



ubuhle
christian school

2015/053719/08 NPC

EMIS NR: GN 700 400 449

NPO: 156-066

PBO: 930050736

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Bronkhorstspuit 1020

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APPLICATION FOR ADMISSION FORM

PLEASE NOTE:

- ✓ Acceptance of this form by the Management Committee of the School does not imply automatic acceptance into the School.
- ✓ The learner may be required to submit to certain tests.
- ✓ An interview with the parents is required.

Date of application:						
Application for admission to:	Grade:		Term:		Year:	

LEARNERS PERSONAL INFORMATION

Surname (please print)						
First names: (please print)						
Home language:		Gender:	m	f	Birthdate:	
ID Number				Nationality:		

Information of previous schools:

School name	Address	Tel no.	Grades	From date	To date
Last grade passed		Has any grade been failed?	Yes _____ No _____	If yes, which Grade/s	
Sporting activities:					
Hobbies/interests:					
Musical talents:					

FAMILY INFORMATION

<i>Father</i>	
Name:	
ID Number:	
Home Address:	
Postal Address:	
Code:	
Phone:	Cell
	Home
	Work
Occupation:	
Current Employer:	
Email address:	

<i>Mother</i>	
Name:	
ID Number:	
Home Address:	
Postal Address:	
Code:	
Home Tel:	
Work Tel:	
Cell no:	
Occupation:	
Current Employer:	
Email address:	

Marital Status:	Married / Seperated / Divorced / Widowed / Single (please circle)
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Name, ages and gender of siblings:

Name	Date of Birth	Gender
1.		
2.		
3.		
4.		

Next of kin:

Name	Tel number	Address	Relationship
1.			
2.			

Special needs of learner:

Sight impaired <input type="checkbox"/>	Hearing impaired <input type="checkbox"/>	Physically disabled <input type="checkbox"/>	Other <input type="checkbox"/>
Please give details:			
Other medical info we should be aware of	Allergies/epilepsy/medication etc – please provide full detailes		

CHURCH BACKGROUND

Congregation:	
Name of pastor:	
Number of pastor:	

FINANCIAL INFORMATION

Ubhle School fees are structured as follows:

Registration fee	R250	Payable on registration to secure your child's place in the school for new learners. Payable on an annual basis for current learners to secure a space for the next school year. It is non-refundable.
Monthly fee	R480	Payable monthly from January until December. Payable in advance before or on the 7 th of each month.

Note: Fees are negotiable for Orphans and Vulnerable Children

Fees are strictly payable monthly in advance whether you receive a statement or not. However if your child leaves school for any reason during the course of the year you are required to give one months notice and you remain responsible for the school fees during the notice period.

I the undersigned, agree to the following:

PERSON RESPONSIBLE FOR THE SCHOOL FEES:

By my signature I agree to be bound by the agreement contained in this document and by the policies of the School.

Name: _____

Signature: _____

Phone (Cell): _____

Phone (Work): _____

CHRISTIAN SCHOOLING

You are no doubt aware that Ubhle School is a Christian School with a Biblical worldview. While we do not require that our children come from Christian homes, we do require that you are at heart supportive of the Christian education they receive.

Are you supportive of a distinctly Christian education with a Biblical worldview:

Father: _____

Mother: _____

Guardian: _____

GENERAL

Please note: This form MUST be accompanied by the following documents:

1. A copy of the child's birth certificate
2. A copy of any medical reports e.g. medical doctor, therapists etc
3. A copy of the child's clinic card
4. A copy of the child's latest school report
5. A copy of the parents/guardians ID documents
6. Transfer document from previous school

Please note: Acceptance of this form does not imply automatic acceptance into Ubuhele School

REFERRAL

How did you hear about the school?	
Reason for applying to this school?	
Questions you would like to discuss?	

We the undersigned:

1. Appoint the Principal to act *in Loco Parentis* on our behalf (including consent to medical treatment, operations or anaesthetics) while our child(ren) are on the school premises or on school outings; the accepted interpretation of this phrase in an emergency must be at the discretion of the Principal, who will consult parents where this is possible.
2. Recognise the Principals right to discipline pupils for any breach of the school regulations
3. Accept the Conditions of Acceptance as stated in the School Brochure and agree to be bound thereby.
4. Accept that Ubuhele School cannot be held responsible for any injury sustained to pupils whether by accident or otherwise whilst our child is in the care of the school and indemnify them against any claims in this regard.
5. Agree that both we and our children who are enrolled in the school are bound by all policies of the school and agree that all such policies form part of the contract between us and the school.

Signatory	Date	Place	Signature
Father :			
Mother :			
Guardian :			

FOR OFFICE USE ONLY:

- | |
|---|
| <input type="checkbox"/> Document Signed / <input type="checkbox"/> Birth Certificate / <input type="checkbox"/> School Report / <input type="checkbox"/> Medical Report / <input type="checkbox"/> Clinic Card / <input type="checkbox"/> Parents ID Documents |
| <input type="checkbox"/> Registration Fee / <input type="checkbox"/> Contract Received / <input type="checkbox"/> Transfer letter received / <input type="checkbox"/> Class List updated / <input type="checkbox"/> Profile requested |
| <input type="checkbox"/> Added to admissions register |