



Abbotsford Christian School

Nord Avenue, Abbotsford, East London, 5202

PHYSICAL ADDRESS

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APPLICATION FOR ADMISSION TO ABBOTSFORD CHRISTIAN SCHOOL

PLEASE APPLY TO MORE THAN ONE SCHOOL AS ACCEPTANCE IS NOT GUARANTEED

PARTICULARS OF THE CHILD

SURNAME:	INITIALS:
NAMES IN FULL:	GENDER: AGE:
DATE OF BIRTH:	HOME LANGUAGE:
RACE:	COUNRTY OF ORIGIN
LEFT HANDED <input type="checkbox"/>	RIGHT HANDED <input type="checkbox"/>
Ambidextrous <input type="checkbox"/>	

PLEASE NOTE: This form must be accompanied by A-I:

Included:

		Included:
A	A copy of the child's birth certificate & child's photo	
B	A copy of the child's vaccination record	
C	"Use of medicines", "Indemnity" and "Statement of agreement" duly completed and signed	
D	A copy of the child's latest school report	
E	Proof of residence	
F	Copies of any professional reports e.g. occupational therapy, IQ evaluation, speech therapy etc.	(Only where application)
G	Application fee of R50	
H	I.D of parent responsible for paying school fees.	
I	Proof of last 3 months School payments, as provided by school Bursar.	

NB Acceptance of this form by A.C.S. does not imply formal acceptance into the school.
After applying - Grade level assessment and possible interview will take place.
Based on the application form; the interview; the tests; your acceptance of the school policies; the discernment of the Holy Spirit; the pupil will either be accepted or rejected. We will notify you of the school's decision in writing.

NB! THIS FORM WILL NOT BE PROCESSED WITHOUT ALL DOCUMENTATION ATTACHED

FOR OFFICIAL USE:

Applying for Grade: Year:.....	Account number:
Date of admission:	Date of application:
Decision: Y / N / WL	Admission No.:
Phoned parent:.....	Sibling at ACS:.....
Letter of acceptance:.....	

Abbotsford Christian School

Enrolment Procedure

1. **The Application Form must be completed in full**, signed, dated and returned to the school office. All other information i.e. latest school report, referrals etc., as stipulated on the cover page, must be handed in together with the application. NB! NB!.....**If the above is not complete, the process is put on hold.**
2. An appointment will then be made to meet with the parents and prospective learner.
3. An academic entrance assessment will be done to determine English Language fluency (as this is an English medium school) and mathematic level of competence.

ADMISSION POLICY

1. Acceptance for enrolment to Abbotsford Christian School and/or future suspension/termination shall be at the sole discretion of the School Board.
2. Entrance to the School is open to all pupils whose parents:
 - a. Have subscribed to the School Constitution;
 - b. Have paid the admission fee;
 - c. Have signed the Application Form, Use of Medicines Form, Parent Commitment Form and the Indemnity Form;
 - d. Whose children have passed an academic entrance assessment based on the grade to be entered;
 - e. Understand that Biblical principles will be practiced in everything that the school undertakes and are supportive of this stand.
3. Age
 - a. **Grade 1:** An applicant may be admitted if he/she turns seven in the course of that calendar year
 - b. **Grade 2** – onwards: The age of the applicant should deviate as little as possible from the statistical norm for a particular grade. The statistical age norm per grade is the grade number plus 6.

Example: grade	1	=	7
	2	=	8
	3	=	9
	4	=	10
	5	=	11

etc.

4. Preference
 - a. Preference will be given to applicants who meet the following criteria:
 - i. Learners who conform to the statistical age norm for a particular grade
 - ii. Learners with siblings already enrolled at the school
 - b. Other applications will be considered, inter alia, on a first come first served basis.
5. ACS is NOT a correctional institution; consequently a child may not be enrolled with the idea that the school will reform him/her.
6. ACS is NOT a remedial school; we are an independent, private academic school.
7. Acceptance/Rejection
 - a. Acceptance/rejection of an applicant as a learner shall be in the form a letter of acceptance/rejection signed by the principal or his designated representative.

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FAMILY DATA FORM

Particulars of Child

Surname:	Date of Birth:
First Names:	Current Grade:
Initials	
Child's cell: Child's I.D:	Nationality:

Particulars of Parents / Guardians

Father	Mother
Surname:	Surname:
First Name:	First Name:
I.D. Number:	I.D. Number:
Residential Address:	Residential Address:
Postal Address:	Postal Address:
Tel. Work:	Tel. Work:
Tel. Home:	Tel. Home:
Cell:	Cell:
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:
Who is your child residing with:	In case of emergency: (name & number)

Marital Status:

(circle the applicable) Married / Separated / Divorced / Widowed / Single

Who will be responsible for paying fees? _____

Please sign Parent Commitment Form.

Medical Information

Name of Family Doctor:

Name of Medical Fund:

Address:

Medical Fund Number:

Tel:

Name of main member:

(Medical Condition)

State any illnesses from which your child has suffered or still suffers

State any health factors that we should know about.

Any Special Problems Requiring Counselling.

Please include a copy of the child's vaccination record.

Has your child been immunised/vaccinated against:

B.C.G	<input type="checkbox"/>	DPT	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
T.B	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>		<input type="checkbox"/>

Has your child had any of the following illnesses:

Measles	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	Tuberculoses	<input type="checkbox"/>	German Measles	<input type="checkbox"/>
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Wherever possible, for specific problems (e.g. asthma), please supply the school with either:

- Written instructions of how to deal with the issue OR
- One or two tablets, a spray, pump etc. – clearly labelled – to use in an emergency.

USE OF MEDICINES

- The school does not administer any form of Medicine.

Should medication be required, the parent must provide Reception with the necessary instruction and in use of prescription medicine, the doctor's /pharmacist's prescription.

I will comply to the above requirements:

SIGNATURE OF PARENT/GUARDIAN: _____

DATE:

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ADDITIONAL INFORMATION

Child's place of birth:

From a total of _____ children in the family, this child is the _____ (1st, 2nd etc.)

Brother/sisters, details:

Name	Age	Gender	At Abbotsford?
1. _____	_____	M F	YES NO
2. _____	_____	M F	YES NO
3. _____	_____	M F	YES NO
4. _____	_____	M F	YES NO

Mode of transport:

Reg. Social Grant	YES:		NO:	
Rec. Social Grant	YES:		NO:	

Why do you want your child to attend Abbotsford Christian School?

How did you come to hear about Abbotsford?

What are your short-term goals for your child? (6 months)

What are your long-term goals for your child? (2-5 years)

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PREVIOUS SCHOOL INFORMATION

Name of previous school / crèche / pre-school attended:	
Address of the above school:	
Tel:	Contact Person:
Province where child was at school	
How long has your child attended this school?	
Has your child been expelled, suspended, asked to leave school or refused admission to another school?	YES NO
If YES, please give details:	
SECTION A – To be completed for pre-schoolers only	
Does your child have any specific habits?	
What is your child's bedtime?	What time does he/she wake?
Has your child achieved toilet control?	
Has your child experienced any tragedies or major disappointments? (e.g. death in the family, fire etc.)	
SECTION B – To be completed for learners applying from Grade 1 onwards.	
Last grade passed?	Year?
Present grade:	Applying for Grade:
Has learner ever repeated a year?	Details:
Has learners ever been tested for any Learning Disabilities? YES NO	
If YES, please supply details and attach copies of reports:	
Any other relevant information that we should know about?	

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INDEMNITY FORM

_____ (full name of parent/guardian)

Address: _____

being the parent/guardian of _____
(Full name of child)

Hereby give permission for my son/daughter to participate in excursions and tours organised by the school for as long as he/she is a pupil of the school.

I understand and accept that all such tours or excursions will be undertaken at my child's own risk.

I will not hold the I.E.B Department, School Governing Board, the Headmaster, or staff any members responsible for any casualty, loss or damage of property or injury to the person of my child, which may occur during such a tour or excursion

I accept that the Headmaster and the staff members will at all times do their utmost to ensure the safety and welfare of my child and will do what is reasonable within given circumstances.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

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PARENT COMMITMENT FORM STATEMENT OF AGREEMENT

(This form is to be filled out by the person responsible for school fees)

Amos 3:3 - Do two people walk hand in hand if they aren't going to the same place?

It is a joy for the Abbotsford Christian School to be involved in your child's life preparation. As staff in the school agree to a certain standard of behaviour and code of conduct, so too parents are expected to abide by certain standards.

EXPECTATIONS

Parents can expect the school to...	The school can expect the home to...
<ul style="list-style-type: none"> • Fulfill its mission to equip the learners • Provide a safe nurturing environment • Provide consistent communication regarding the child's progress • Provide regular information about the school • Provide opportunity for involvement • Provide consistency in values / discipline • Offer a listening ear • Make academic recommendations • Agree to resolve disagreements in a biblical and responsible manner • Respect the child and the family • Provide prayerful support and spiritual integrity – in word and deed 	<ul style="list-style-type: none"> • Support the mission of the school at home • Provide a quiet study environment • Communicate relevant concerns • Attend school meetings • Be appropriately involved • Support values and discipline policies • Seek reliable information and not believe rumours • Agree to resolve disagreements in a biblical and responsible manner • Respect school educators and staff • Invest resources in support of Christ-centered education • Provide prayerful support

Furthermore I hereby accept responsibility and liability for the payment of all school fees on behalf of my child at Abbotsford Christian School.

I will pay the fees via debit order, in the following manner:

TICK

1.	In one(1) payment, payable in advance for the year, to be paid on the 1st day of the 1st term , OR
2.	In four (4) equal payments, payable in advance for each term, to be paid by the 1st day of each term , OR
3	In twelve (12) equal payments, to be paid by the 7 th of the month.

REGARDING SCHOOL FEES I UNDERSTAND THAT:

FINANCE POLICY

- Prompt payment of school fees is essential for the efficient administration of our school and to keep fees as low as possible.
- If the necessary payment has not been made by the 7th of the month, the Parent will receive a reminder phone call.
- If the account has not been settled by the 10th of the month, the parents will receive a letter informing them that the learner will be suspended if outstanding debt has not been paid by the 21st of the month. The learner will not be allowed to return until the debt has been paid.
- The third time this happens, the parent will be informed that the learner may not return and he/she will no longer be a learner at Abbotsford Christian School.
- The account will then be handed over to our attorney for collection.
- If the school institutes legal proceeding against me for the payment of any outstanding amounts and should my debit payment be unsuccessful in any given time month, I acknowledge that I shall be liable for **all legal costs** incurred by Abbotsford Christian School on the Attorney and own client scale, including collecting and commission and tracing fees.
- I acknowledge that should I wish to remove my child from the school I am obliged to give one FULL term's notice IN WRITING to the Abbotsford Christian School and that, should I fail to do so, I will be liable to pay to Abbotsford Christian School a sum equal to **one term's fees in lieu of such notice**.
- Statements will be sent out via email each month.
- School fees do not include the cost of books.

I agree that the contract between myself and the school may be deemed to be broken should the following happen:

- *My child behaves in such a way that it brings serious disrepute to the name of the school.*
- *I do not adhere to the financial agreement made with the school.*

Signed atthis.....day of.....
(place) (day) (month) (year)

SIGNED BY PERSON RESPONSIBLE FOR PAYING FEES

Father's Signature:.....
(Full name in print)

Mother's Signature:.....
(Full name in print)