



21 Bird Street, Central 6001
 P.O. Box 40272, Walmer 6065
 Tel: 041 582 3289
 Fax: 041 582 3188
viv@elsen.co.za

AFFIX
 I.D. PHOTO OF
 APPLICANT
 HERE

APPLICATION FORM FOR ADMISSION
 Please indicate whether you are applying for the

MAINSTREAM ACADEMY VOCATIONAL STREAM ON-LINE TDC LEARNING CENTRE

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

Parent Questionnaire ID photo Cert. applicant ID School reports Professional assessments
 Clinic Card Certified IDs – both parents Cert. Account Payer ID Cert. Proof of address – account payer
 Provisional transfer form from present school

Grade applying for

1	2	3	4	5	6	7
8	9	10	11	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:														
------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Demography Asian Black Coloured Indian White
 (For Dept. of Ed. Statistics only)

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

ADDITIONAL DETAILS

Names of Brothers and/or Sisters	e.g. Bob	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Dates of birth	12/12/2012				
Applicant lives with	Both parents	Father	Mother	Guardian	Other
Email Communication to	Both parents	Father	Mother	Guardian	
SMS Communication to	Both parents	Father	Mother	Guardian	
Parent(s) deceased	None	Father	Mother	Both	Death Cert. required

RESIDENTIAL ADDRESS OF APPLICANT

.....

.....

.....

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

PREVIOUS SCHOOL INFORMATION

Current School	Grades	Tel:	Email:	Teacher:
Previous School	Grades	Tel:	Email:	

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 SCHOOL 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 do hereby give consent for Elsen Academy to conduct any credit checks that the school might deem necessary.
Certified copy of account payers ID and proof of address included.

SIGNATURE: _____ **DATE:** _____



ELSEN ACADEMY

FINANCIAL CLEARANCE CERTIFICATE
(To be completed by learner's present school)

Name of learner: _____

Name of person responsible for fee payment: _____

ID No. of person responsible for fee payment: _____

Name of school where learner is currently enrolled: _____

Annual fees for current academic year: R _____

Fees paid to date: R _____

Fees outstanding: R _____

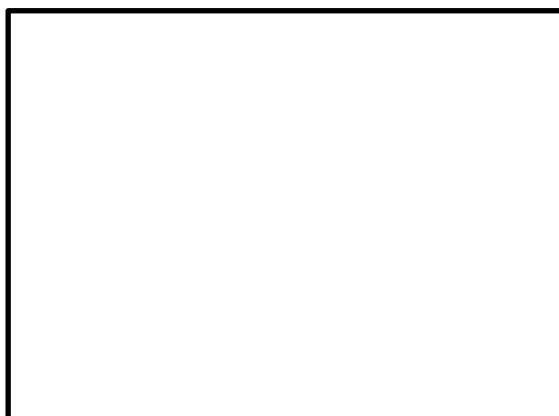
Comment: _____

Name of Head/Bursar

Signature of Head/Bursar

Date

SCHOOL STAMP



PERMISSIONS

Sign here	I/We GIVE permission for Elsen Academy to request information from our child/s previous school in the form of a confidential teacher questionnaire. I understand that this will include information with regards to his/her academic, emotional and social development.
Sign here	I/We GIVE permission for the Elsen Academy bursar to request financial information from our child/s previous school with regards to payment of fees history.
Sign here	That I/we do hereby give consent for Elsen Academy to conduct any credit checks that the school might deem necessary.

DECLARATION BY PARENT/S OR GUARDIAN/S

I/We understand

1. That I/we as parent/s are liable for such school fees. I/We declare that I/we am/are in a financial position to pay the school fees as adopted;
2. That both parents are jointly and severally liable for payment of such school fees;
3. That, as per Elsen’s School Fee Policy and Terms of Payment, the school may refuse enrolment of the applicant if fees are outstanding at his/her previous school.
4. That payment is to be effected by one of the methods stipulated by the governing body contained in its’ School Fee Policy and Terms of Payment.
5. 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 from classes until arrears have been settled.
6. That in the case of divorced or separated parents, it is NOT the school’s responsibility to follow up on school fees in arrears.
7. That both parents are jointly and severally liable for payment of assessments and subsequent remedial sessions carried out by therapists;
8. That I/we will not hold Elsen Academy accountable should I/we decline any recommended therapy;
9. That I/we acknowledge that I/we are aware of and agree to the fact that the enrolment fee paid by me in regard to the pupil is non-refundable and will be forfeited in the event of my cancelling the registration of the pupil;
10. 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 school and whilst the pupil is at or under the control of the school including activities and excursions arranged by the school off campus;
11. That I/we shall be obliged to give one full month’s notice in writing if the learner is withdrawn from Elsen Academy 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: