

NORTH ANGELOS CHRISTIAN COLLEGE

REGISTERED INDEPENDENT SCHOOL @ GDE- 700 401080 WHERE YOUR CHILD HAS A FUTURE

	FOR OFFICE USE ONLY										
ADMISSION	N NUMBER	/2	025								
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	DOCUMENT	ATION TO BE	HANDED IN W	/ITH APPLICA	TION						
		hat the application when all documen	•		ssion						
REPORT CARD -	2024										
PROOF OF ADD	RESS										
BIRTH CERTIFIC	ATE										
IDENTIFICATION	N DOCUMENT PA	RENT 1									
IDENTIFICATION	N DOCUMENT PA	RENT 2									
PROOF OF INCO	ME (BOTH PARI	ENTS)									
PASSPORT (PAR	RENT 1)										
PASSPORT (PAR	RENT 2)										
PASSPORT (LEA	RNER)										
PERMIT - STUDY	- LEARNER										
PERMIT- WORK	PARENT										
TRANSFER CAR	D PREVIOUS SCI	HOOL									

APPLICATION FOR ADMISSION

- THIS SECTION IS APPLICABLE TO THE LEARNER
- ONE LETTER OR NUMBER TO EACH BLOCK

APPLICATION FOR	2	0											G	RAD	Ε		
SURNAME																	
FIRST NAME																	
PREFERRED NAME																	
ID. NUMBER																	
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PARENTS / GUARDIAN INFORMATION

THIS SECTION TO BE COMPLETED IN FULL

APPLICATION FOR ADMISSION WILL NOT BE PROCESSED WHEN THE BELOW IS INCOMPLETE

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SURNAME														
NAME														
ID. NUMBER														
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ADDRESS								Р	OST	AL	COD	E		
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NAME ID. NUMBER PASSPORT NO. STREET ADDRESS POSTAL ADDRESS TELEPHONE CELL										AL CC	COD			

I WOULD LIKE TO SERVE THE SCHOOL IN THE FOLLOWING WAY:

Contacts (e.g. Whole																		• 7 .	••	
Examples:																				
Maintenance							F	und	rais	ing										
Sport							P	are	nts	Tea	che	rs A	ssoc	iati	on					
Marketing							S	por	sor	s										
Security & Safety							li	nvig	ilat	ion										
CHILD RESIDENT V	VITH FATI		RK)		N	MO1	ГНЕ	R		_		GUA	RDI	AN			ОТН	IER		
PERSON WHO IS R	МО	THER			GU	ARI	OIA	N]						•	RK)				
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LAST DATE AT PRE	VIO	JS SC	ноо)L /	PRI	IMA	RY						G	RAI	DE F	PAS	SED	<u> </u>		
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GENERAL INFORMATION

ALLERGIES				
CHRONIC MEDIC	CATION			
MEDICAL PROC	EDURES			
SATE A	NY SERIOUS	CHRONIC ILLNESSE	S (E.G. ASTHMA	, EPILEPSY, ETC.)
	<u> </u>	MEDICAL PRACT		UMBER(S)
DOCTOR				
MEDICAL FUND				
2 We have	GNED STATE ent of the app	olication form has bee		tly; vill be formulated by the
				licies that will be formulated morals and character of this
4 The pare	nt / guardian	undertake to pay the	school fees as d	etermined annually.
PARENTS / GUARI	DIAN SIGNAT	URE:		
NAME IN FULL:				
DATE: _				

APPLICATION FOR ADMISSION

CERTIFIED COPIES of the following documents must be handed in with die enrolment form:

- > Your child's identity document
- > Proof of address (ONLY MUNICIPAL ACCOUNT, SIGNED RENTAL AGREEMENT OR OFFER
- > TO PURCHASE WILL BE ACCEPTED

 (If you are living with someone, we'll need their proof of address, a copy of their ID and an Affidavit as confirmation).
- > Copies of both parent's identity documents/passports
- > Proof of ORIGINAL report card from previous school of highest grade passed
- > ORIGINAL TRANSFER card from previous school (OBTAINABLE FROM YOUR SCHOOL ON LAST DAY OF ATTENDANCE)
- > CERTIFIED RESIDENT'S PERMIT (if not RSA citizen)

PROCEDURE FOR CONFIRMATION ADMISSION:

- > You will be notified in writing whether your application was successful.
- > You, as parent, need to reply in writing whether you accept or not within 10 days.

UNDERTAKING BY PARENTS / GUARDIANS

I / we	
the parent or guardian/s of	
	(Full names of child)

- Hereby apply to have the child whose name appears on this form as a learner at North Angelos Christian College and confirm that he/she complies with the basic criteria.
- 2. I/we hereby certify that I/we have legal custody and /or guardianship in respect of the above named learner. (Proof to be handed in with application form.)
- I/we undertake to adhere to the school rules and disciplinary code that will be established and to the various alterations in the rules and disciplinary code that may be made from time to time.
- 4. I/we understand and confirm that the Principal or any person duly authorized will act loco parentis in any matter and at any time during which I/we have entrusted our child to the care of the school.
- 5. I/we understand that while every reasonable effort will be made to prevent losses or damage to learner's clothing and equipment, the school cannot be held liable for such.
- 6. I/we undertake to reimburse the school for any damage to school property that may be caused by our child.
- 7. I/we indemnify the school, it's employees and officials against any injury, damage or other losses caused to ant/ person other than the school on account of the conduct of the child
- 8. I/we jointly undertake to pay school fees and I/we understand the following:
 The annual school fees will be a compulsory sum per annum as adopted by the
 majority of Board Members at the Annual Board Meeting.
 - b) The fees will be payable over a period of **12 monthly** instalments ends at the calendar month of December each year.
 - c) In terms of **Section 39 of the South African Schools Act,** the parties to this form are liable to pay compulsory school fees.
 - d) In terms of **Section 40 of the South African Schools Act,** the school may enforce the payment of these compulsory fees.
 - e) The parties to this application undertake to pay alt legal costs, including attorney / client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of schoo} fees.
 - f) Fees are due and payable at the start of each month.
- 9. I/we undertake to give notice in writing of any intention to remove my/our child from the school and further more to return any books and/or equipment belonging to the school which our child may have.
- I/we agree that our child be permitted to undertake group Eudiometric and Psycho metric tests which have been approved by the director of Education.
 I/we agree that if our child is over the compulsory school-going age he/she will attend school regularly and will only be absent for medical reasons.
- i/we understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lav a criminal charge of fraud against any of the parties to this application.
- 13. I/we accept responsibility of the learner's transport to and from the school and that the **loco parentis** duty transfer to the transport operator.

- 14. I/we undertake to inform the school promptly should the child be unable to attend school. None attendance at school for a period of more than **2 (two) days**, or non-attendance at any end of term / year tests or examinations, wili require a doctor's certificate.
 - Non-attendance at school for a period of more than **10 (ten) days**, the child may be removed from the school admission register as per Policy from DBE/GDE.
- 15. I/we undertake to support the school's constitution, vision & mission, school rules, code af conduct for learners and policy of admission, as defined and implemented by the Board of Directors of the school.
- 16. I/we understand that smoking in school uniform and the abuse of any drug or alcoholic beverage win not be tolerated under any circumstances.
- 17. I/we understand that fighting (Physical Assault) in school uniform and the abuse of any aggressive behaviour will not be toterated under any circumstances.
- 18. The signatory hereto hereby chooses **domicillium et executandi** as indicated below. In the event of a change of address, parents are to notify the schoot in writing.
- 19. I/we accept responsibility for immunizing our child against contagious diseases and normal infections, and shall produce proof thereof if required to do so.
- 20. This commitment in its entirety will be valid from the day on which it is signed by the parent/guardian to the day on which the learner officially leaves the school.

CONSENT FOR EXCURSIONS

l, the undersigned (full name and surname)	
(Full names of child)	
(Full names of child)	
Do hereby consent that my son / daughter may take part including sports, cultural activities, educational tours, eith of the fact that the Principal, his staff or parents involved, reasonable under the circumstances for the safety and we	er by foot or by vehicle. I take cognisance will provide such action as deemed
AND MEDICAL ARRANGI	EMENTS
Give NACC permission to use their own discretion, should	any child sustain serious injuries at school.
SIGNATURE OF FATHER / GUARDIAN	DATE
SIGNATURE OF MOTHER / GUARDIAN	DATE

PERSON RESPONSIBLE / ACCOUNTABLE FOR PAYING SCHOOL FEES

TITLE		FULL	NAI	IAME & SURNAME										
POSTAL														
ADDRESS													POSTAL COI	DE
TEL (HOME)				WORK CELL NO.										
FAX				EMA	IL									
I, the undersig	ned			'										
ID NO													CONFIRM	
PARENT / GUA	ARDIAN	OF		•		•							IN GRADE	
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2. That my ch	nosen d	omici	llium	dtand	di et	execu	utand	i (add	ress)) is as	follo	WS:		
O1 Desidentia	I A -l -l													
2.1 Residentia	i Adare	SS										(Sti	reet address)	
2.2 Name of er	mploye	r												
Work addre	ess											(Sti	reet address)	
7. That for the p involved, acco commission, i 8. I consent to t	are that y aware e revoke went I show the rurpose ording t interest, he jurisc of the O I Depart onsible	all sch that a ed or re nould f right to of any o the e posta diction Govern ment for the	nool any a econ fail to o der lega scale age fa n of the of the pay	fees ar lternat sidere o adhe mand t al actic betwe ees, fir he Mag Body c are Supr	re strive pod at a re to the funders anders of NO reme	ictly payme any state the teall out sing fattorner fees ate's CRTH A	payable of age. erms constanding of a and Scourt in ANGE to f Notes, united to fees, united and sees, united	e in a reeme of the ing ba nis ag collec heriff rresp LOS (orthe ntil I I	paynalance reem tion a cetive CHRIS	nent a e from ent I vagent sts. e of the STIAN utengoeen i	rtesy greer me will be and co e am COLI nforn	from ment with in e liable client, ount _EGE	the Governing with the schoo mmediate effe e for all legal o together with of the cause o , the jurisdiction	ol, the ct. costs any f debt on of
SIGNED AT					0	N TH	E					_DAY	OF	20

I confirm and guarantee that the information herein disclosed is true and correct and furthermore also bindingly applicable to the person responsible for the settling of this account.

SCHOOL FEES STRUCTURE

PHASE / GRADE	PAYMENT PER MONTH	PERIOD OVER 12 MONTH
Administration Fee Applicable to all Learners Yearly	N/A	R1200
ECD Phase Gr R	R1500	R18 000
Foundation / Intermediate Phase Gr 1-6	R1500	R18 000
Senior Phase Gr 7-9	R1600	R19 200
FET Phase Gr 10 - 11	R1700	R20 400
FET Phase Gr 12	R2000	R22 000 Period Over 11 Months
3 or more Siblings Get 5% off Per Chilld	To be calculated	

SIGNATURE (PERSON RESPONSIBLE FOR ACCOUNT)

NOTE:

School fees structure is subjected to change as per inflation rate.

Discount will be nullified if payment is in arrears for 30 days or more

To avoid all financial enquiries please forward proof of payments made by electronic transfers northangeloscollege@gmail.com

SCHOOL BANKING DETAILS

Banking Institution: First National Bank

Account Name: North Angelos Christian College

Account Number: 62763327965 Branch: Centralised

Reference: Surname & Name of the Learner