



No limits to learning

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AFFIX
 I.D. PHOTO OF
 APPLICANT
 HERE

APPLICATION FORM FOR ADMISSION TO THE LEARNING CENTRE

THIS APPLICATION WILL NOT BE PROCESSED IF NOT FULLY COMPLETED, SIGNED AND ACCOMPANIED BY THE REQUIRED SUPPORTING DOCUMENTS. (See checklist below)

ID photo Cert. applicant ID School reports Clinic Card Assessments/other relevant info:
 Certified IDs – both parents Cert. Account Payer ID Cert. Proof of address – account payer

Applying to work at grade level

Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7
Grade 8	Grade 9	Grade 10	Grade 11	Grade 12		

Year of admission: Month:.....

LEARNER DETAILS

Please print clearly

SURNAME:

FIRST NAME(s): Male Female

Called/Preferred name:..... Nationality:

DATE OF BIRTH : Dexterity: Left Handed Right handed

ID Number:																			
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Demography

(For Dept. of Ed. Statistics only)

Asian Black Coloured Indian White

HAS THE APPLICANT REPEATED A GRADE ? Yes No

If yes, please indicate: Grade: Year: School:

Home language: Religion:

Position in family 1st, 2nd, 3rd of Age of siblings: 1st 2nd 3rd

ADDITIONAL DETAILS

Applicant lives with	Both parents	Father	Mother	Guardian	Other
Parent(s) deceased	None	Father	Mother	Both	Death Cert. required

RESIDENTIAL ADDRESS OF APPLICANT

.....

.....

.....

..... **Post Code:**

PREVIOUS SCHOOL INFORMATION

Current School	Grades	Tel:	Fax:	Teacher:
Previous School	Grades	Tel:	Fax:	
Reason for leaving/wishing to join the Elsen Learning Centre				

EMERGENCY CONTACT INFORMATION

(Other than applicant's parents)

1 st contact name:	Relationship to applicant:
Tel. number:	Cell Number:
2 nd contact name:	Relationship to applicant:
Tel. number:	Cell Number:

MEDICAL DETAILS

Family doctor	Telephone
Medical Aid	Number
Main member	Option plan

PARENT DETAILS

FATHER'S DETAILS	MOTHER'S DETAILS
Title:	Title:
First name(s)	First name(s)
Surname:	Surname:
Date of birth:	Date of birth:
ID Number:	ID Number:
Home Tel:	Home Tel:
Cell Number:	Cell Number:
E-Mail:	E-Mail:
Marital status:	Marital status:
Home Address (if different from applicant):	Home Address (if different from applicant):
Postal Address:	Postal Address:
.....
Occupation:	Occupation:
Name of Employer: (if self-employed give name and nature of business)	Name of Employer: (if self-employed give name and nature of business)
Business Tel:	Business Tel:
DEMOGRAPHY (For Dept. of Ed. Statistics only) Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>	DEMOGRAPHY (For Dept. of Ed. Statistics only) Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>

PERSON RESPONSIBLE FOR PAYING FEES
TO BE COMPLETED IN FULL AND SIGNED BY ACCOUNT PAYER
(Please note that this application will not be processed without this completed form)

(PLEASE PRINT CLEARLY)

FULL NAME	
SURNAME	
IDENTITY NUMBER Copy of ID document required	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	
HOME TELEPHONE	
CELL NUMBER	
E-MAIL ADDRESS	
RELATIONSHIP TO LEARNER	
NAME OF EMPLOYER	
YEARS OF SERVICE	
BUSINESS ADDRESS	
WORK TELEPHONE	
PREFERRED METHOD OF PAYMENT	In full _____ Monthly debit order _____

- I certify that the information supplied is correct.
- I hereby give consent for Elsen Learning Centre to conduct any credit checks that the school might deem necessary.
- Certified copy of account payers ID and proof of address included.

SIGNATURE: _____ **DATE:** _____

DECLARATION BY PARENT/S OR GUARDIAN/S

I/We understand

1. That I/we as parent/s are liable for learning centre fees. I/We declare that I/we am/are in a financial position to pay the fees as adopted;
2. That I/we do hereby give consent for Elsen Academy to conduct any credit checks that the school might deem necessary;
3. That both parents are jointly and severally liable for payment of such fees;
4. That, as per Elsen’s Fee Policy and Terms of Payment, the school may refuse enrolment of the applicant if fees are outstanding at his/her previous school.
5. That payment is to be affected by one of the methods stipulated by the governing body contained in its’ School Fee Policy and Terms of Payment.
6. That any overdue accounts will be dealt with in accordance with our school fee policy and Terms of Payment i.e. failure to settle overdue accounts timeously could result in the learner being sent home and excluded until arrears have been settled.
7. That in the case of divorced or separated parents, it is NOT the school’s responsibility to follow up on fees in arrears.
8. That both parents are jointly and severally liable for payment of assessments and subsequent remedial sessions carried out by therapists;
9. That I/we hereby indemnify the school and its staff or their authorised agents, against any and all claims arising out of any injury, death, loss, damages, costs or expense, including legal costs suffered by the pupil or applicant during the period of enrolment of the pupil at the learning centre,
10. That I/we shall be obliged to give one month’s notice in writing if the student is withdrawn from the Learning Centre for any reason.

I/We confirm that I/we have read and fully understand the conditions contained in this application form and certify that the information supplied is correct

Father/Guardian **Signed:**
(please print name in full)

Mother/Guardian **Signed:**
(please print name in full)

Date:

RELEASE FORM

I hereby give permission for any information regarding our child.....
(please print name in full)
to be released to Elsen Academy and their multidisciplinary team.

Signed :..... Date:.....