



ENROLMENT FORM - 2019

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes No

Name of other learner(s) : _____



DATE: 3 SEP 2018

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: RSA Other: _____

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home language: Afrikaans English Other: _____

Learner's language preference: Afrikaans English
 Other: _____

Learner cell phone number: _____

Learner e-mail address: _____

Admission date: _____

Grade in 2019 : _____

Years in grade for 2019 : _____

Years in phase for 2019 : _____

Pre-primary education attended: Formal Informal
 Other: _____

Attach learner photo:

Photo

Method of transport: Private Taxi Bus

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Family code: _____ Waiting list: A B

Register class: _____ Number on waiting list: _____

Admission number: _____ ID copy:

Application fee:

Proof of residence:

Birth certificate:

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried

Foster care Childrens home Single parent - Divorced

Other Re-composed Widow/Widower

Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng : Yes No

Learner attended school last year: Yes No

If yes, in which Province/Country: _____

Previous school: _____

Telephone Number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Cell phone number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?: Yes No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Cell phone number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?: Yes No

ACCOUNTABLE PERSON'S INFORMATION Parent 1 Parent 2 Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Cell phone number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

Postal Code: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Language preference: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

Postal Code: _____

7. HEALTH AND EDUCATIONAL INFORMATION:

How proficient is the learner in English?	Poor		Average		Good			
Does the learner have any health problems? If yes, please specify:							Yes	No
Is the learner allergic to anything? If yes, please specify:							Yes	No
Does the learner have any physical disabilities? (e.g. bad eyesight, speech defect etc.) If yes, please specify:							Yes	No
Has the learner displayed any learning problems previously? If yes, please specify:							Yes	No
Current therapy (please include reports)								
Occupational		Speech		Psychological		Other		
Has the learner ever been suspended/expelled from another school? If yes, give reason.							Yes	No

8. WHERE DID YOU HEAR ABOUT CONFIDENCE COLLEGE?

Referred by Family/ friends		Internet		Pole ad		Open day/week		Pamphlet	
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9. CHRISTIAN SCHOOLING:

Declaration by Parent/Guardian:

I am aware of the fact that Confidence College has a Christian ethos and is run on principles based on the Bible. I undertake to assist and fully support my child in pursuing his/her academic career in observance of this high standard we set.

Signed by Parent/Guardian: Signature: _____

10. CREDIT RECORD:

The signatory to this document agrees that Confidence College may draw a consumer credit report on him/her before entering into a binding agreement. Acceptance of this contract will be at the sole discretion of Confidence College and is reliant upon a clear credit record.

11. GENERAL:

Please note that incomplete forms will not be processed.

Acceptance of this form by Confidence College does not imply acceptance into the school.

An interview with both parents and the child's assessment will be required before the child can be accepted.

I, _____ the undersigned:

1. Appoint the CEO, or his duly appointed Principal, to act in Loco Parentis on our behalf, (including consent to medical treatment, operations and anaesthetics) whilst our child 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, or her duly appointed deputy, who will consult parents where, in the Principal's or his duly appointed deputy's opinion, this is possible.
2. Recognise the Principal's or her duly appointed deputy's right to discipline pupils for any breach of the school regulations.
3. Declare that I am in possession of the School Rules and am prepared to be bound by these rules as set out in the relevant document.
4. Accept that Confidence College 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 me and my child who are enrolled and/or accepted at the school are bound by all policies of the school that are in force from time to time, agree to be bound by all such policies and agree that all such policies form part of the contract between us and the school.

I _____ certify the information on this form to be true.
(Parent/Guardian)

Signed: _____ Date: _____

For office use only:

Pupil's ID/Birth certificate attached?	Yes	No	Indemnity form signed?	Yes	No
Pupil's latest original report seen, copy attached? (Primary school and gr. R)	Yes	No	Contract signed?	Yes	No
Parent/guardian's ID attached?	Yes	No	Registration fee paid:	Yes	No
Parent/guardian's payslip attached?	Yes	No	Receipt No.:		
Proof of residential address?	Yes	No			
Person responsible for checking this application:					
Application approved by:					