



Abbotsford Christian School

Nord Avenue, Abbotsford, East London, 5202

PHYSICAL ADDRESS

PO Box 2606, Beacon Bay, East London, 5205

POSTAL ADDRESS

043 726 5934
TEL

admin@acsel.org.za
EMAIL

@abbotsfordcs
FACEBOOK

Abbotsford Christian School

...School of Choice

APPLICATION FORM

LEARNER'S NAME: _____

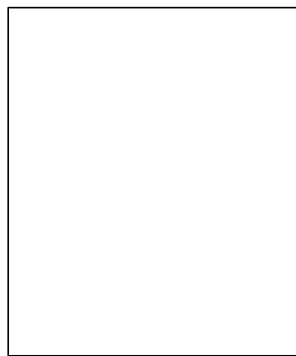
DATE OF BIRTH: _____

LEARNER'S ID/PASSPORT NO: _____

NATIONALITY: _____

GRADE REQUIRED: _____

YEAR REQUIRED: _____



(Colour passport photograph)

FATHER'S SIGNATURE: _____

MOTHER'S SIGNATURE: _____

DATE OF APPLICATION: _____

INTRODUCTORY LETTER

Dear Parents,

Thank you so much for expressing an interest in our school. We hope that the information in the next few pages will answer some of the questions that you have regarding the school, however, please feel free to contact the school at 043 726-5934 at any stage should you have further questions.

We recognise that training up a child is essentially a parental responsibility and we are here to assist you in this responsibility. It is our vision to see children grow up in the plans and purposes that God has for them, to have an intrinsic desire for education to enable them to become all that God has purposed for them to be and to love, honour and respect Christ and others. We endeavour to provide a thoroughly Christian environment with suitably qualified teachers who are passionate about God and children and their education.

Please provide the following documents with this application form.

Incomplete application forms will not be processed.

1. A copy of your child's ID document or birth certificate.
2. A copy of your child's latest school report.
3. A copy of your child's immunization form and growth chart.
4. A colour passport photograph of your child.
5. A copy of any professional or medical report. E.g. Occupational Therapy (*if applicable*).
6. Confidential report from the child's previous school.
7. 3 months school fee statements from the previous school.
8. A Transfer Letter from the current school – *ONLY AFTER THE CHILD HAS BEEN ACCEPTED*.
9. A copy of Parent's ID/Passport.
10. Proof of residence. E.g. Water and Lights Account. (*Not older than 3 months.*)
11. Copy of the last 3 months Pay slips (*both the parent responsible for payment*).
12. Copy of the last 3 months Bank statements.
13. Blanket Indemnity Form. (*Find attached*).
14. Media Consent Form. (*Find attached*).
15. A signed consent form – last page of the School Prospectus. (*Find attached*)
16. A signed Financial Agreement.
17. A signed Christian Centre Abbotsford Statement of Faith. (*Find attached*)
18. An administration fee of R100 is to accompany this application.

BANK DETAILS: FNB 52120040317 BRANCH CODE: 210221 REF: Child's name and Surname

PLEASE NOTE THAT A FINANCIAL BACKGROUND CHECK INCLUDING A CREDIT CHECK MAY BE CONDUCTED TO ASSESS THE SUITABILITY OF THE APPLICANT.

The school reserves the right to refuse admission if the above requirements are not met.

NON SOUTH AFRICAN CITIZENS

Without this documentation, your application will not be processed.

1. All documentation numbers 1-17
2. Certified copy of Permanent Residence Permit
OR
3. Certified copy of Work Permit
4. Child's Study Permit
OR
5. Asylum visa

When we have the completed application form and all the relevant documents, we will contact you to confirm receipt of the application. At this point, the child will be required to undergo an assessment by a class teacher and both parents may be required to come for an interview with the School Principal.

- ✓ OWING TO THE LIMITED NUMBER OF PLACES AVAILABLE, **THIS APPLICATION DOES NOT GUARANTEE YOUR CHILD A PLACE AT THE SCHOOL AND THE FINAL DECISION IS AT THE DISCRETION OF THE SCHOOL MANAGEMENT TEAM.**
- ✓ Once the application has been considered, you will be notified accordingly.
- ✓ **If your application is successful, a non-refundable enrolment of R2000 is payable. (This does not cover the January school fee, it just secures your child's place.)**
- ✓ **Only on receipt of this fee can we assure you of your child's place in the school.**

May God give you wisdom in selecting a suitable school for your child.

PARENTS' INFORMATION

PLEASE REMEMBER THAT IT IS YOUR OBLIGATION TO LET US KNOW EACH TIME ANY OF THIS INFORMATION CHANGES

DETAILS OF THE FATHER / GUARDIAN

I AM RESPONSIBLE TO PAY THE FEES YES NO

Surname: _____

First Name: _____

Title: _____

Preferred name: _____

ID Number: _____

Date of Birth: _____

Home address: _____

Postal address: _____

Telephone numbers (h): _____

(w) _____

(c) _____

Email address: _____

Occupation: _____

Employer: _____

Marital status: _____

Church denomination: _____

Does the learner live with you? Yes No

Born again Christian: Yes No

Any important information we should take note of: _____

DETAILS OF THE MOTHER / GUARDIAN

I AM RESPONSIBLE TO PAY THE FEES YES NO

Surname: _____

First Name: _____

Title: _____

Preferred name: _____

ID Number: _____

Date of Birth: _____

Home address: _____

Postal address: _____

Telephone numbers (h): _____

(w) _____

(c) _____

Email address: _____

Occupation: _____

Employer: _____

Marital status: _____

Church denomination: _____

Does the learner live with you? Yes No

Born again Christian: Yes No

Any important information we should take note of: _____

NB! NAME AND CONTACT DETAILS OF FAMILY MEMBER OR FRIEND WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY: (In the event of parents/ guardian not being available)

Name: _____ Relationship: _____

Telephone numbers: (work) _____ (Cell) _____

LEARNER'S INFORMATION

DETAILS OF THE LEARNER

Surname: _____ First Names: _____

Preferred name: _____ (Name used on class lists etc)

Gender: _____

Home language: _____ Left or right handed: _____

Learner's position in the family: _____ (Eldest, youngest etc)

Name and Grade of any siblings attending ACS: (Please include what sports house they are in)

ID number: _____ Birth date: _____

Race: _____ (Required by IEB/GDE) Citizenship: _____

Any deceased parents? _____

Anything else that we should know about your child: _____

MEDICAL INFORMATION

Child's doctor's name: _____ Doctor's Telephone number: _____

Medical Aid: _____ Medical Aid number: _____

Main member / Initials and Surname: _____

Does your child have any of the following?

Physical disabilities Yes / No

Allergies Yes / No

Long term medication Yes / No

Occupational therapy Yes / No

Speech therapy Yes / No

Remedial therapy Yes / No

Has a previous school ever requested any of the above reports? _____

If YES, please give details: _____

Wherever possible, for specific situations (e.g. asthma). Please supply the school with either:

- Written instructions on 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 medication. **Should medication be required, the parent must provide the class teacher with written instructions and the Doctor's /Pharmacist's prescription.**

PREVIOUS SCHOOL INFORMATION

Last school attended: _____

Last Grade passed: _____ Year: _____

City/Town and Province: _____

Telephone Number: _____ Contact person: _____

How long did your child attend this school? _____

Has your child ever failed a year? Yes / No

If YES please give details: _____

Has your child been expelled, suspended or refused admission to another school? _____

If YES, please give details. _____



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Blanket indemnity form – All Grades

I _____ (full names)

In my capacity as parents/guardians of _____

Hereby:

1. Appoint the principal, staff and/or teacher in charge of any tour/outing that my child may attend to act in *loco parentis* on my behalf for any purpose that may arise, particularly (but not limited to) consenting on my behalf to any emergency medical treatment that my child may require whilst in the care of the school, at a school event or on an outing or tour under circumstances where it is not reasonably possible to timeously obtain my consent;
2. Agree and undertake to pay the costs of any such medical treatment as well as any other costs incurred by the principal, staff or teachers whilst acting in that capacity;
3. Indemnify and hold blameless Abbotsford Christian School, its principal, teachers, service providers, assistants and staff against any claims, loss or damages that I, my child or any other person may suffer due to injury, loss of or damage to property that my child or I may suffer on the school premises, at any school event held off the school premises, at any outing, on any tour or any other activity or while travelling to or from any event, outing, tour or activity; and
4. I expressly waive any such claims that I or my child may otherwise have against Abbotsford Christian School its principal, teachers, service providers, assistants and staff and/or any person assisting with transport to any event, outing or tour.

Signed at _____ on this _____ day of _____ 20 _____

(Father)

(Mother)



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Media consent form - All Grades

At Abbotsford Christian School we might use photographs and other images of children in the school in the following ways:

- Place photos of learners on the school website or Facebook page
- Use photos for brochures to promote the school
- Send photos to the local newspaper/media to recognise the achievements of our learners.

In terms of the Children's Act, it is, therefore, necessary to request that parents complete and sign this consent form, giving us permission to use your child's photograph, or indicating whether you do not want to agree to this.

Media Consent information:

1. I _____ **consent to** Abbotsford Christian School photographing and videoing my child for the purposes as mentioned above

OR

2. I _____ **DO NOT consent to** Abbotsford Christian School photographing and videoing my child for the purposes mentioned above.

Name and Surname of learner: _____

Name and Surname of parent: _____

Signature of Parent: _____ Date: _____



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LEARNERS CONFIDENTIAL REPORT

THIS REPORT MUST BE COMPLETED BY THE LEARNER'S PREVIOUS SCHOOL

The following learner from your school has made an application to our school. Please would you complete and sign this questionnaire and e-mail it directly to admin@acsel.org.za as soon as possible.

Name of Learner: _____

Date of Birth: _____ Present Grade: _____

Academic aspects:

What is the number of students in the grade in which the learner is at present? _____

What is the learner's position in relation to the present grade group? _____

Intellectual Ability: Above Average Average Below average

Work Ethic: Exceptionally conscientious Conscientious Not particularly conscientious

SUBJECT	LEARNER'S AVERAGE	GRADE AVERAGE
ENGLISH		
FIRST ADDITIONAL LANGUAGE(specify)		
MATHEMATICS		

Other aspects:

Learner's attendance record: Excellent Good Poor

Learner's behaviour: Exemplary Compliant Uncooperative Disruptive

Parents/Guardians support: Very supportive Moderately supportive Low level of support

Payment of school fees: Regularly With reminders Hardly

Do you recommend this learner? I recommend this learner I do not recommend this learner

Should we accept this learner, is there any relevant information that you would like to draw to our attention?

Principal signature: _____

School Stamp

Date: _____

Thank you for your co-operation in this regard.



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PARENT COMMITMENT FORM & FINANCIAL AGREEMENT

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 an 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 **by debit order or EFT** (as this eliminates the risk of having large amounts of money in the office) in the following manner:

TICK the relevant block

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 you cannot pay your account timeously, please contact the accounts office and submit a payment Plan for approval. Failure to adhere to your payment plan will result in your child being suspended until payment is made.
- 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 the 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 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 at _____ this _____ day of _____
(place) (day) (month) (year)

SIGNED BY THE PERSON RESPONSIBLE FOR PAYING FEES

I have read and understand this Financial Agreement:

Father's Signature: _____ Full name in print: _____

Mother's Signature: _____ Full name in print: _____