



## ***APPLICATION FOR ADMISSION: 2021***

This application is subject to acceptance by Northland School

### **FOR OFFICE USE ONLY**

Application fee paid: _____ Interview date: _____ Notes: _____ _____ _____	Approved: _____ Date: _____ Commencement Date: _____ _____	Learner code: _____ Credit reference: _____ Siblings at the school:  1. _____  2. _____
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### **Documents required to accompany this application**

- Certified copy of your child's Birth Certificate / ID Document
- Certified copies of both parent's / guardian's Identity Documents or Passports (if not SA citizen)
- Copy of your child's Vaccination Records / Immunization Card
- Copy of your child's Residence / Study Permit, if foreign
- Copy of your child's FINAL Progress Report once available
- Transfer Document from previous school once available
- Copy of your child's most recent School Report
- Copy of parent / guardian's Pay Slip
- Copy of two consecutive and recent bank statements
- Copy of both sides of Medical Aid Card
- Two head and shoulders photographs of your child
- R300 non-refundable Application Fee payable by EFT

### **PROCESS**

Once your application has been processed:

- Your child will be required to write a placement test.
- You and your child will be required to participate in an interview
- If your application is successful you will be required to complete the Enrolment Agreement
- A non-refundable enrolment fee of R1 500 per learner will be payable before your place is guaranteed at the school.

**PERSONAL DETAILS**  
**PLEASE USE BLOCK CAPITALS**

1. Surname of learner: \_\_\_\_\_

2. First names of learner: \_\_\_\_\_

3. Learner's preferred name: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

4. I.D. No.: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

6. Home Language (used most frequently at home): \_\_\_\_\_

7. Race (required by DoE): Asian\_\_ Black\_\_ Coloured\_\_ Indian\_\_ White\_\_

8. Dexterity (required by DoE): Left-handed\_\_ Right-handed\_\_

9. Date when entry is desired: \_\_\_\_\_ Suggested Grade entry: \_\_\_\_\_

10. Learner's present grade: \_\_\_\_\_ Grades repeated: \_\_\_\_\_

11. Name and phone number of present school: \_\_\_\_\_

\_\_\_\_\_

12. Please list any other schools attended from Grade R upwards: \_\_\_\_\_

\_\_\_\_\_

13. Has your child been refused entry to any school: Y: \_\_\_\_ N: \_\_\_\_

If yes, please give reasons: \_\_\_\_\_

\_\_\_\_\_

14. Religious denomination: \_\_\_\_\_

15. Church attending: \_\_\_\_\_

16. Learner's interests:

Hobbies & Sport interests: \_\_\_\_\_

Cultural Interests (Drama, Art etc.): \_\_\_\_\_

Other Interests: \_\_\_\_\_

Leadership (has the learner held a position of leadership in any previous school? (Prefect, captain, librarian etc.): \_\_\_\_\_

**17. Please fill in learner's sibling's names, ages and school/tertiary education institutions they attend:**

NAME OF SIBLING	AGE	SCHOOL OR TERTIARY EDUCATION

**18. Parent information (where relevant, please delete descriptions not applicable):**

	FATHER	MOTHER
a) Title and Initial		
b) Surname		
c) First Names		
d) Date of Birth		
e) Identity Number		
f) Passport Number		
g) Citizenship		
h) Marital Status		
i) Married to Mother / Father of learner	YES NO	YES NO
j) Residential Address		
k) Postal Address		
l) Home Number		
	Business Number	
	Fax Number	
	Cell Number	
E-mail address		
m) Occupation		
n) Employer		

**19. Guardian / Person responsible for fees if different to information above:**

a) Title and Initial	
b) Surname	
c) First Names	
d) Date of Birth	
e) Identity Number	
f) Passport Number	
g) Citizenship	
h) Residential Address	

i) Postal Address	
j) Home Telephone Number	
k) Business Number	
l) Fax Number	
m) Cell Number	
n) E-mail address	
o) Occupation	
p) Employer	

**20. IN CASE OF EMERGENCY: Contact details of person not living with you:**

a) Surname	
b) First Names	
c) Residential Address	
d) Home Telephone Number	
e) Business Number	
f) Cell Number	
g) Email address	

**MEDICAL INFORMATION**

Full name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Entry Grade: \_\_\_\_\_  
Full name and surname: FATHER: \_\_\_\_\_  
MOTHER: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL AID DETAILS**

Name of Scheme: \_\_\_\_\_ Option: \_\_\_\_\_  
Principal Member: \_\_\_\_\_ ID No.: \_\_\_\_\_  
Medical Aid Number: \_\_\_\_\_ Dependant Code: \_\_\_\_\_

**PLEASE SUPPLY THE FOLLOWING VITAL INFORMATION ABOUT YOUR CHILD FOR OUR RECORDS:**

Blood type: \_\_\_\_\_  
Date of Last Tetanus Toxoid Injection: \_\_\_\_\_  
Allergies (Bee stings, medication, nuts etc): \_\_\_\_\_  
Operations (Grommets, tonsillectomy etc): \_\_\_\_\_  
\_\_\_\_\_  
Serious Illness (Rheumatic fever, hepatitis, malaria, etc): \_\_\_\_\_

**Permanent Conditions (Asthma, diabetes, ADHD, etc):** \_\_\_\_\_

**Permanent Treatment (inhalers, insulin, Ritalin, etc):** \_\_\_\_\_

**Psychological History (depression etc):** \_\_\_\_\_

**Other (bed-wetting, fear of the dark, etc):** \_\_\_\_\_

(Please supply details on a separate sheet, if necessary)

**Name of Doctor:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

### CONSENT TO OPERATE

**I agree that if, in the opinion of a nominated staff member, if an emergency has arisen and the parents cannot be contacted, the staff member, has authority to permit a Medical Practitioner nominated by him/her to carry out any treatment, or administer a general anaesthetic, or perform any operation that may be considered necessary in the circumstances, on my child.**

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Date

### BUS TRANSPORT AGREEMENT

The School will run a bus service to transport learners to and from Mtubatuba / St Lucia to School and back, Monday to Friday. Please indicate if you would like to apply for your child to use the School's Bus Transport System:

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please complete the separate **BUS APPLICATION FORM**.

### CHRISTIAN BIBLE EDUCATION

Northland School is a Christian school and your child will receive and participate in compulsory Bible Education and Assemblies on a regular basis under the School's Christian ethos.

Please sign directly below to confirm that you acknowledge, understand and consent to this.

\_\_\_\_\_  
Parent / Guardian

### SOCIAL MEDIA PERMISSION

I, \_\_\_\_\_ hereby (give/do not give) permission for Northland School to use pictures containing images of my child, \_\_\_\_\_ for School marketing purposes on social media platforms.

\_\_\_\_\_  
Parent / Guardian

### COMMUNICATION

Communication to parents will be by email as far as possible.

Please indicate the email addresses to be used:

a) \_\_\_\_\_

b) \_\_\_\_\_

## FORM AND PAYMENT DETAILS

Please return the Application Form to Kerry at Reception with your attached proof of payment.  
Application Forms are to be returned by the **31 August 2020**.  
Email address: [info@northlandschool.co.za](mailto:info@northlandschool.co.za)  
Telephone: 087 095 5584

### **BANKING DETAILS:**

ACCOUNT NAME:	Northland School
BANK:	First National Bank, Mtubatuba
ACCOUNT NO:	62773474011
BRANCH CODE:	220330

### **NOTE**

Should your child be granted a place at Northland School, the information furnished in the Application Form above will form part of your Enrolment Agreement with the school.