



Application Form

EAGLETS 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																			
Home Tel no		Mode of Transport																			
Emergency 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:		Group applying for: (Indicate with a tick)																			
Postal Address:																					
		2 – 4 years		4 – 5 years		Grade R															

PARENT'S INFORMATION

Father				Mother				
Surname & Initials				Surname & Initials				
Employer				Employer				
Occupation				Occupation				
Tel No.	Extension	Tel No.	Extension	Tel No.	Extension	Tel No.	Extension	
Cell No.				Cell No.				
E mail.				Email.				
Postal Address of Employer				Postal Address of Employer				
Physical Address of Employer				Physical Address of Employer				
Guardian				Medical Information				
Surname & Initials				Doctors Name				
Employer				Doctors Number				
Occupation				Physical Address				
Tel No.	Extension	P O Box number						
Cell No.				Medical Aid				
Postal Address of Employer				Scheme Option				
Physical Address of Employer				Membership number				
				Allergies?				

PARENT'S COMMITMENT FORM

By enrolling my child (children) in Aletheia Eaglets, 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 letters 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 information brochure 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):

1. Copy of Father's ID Book (first page).
2. Copy of Mother's ID Book (first page).
3. 3 months' bank statement and pay slip.
4. Copy of Learner's Clinic Card.
5. Copy of Learner's Birth Certificate/ID document
6. WhatsApp details