relevant reports.*

Yes	No		Yes	No	
		Eye Specialist			Psychologist
		Ear, Nose, Throat Specialist			Physiotherapist
		Remedial Teacher			Psychiatrist
		Speech Therapist			Neurologist
		Occupational Therapist			School Clinic
		Other: <i>Please state</i>			

(a) Name of person seen: _____

(b) Reason for referral: _____

(c) Date of referral/assessment: _____

(d) Outcome of assessment:

(e) Duration of assistance given (eg 6 months physiotherapy): _____

(f) Other medical information (eg medication, asthma): _____

Any other details of which the School should be aware in order to best assist your son?

Does your son have any special interests or aptitudes that you would like the School to know about?

.....
Signature of Parent

.....
Mother/Father/Guardian

.....
Date