

# Bluff Christian Academy

## APPLICATION FORM

P.O. Box 21549

Bluff

4136

Tel : 031 - 4678901

Fax : 086 661 7267

E-Mail : info@bluffchristianacademy.org.za

Place a recent school-type photo of the child here.

**Please ensure that the following documents are submitted along with this application form:**

OFFICE ONLY (Administration)	DOCUMENTS TO SUBMIT WITH APPLICATION FORM :
Admission Test: .....	1. Copy of Child's Birth Certificate/ ID <input type="checkbox"/>
Accession No: .....	2. Copy of both Parent's ID Book <input type="checkbox"/>
Enrolment Interview Date : .....	3. Copy of Parent's Payslip (Most Recent) <input type="checkbox"/>
Enrolment Date: .....	4.a. 3 months bank statement for parent paying fees <input type="checkbox"/>
	4.b. If self-employed 6 months bank statement required <input type="checkbox"/>
Registration Fees Paid (Receipt No.) .....	5. Copy of Utility Bill (electricity, rates, water/councillor letter) <input type="checkbox"/>
Gift issued: <input type="checkbox"/> Gift issued: <input type="checkbox"/>	6. 2 recent account statement for parent paying fees <input type="checkbox"/>
Grade Recommended .....	7. Copy of 2 Student's Reports (End of Previous Year & Most Recent for current year) <input type="checkbox"/>
Comments: .....	8. Copy of Clinic Card (copy of all pages please) <input type="checkbox"/>
	9. School Confidential Questionnaire (filled in by current school) <input type="checkbox"/>
	10. School fee statement - most recent <input type="checkbox"/>
Non-Refundable Application Fee: R200      Rec#	Date Received _____

**\*\*Application Form will only be processed once All required documents and application fee of R200 is received.**

**Learners will be required to attend our school for a full school day for admissions tests.**

### A. STUDENT INFORMATION

Student's Name IN FULL			
Date of Birth		ID Number	
Gender: Male / Female (circle)		Race	Sports House <input type="checkbox"/>
Address (Physical)		Grade Repeated:	Year
Home Tel. Number		Cell. Number	
Home Language		Grade applying for in 20....	

### B. FAMILY INFORMATION (Please state if either one of Parent is deceased)

<b>FATHER'S NAME</b>			
ID Number		Email address	
Address (Postal)			
Address (Physical)			
Employer's Name		Position	
Work Telephone Number		Cellphone Number	
<b>MOTHER'S NAME</b>			
ID Number		Email address	
Address (Postal)			
Address (Physical)			
Employer's Name		Position	
Work Telephone Number		Cellphone Number	
Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
If Divorced / Single, who has custody of the Child:			
Does this child receive a Social Grant? Yes ..... No .....			
CHURCH the family attends :			
Has the applicant ever made a profession of faith in Christ? Yes ..... No .....			
Please supply names/ages/schools of brothers & sisters: What position in the family eg first or second etc			
Name	Age:	School :	
Name	Age:	School :	
Name	Age:	School :	

**C. ACADEMIC INFORMATION**

<b>1. List of student's last two schools (please include most recent report card)</b>			
<i>Name of School</i>	<i>Contact Number</i>	<i>Date of Attendance</i>	<i>Teacher's Name</i>
i)			
ii)			
<b>2. Please describe any academic or social difficulties your child may have: (ie shyness, maths etc)</b>			
<b>3. Has your child ever been expelled, dismissed or suspended?</b> If yes, explain _____			
<b>4. Has your child ever failed an academic subject in school?</b>			
<b>5. Person to contact in case of an emergen</b>		<b>Name</b>	<b>Telephone</b>

**D. GENERAL INFORMATION**

<b>1. IF YOUR CHILD IS BOARDING, OR LIVING WITH A GUARDIAN, IT IS VITAL THAT YOU COMPLETE THIS</b>	
i) Name of Guardian	
ii) Relationship to child (ie Grandmother, aunt, friend etc)	
iii) Address	
iv) Home Tel. Number	v) Cellphone Number
<b>2. NAME OF PERSON RESPONSIBLE FOR THE SCHOOL FEES :</b>	
Contact Number	
<b>3. CREDIT REFERENCES of person responsible for School Fees (PLEASE : Attach latest account statements)</b>	
<i>Name of Company</i>	<i>Contact Number</i>
<i>Account Number</i>	<i>Paid up/Current</i>
i)	
ii)	
<b>6. How did you hear about Bluff Christian Academy?</b>	
<b>7. Why would you like your child/children to attend Bluff Christian Academy?</b>	
<b>8. Will your child be able to participate in Physical Education?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (If No, please explain - ie asthma etc)	

**E. MEDICAL INFORMATION**

<b>1. Family Physician:</b> .....	<b>Phone:</b> .....
<b>2. Does student have any physical defects or allergies:</b> .....	
<b>3. Has student received immunizations for :</b> Diphtheria ..... Polio: ..... Tetanus: ..... Measels: .....	
<b>4. Is the student on any long term medication? Yes</b> ..... <b>No:</b> .....	
<b>Explain:</b> .....	

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name .....

Name .....

Signature : Father/Guardian

Date

Signature : Mother/Guardian

Date

**OFFICE USE ONLY**

<b>1. Accepted</b>	<b>2. Rejected</b>	<b>3. Reason for Rejection</b>
.....		
<b>4. Transfer Letter from Previous School</b>		
.....		
<b>Signed : Principal</b>		<b>Date</b>