

# UMTATA CHRISTIAN SCHOOL



Established: 1993  
Accredited by Umalusi

Emis No: 200401396  
Registered with IEB

## LEARNER APPLICATION FORM FOR ADMISSION (Future Day Care Centre and Pre-school)

Year applying for: \_\_\_\_\_

Grade applying for: \_\_\_\_\_

Admin cost (per form): R100.00

RECIPT No. \_\_\_\_\_

### APPLICANT'S PARTICULARS

Surname: \_\_\_\_\_ Names: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Home Language: \_\_\_\_\_

Nationality: \_\_\_\_\_ ID/ Passport No: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Email address/es: \_\_\_\_\_

### DEVELOPMENT MILESTONES

Started **seating** at \_\_\_\_ months. Started **speaking** at \_\_\_\_ months. Started **walking** at \_\_\_\_ months.

Further explanation: \_\_\_\_\_

**Habits** (e.g. thumb sucking, nail biting, bed wetting, stuttering, blinking, etc). Please give details:

\_\_\_\_\_  
\_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_

How is the child's play and social behaviour? \_\_\_\_\_

Special interests? \_\_\_\_\_

898 Errol Spring Avenue, Southernwood, Mthatha  
P.O. Box 52828, Mthatha (5100), Eastern Cape  
Website: [www.ucschool.co.za](http://www.ucschool.co.za)

Tel: 047 5311 255  
Cell: 079 232 9709  
Email: [info@ucschool.co.za](mailto:info@ucschool.co.za)

**BOLD, STRONG AND COURAGEOUS!!!**

**APPLICANT'S MEDICAL INFORMATION**

Medical Aid Name: \_\_\_\_\_ Medical Aid Number: \_\_\_\_\_

Medical Aid Main Member: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_ Medical Condition: \_\_\_\_\_

Special Problems Requiring Counselling: \_\_\_\_\_

**FAMILY PARTICULARS**

Marital Status of Parent/s or Legal Guardian: (please tick)

Married	Divorced	Widowed	Separated	Single
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**Father**

Name and Surname: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ Cell: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Mother**

Name and Surname: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ Cell: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Legal Guardian [Documentary Evidence Needed]**

Relationship: \_\_\_\_\_ Title: \_\_\_\_\_

Name and Surname: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ Cell: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Person Responsible for Payment of School Fees**

Relationship: \_\_\_\_\_ Title: \_\_\_\_\_

Name and Surname: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ Cell: \_\_\_\_\_

Work Address: \_\_\_\_\_

**FAMILY CHURCH AFFILIATION**

Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

**GENERAL INFORMATION**

How did you hear about the school? \_\_\_\_\_

What are your reasons for selecting this school? \_\_\_\_\_

Do you have (any) other child/ren in UMTATA CHRISTIAN SCHOOL? \_\_\_\_\_

If yes, names: \_\_\_\_\_

**CURRENT/PREVIOUS SCHOOL INFORMATION**

Name of School: \_\_\_\_\_ Current/Last Grade in the School: \_\_\_\_\_

School Address (include province): \_\_\_\_\_

Is the school an English Medium school? \_\_\_\_\_ Can the learner **read** and **speak** English? \_\_\_\_\_

***The following section should be completed by the Principal of the applicant's current/previous school***

I, the undersigned, hereby certify that the learner named above is/was enrolled in this school from \_\_\_\_\_ to \_\_\_\_\_.

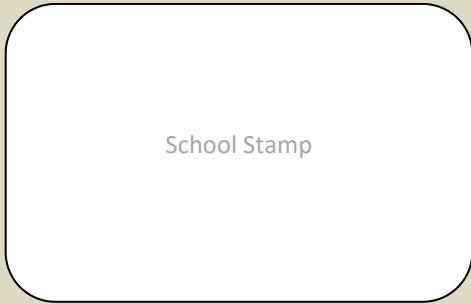
Please comment about the school fees payment record: \_\_\_\_\_

Please comment about the learner's conduct: \_\_\_\_\_

Principal's Name and Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **REQUIREMENTS**

### **Required Ages of Admission:**

- A Grade RRRR learner must be 2 years-old, turning 3 **in the same year**.
- A Grade RRR learner must be 3 years-old, turning 4, **in the same year**.
- A Grade RR learner must be 4 years-old, turning 5, **in the same year**.

## Required Attachments

*Please complete this form and return it with:*

- a certified copy of the computerized birth certificate of the learner
- two colour ID photos of the applicant/learner
- a certified copy of the ID of the parent or legal guardian responsible for payment of fees
- copy of the child's clinic or immunisation card

## PARENT OR LEGAL GUARDIAN DECLARATION

**Please read the following carefully and sign at the end.**

I/we, the undersigned parent(s)/guardian of the above-mentioned child, hereby declare that the particulars, as furnished above, are to the best of my/our knowledge correct, and should my/our child be accepted, I/we undertake to:

- accept liability for the payment of school fees, as determined by the School Governing Board and I/we understand that the school has the right to enforce the payment of fees. I/we also accept liability for any additional charges that the school may incur in collecting fees.
- pay the initial payments, book fees and January fees by the 1<sup>st</sup> December this year to confirm admission.
- give written notice of not less than one term, in advance, of my intention to remove my child from the school, except in cases where the school governing board has accepted a shorter notice and, if I fail to comply herewith, to accept liability for the full school fees for the child until the end of the term in respect of which notice should be given.
- ensure that my child abides by the code of conduct and rules of the school as determined by the school management.

## INDEMNITY

I/we the undersigned:

Hereby grant permission for my/our child/ren/ward to go on any educational tour or outing or sport activity organized by the school, for the duration of my child/ren/ward's attendance at school.

I/we fully realize and accept that all such tours, outings or activities will be undertaken at my child's/ward's own risk and I/we undertake to exempt, indemnify and acquit the School Governing Board, the Principal and staff of the school, the church – RUCC Ministries, on behalf of myself, my husband/wife and my child/ward, as mentioned, of any claims whatsoever in connection with any loss or damage of the property of the said child/ward or of any injury of the said child during any tour, outing or activity.

**Signed:**

	<b>FATHER</b>	<b>MOTHER</b>	<b>LEGAL GUARDIAN</b>	<b>LEARNER</b>
<b>Surname &amp; Initials</b>				
<b>ID Number</b>				
<b>Signature</b>				
<b>Date</b>				

**NB: Submission of this form does not guarantee enrolment in the school; the learner still needs to first sit for a benchmark test.**

**Checklist**

<b>Item</b>	<b>Attached</b>
Certified copy the applicant's birth certificate	
2 x colour ID photos of the applicant	
Certified ID copy of parent/s or legal guardian	
Copy of the child's clinic or immunization card	