



APPLICATION FOR ADMISSION

This application is subject to acceptance by Northland School

FOR OFFICE USE ONLY:

| | | |
|-----------------------------|-----------------------------------|---|
| Application fee paid: _____ | Approved: _____ | Family code: _____ |
| Interview date: _____ | Date: _____ | Credit reference: _____ |
| Notes: _____ _____ | Commencement Date: _____ _____ | Siblings at the school: 1. _____ 2. _____ |

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
- R100 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 R500 per family for the same enrolment period will be payable before your place is guaranteed at the school.

BANKING DETAILS: -

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

INITIAL _____

PERSONAL DETAILS

PLEASE USE BLOCK CAPITAL

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:

| |
|--|
| |
|--|

INITIAL _____

Cultural Interests (Drama, Art etc.):

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|--|
| |
|--|

Other Interests:

| |
|--|
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|--|

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 | |
|---|--------|----|--------|----|
| | YES | NO | YES | NO |
| 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 | | | | |

INITIAL _____

| | | |
|----------------|--|--|
| 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 | |

INITIAL _____

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 No.: _____ 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.

_____ Date: _____

Legal Guardian

INITIAL _____

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 your child will be using 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

GRADE PROGRESSION

Re-application and registration is required annually for each Grade. Subsequent to your child's progression to the next grade, you will be required to complete a Re-registration form. The Re-registration form will form part of this contract and will be binding on you as signatories to this contract.

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 either Michele at the Practice of Dr. Irene Coutsooudis in St Lucia or Bernice at Mtuba School Wear in the Aloe Centre in Mtubatuba with your attached proof of payment.

Application Forms are to be returned by the **31 August 2018**.

Email address: info@northlandschool.co.za

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.

INITIAL _____