



Application Form

2024

STUDENT'S INFORMATION

Surname				ID number															
Full name				Gender	Male				Female										
Nick name				Date of Birth	D	D	M	M	Y	Y	Y	Y							
Religion				Population Group															
Physical Address				P O Box															
Suburb				Suburb															
City / Town				City/Town															
Postal code				Postal code															
Emergency no				Provincial Honors	YES			NO											
Home language	Eng	Afr	Zulu	Preferred Language	Eng			Afr											
Deceased Parent/s	Mother			Father	Both			None											
Learning disabilities:	ADD			Dyslexic				ADHD											
	Sight / Blind			Hearing				Other: _____											
Left or Right handed (L or R)				Number of children in family															
Previous School Information				Position in family															
School name:				Is student registered for a social grant?															
Phone number:				Does student currently receive a grant?															
Physical Address:				Mode of Transport:															
Province:				Medication:															
Last Grade passed:																			

PARENT'S INFORMATION

Father				Mother			
Surname & Initials				Surname & Initials			
Employer				Employer			
Occupation				Occupation			
Tel No.		Cell no.		Tel No.		Cell no.	
E-mail				E-mail			
Guardian				Medical Information			
Surname & Initials				Doctors Name			
Employer				Doctors Number			
Occupation				Physical Address			
Tel No.		Extension		P O Box number			
Cell No.				Medical Aid			
				Scheme Option			
				Membership number			
				Allergies?			
Living Arrangements							
Stays with Mom + Dad (biological)				Notes:			
Stays with Dad							
Stays with Mom							
Stays with Grandparents							
Other: Specify							

PARENT'S COMMITMENT FORM

By enrolling my child (children) In **Aletheia Christian College**, I am expressing my conviction that it is the responsibility of Christian parents to provide Christian education for their children as expressed in Deuteronomy 6: 6-8 and Proverbs 22: 6. I realise that from time to time children take action with issues that they do not agree with, and they are prone to protect themselves – this being normal for children.

I promise that should criticism occur

- * I will not support the criticism
- * I will correct my child
- * I will support the school staff
- * Call the school for more information at any time I have a question concerning any incident or procedure.

I further realise that maintaining good relationships with the school staff is my responsibility. I will pray for the school staff and programme, co-operate with them in discipline, support the spiritual training in the school and follow through with any work assignments or slips to be signed. I will see that the children reach school on time, and generally support the school in every way I can.

I believe the school staff will provide adequate care for my child, and I absolve the school of all responsibility for accidents.

I/we warrant that I/we have read the above documents and that the information supplied by me/us is correct. I/we find this agreement binding. I have read the financial agreement and understand fully the implications of signing this agreement.

Surname: _____

Full Names: _____

ID no: _____

Spouse Surname: _____

Full Names: _____

ID no: _____

Married in community of property

ANC

Single

Divorced

Father Signature

Mother Signature

Witness

Date

Please provide the school with the following (with this form):

- o Copy of Father's ID Book (first page).
- o Copy of Mother's ID Book (first page).
- o ID Photo of Learner.
- o Copy of Learner's Clinic Card.
- o Copy of Learner's Birth Certificate/ID document
- o Copy of latest Report Card.
- o WhatsApp details.
- o 3 months bank statement and payslip

