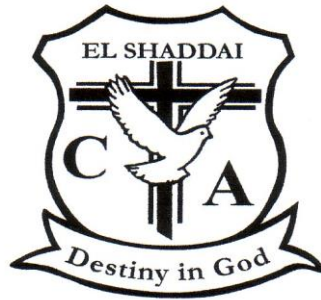


EL SHADDAI CHRISTIAN ACADEMY



APPLICATION FOR ADMISSION 2023



Applicant's First Name: _____

Applicant's Surname: _____

Into Grade _____ for 2023

Contact parent/guardian full name: _____

Contact Number Cell: _____

Contact Number Work: _____

Contact Email Address: _____

NOTE: This application form does not guarantee acceptance into El Shaddai Christian Academy. You will be informed by telephone call or email after relevant interviews have taken place.

Please only pay the R200 Application fee at the moment and not any other fees until notified.

CONTACT: Tracey Stobie, The Admissions Officer for any queries: info@elshaddaiportalfred.co.za or on 046 624 3616.

Please note that incomplete forms will not be considered. Please complete the following form and ensure that all the paperwork is attached in order to facilitate your application. Thank you.

ENROLEMENT PAPERWORK CHECKLIST:

		YOUR CHECKLIST	OFFICE USE ONLY
1	The fully completed enrolment form		
2	2x recent ID photos of the learner. Paste one of the photos on the cover page.		
3	The learner's most recent report		
4	A transfer card from the learner's current school		
5	Completed, signed and stamped Confidential Reference from current school		
6	A copy of the learner's immunization card (not optional)		
7	A copy of the learner's unabridged birth certificate		
8	Copy of BOTH parent's/guardian's ID's (Even if separated/divorced/unmarried) OR, copy of death certificate if parent is deceased.		
9	If available, a copy of the medical-Aid Card		
10	Most up-to-date school-fee statement from current school		
11	If applicable, Court documentation indicating guardianship/foster placement		
12	Proof of income, not older than three months <ul style="list-style-type: none"> • <i>If employed, a certified copy of both parents pay slips/bank statements</i> • <i>If self-employed, the last three month's bank statements.</i> • <i>If the learner is sponsored, proof of income for the sponsor – either bank statements or salary slips</i> 		
13	The completed, initialed and signed Contract: Undertaking by Parents/Guardians		
14	The completed and signed PAYMENT OF SCHOOL FEES Form		
15	The signed SCHOOL FEE STRUCTURE 2022 Form		
16	The CONSENT AND INDEMNITY form		
17	The completed POPI ACT CONSENT, WHATSAPP GROUP and IMAGE RELEASE Form		
18	The signed STATEMENT OF FAITH		
19	The Initialed and signed CODE OF CONDUCT AND DISCIPLINARY POLICY		
20	Foreign Nationals: Copies of work permits, study permits and Passports		
21	R200 Application fee		

Enrolment Procedure

Step 1: Submit the fully completed Application Pack, together with the required documents and R200 application Fee.

Step 2: You will be invited to an interview and your child may/may not be required to write a Diagnostic test.

Step 3: You will be interviewed by the principal of ESCA

Step 4: You will receive a call stating whether your application is successful or not.

Step 4: You will be required to collect the Parent Pack from the school and pay the R3 000 non-refundable registration fee within 30 days of acceptance.

Step 5: The learner may attend ESCA on the agreed date if all criteria are met.

After the applicant has been accepted, the following documents, which are also available to view on the El Shaddai website (www.elshaddaiportalfred.co.za), are to be issued to parents:

OFFICE USE ONLY: Parents sign on receipt of documents

		Parent Signature
1	Vision, Mission and Values	
2	Philosophy of Education	
3	Statement of Family Values	
4	Gender Policy	

Office Use Only

STUDENT NUMBER		SPORT HOUSE	
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PERSONAL DETAILS OF THE APPLICANT (THE LEARNER)

Year applied for		Grade applied for		Grade accepted for	
Date of application		Highest Grade Passed to date		Year that the Grade was passed	
Has the learner repeated a grade?		Which Grade?		Which year?	

SURNAME (AS PER BIRTH CERTIFICATE)	
FIRST NAME (ONLY)	
2 ND /OTHER NAMES	
PREFERRED NAME	

DATE OF BIRTH		GENDER	<i>Male</i>	<i>Female</i>
RACE	<i>Asian/Indian</i>	<i>Coloured</i>	<i>Black</i>	<i>White</i>
HOME LANGUAGE		NATIONALITY		
CITIZENSHIP	<i>SA Citizen</i>	<i>Immigrant</i>	Year of immigration	
ID/PASSPORT NUMBER				

HOME ADDRESS (of learner)					
					CODE
THE LEARNER LIVES WITH	<i>Both parents</i>	<i>Father</i>	<i>Mother</i>	<i>Grandparents</i>	<i>Other. Specify</i>
HOME TEL. NUMBER			LEARNER CELL NO:		
EMERGENCY NUMBER (Parent/Guardian)			RELATION OF EMERGENCY CONTACT		
EMERGENCY NAME			EMERGENCY SURNAME		
LEARNER EMAIL ADDRESS					

NAME OF PREVIOUS SCHOOL				
CONTACT NUMBER		PROVINCE/COUNTRY		
DEXTERITY	<i>Right handed</i>	<i>Left handed</i>	<i>Ambidextrous (both)</i>	
MODE OF TRANSPORT	<i>Taxi</i>	<i>Car</i>	<i>School</i>	<i>Other</i>

IF PARENTS ARE DECEASED	<i>Both Parents</i>	<i>Mother</i>	<i>Father</i>
RELIGION		CHURCH	

NUMBER OF CHILDREN IN THE FAMILY				
POSITION OF APPLICANT IN THE FAMILY (E.g. firstborn, 2 nd , 3 rd , etc)				
DOES THE APPLICANT HAVE SIBLINGS AT ESCA	<i>Yes</i>	<i>No</i>	WHICH SPORT HOUSE?	

LEARNER DETAILS CONTINUED

MEDICAL AID NAME		MEDICAL AID NUMBER	
MAIN MEMBER		MAIN MEMBER ID No.	
DOCTOR'S NAME		DOCTOR'S TEL NUMBER	
CLINIC NAME		ACCOUNT REF. No.	
ALLERGIES			
MEDICAL CONDITIONS <i>E.g.: Diabetes, Epilepsy etc</i>			
BARRIERS TO LEARNING <i>E.g. ADHD</i>			

DETAILS OF PARENT/S OR GUARDIAN/S**PARENT/GUARDIAN 1**

SURNAME					TITLE <i>E.g. Mr/Mrs/Rev/Dr</i>				
FIRST NAME					GENDER	<i>Male</i>		<i>Female</i>	
ID/PASSPORT No.									
NATIONALITY					RACE				
HOME LANGUAGE					RELATIONSHIP TO LEARNER				
LEARNER RESIDES WITH THIS PARENT	Y	N							
MARITAL STATUS	<i>Single</i>	<i>Married to other parent</i>	<i>Separated</i>	<i>Divorced</i>	<i>Widowed</i>	<i>Living together</i>	<i>Remarried</i>		
HOME TEL No.					CELL NUMBER				
WORK TEL NUMBER					ALTERNATIVE NUMBER				
EMAIL ADDRESS									
RESIDENTIAL ADDRESS									
								CODE	
POSTAL ADDRESS									
								CODE	
OCCUPATION					EMPLOYER				

PLEASE TURN OVER

DETAILS OF PARENT/S OR GUARDIAN/S**PARENT/GUARDIAN 2**

SURNAME						TITLE <i>E.g. Mr/Mrs/Rev/Dr</i>					
FIRST NAME						GENDER	<i>Male</i>		<i>Female</i>		
ID/PASSPORT No.											
NATIONALITY						RACE					
HOME LANGUAGE						RELATIONSHIP TO LEARNER					
LEARNER RESIDES WITH THIS PARENT	Y	N									
MARITAL STATUS	<i>Single</i>	<i>Married to other parent</i>	<i>Separated</i>	<i>Divorced</i>	<i>Widowed</i>	<i>Living together</i>	<i>Remarried</i>				
HOME TEL No.						CELL NUMBER					
WORK TEL No.						ALTERNATIVE NUMBER					
EMAIL ADDRESS											
RESIDENTIAL ADDRESS											
											CODE
POSTAL ADDRESS											
											CODE
OCCUPATION						EMPLOYER					

IF PARENT/GUARDIAN IS REMARRIED, FILL IN THE STEPPARENTS' DETAILS**STEPPARENT 1 (married to parent/guardian 1)**

SURNAME						TITLE <i>E.g. Mr/Mrs/Rev/Dr</i>					
FIRST NAME						GENDER	<i>Male</i>		<i>Female</i>		
ID/PASSPORT No.											
HOME TEL No.						CELL NUMBER					
WORK TEL No.						ALTERNATIVE NUMBER					
EMAIL ADDRESS											

STEPPARENT 2 (married to parent/guardian 2)

SURNAME						TITLE <i>E.g. Mr/Mrs/Rev/Dr</i>					
FIRST NAME						GENDER	<i>Male</i>		<i>Female</i>		
ID/PASSPORT No.											
HOME TEL No.						CELL NUMBER					
WORK TEL No.						ALTERNATIVE NUMBER					
EMAIL ADDRESS											

PAYMENT OF SCHOOL FEES

Learner First Name and surname: _____ Student Number: _____

Payment Method(tick):	Annual Payment in advance		Monthly Payment in advance	
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DETAILS OF THE PERSON RESPONSIBLE FOR THE SCHOOL FEES

SURNAME:											Title: (e.g. Mrs/Mr/Dr/Rev)
FIRST NAMES:											
IDENTITY NUMBER:											
Telephone Numbers:	Home:					Work:					
	Cell:					Fax:					
Email Address											
Residential Address:											Postal Code:
Postal Address:											Postal Code:
Occupation:						Employer:					
Employer Tel:											

THIS SECTION MUST BE FILLED IN BY THE PERSON RESPONSIBLE FOR PAYING THE ACCOUNT:

- 1) It is hereby agreed that I/we the Guardians/Parents of the Learner shall be **liable jointly and severally** (meaning both parents) for the payment of the School Fees and additional charges as per the terms of El Shaddai Christian Academy.
- 2) It is hereby acknowledged that one month's written notice is required for any learner being removed from the Academy.
- 3) Should the notice not be given, I/we will be responsible for the payment of the forthcoming month's fees in lieu of such notice.
- 4) As per the contract I/we understand that should any legal action be taken to recover outstanding school fees, I/we will be held responsible to pay these legal fees.
- 5) I/we furthermore understand that my/our child/ren will be suspended from the Academy, while being charged full school fees, until such outstanding fees are paid.
- 6) I/we agree to pay interest on outstanding amounts as well as a nominal administration fee set by the Academy to cover the cost of additional paperwork and calls that El Shaddai Christian Academy may have to make to secure overdue payments.
- 7) El Shaddai Christian Academy will not accept cheques.

Signed on this _____ day of _____ at _____

- It is essential to have the witnesses sign this document.

Name of Mother:	Signature:
Name of Father:	Signature:
If person other than parents is responsible for fees:	Name:
	Signature:
Name of witness 1:	Signature:
Name of witness 2:	Signature:

Information checked by school representative: _____

CONSENT AND INDEMNITY FORM

Full name of learner: _____

I hereby give consent for my child:

- a) To take part in school trips and other activities that may take place off the school premises
- b) To be given first aid or urgent medical treatment during any school trip or activity, allowing a staff member to act "in loco parentis" – in place of the parents.
- c) Participate in sport activities and other Academic related activities at school.

If you are not in agreement with this, please furnish relevant information to explain the reasons.

Please note the following important information before signing this form:

- a) The trips and activities covered by this consent/indemnity include
 - Any activities on regular any school day.
 - All visits by learners to offsite property which can take place during school hours, after school, holidays or weekends.
 - Adventure activities at any time.
 - Offsite sporting fixtures.
- b) The school will send you information about each trip before it takes place.
- c) You may, if you wish, tell the school that you do not want your child to participate in any particular school trip. (School trips may only be attended if fees are up-to-date)

DECLARATION:

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present. I agree that all of these treatments will be for my personal account and that the school cannot be held responsible to cover costs incurred.

Initial: _____

INDEMNITY:

I hereby indemnify, hold harmless and absolve the staff, other members of the touring party including accompanying parents and the Governing Body of El Shaddai Christian Academy against any or all claims that may arise in connection with the loss of or damage to the property of or injury to my child/ward in the course of activities during school hours and on any trips or during the course of activities on the trip, in the knowledge that the trip manager will endeavor to take all precautions for the safety and welfare of my child/ward.

I have read, understood and agree to the above.

Parent/Guardian 1 signature: _____ Date: _____

Parent/Guardian 2 signature: _____ Date: _____

Witness name: _____ Witness signature: _____

POPI ACT CONSENT FORM

Learner's full name: _____

Under the POPI Act, I am obligated to inform you with whom we share your and your child's personal information.

The personal information that we collect is used specifically for school purposes. The following persons or entities are involved in the collection or processing or use of your information:

- The administration staff who collect the data and capture it on our various data-bases to create class lists, contact sheets, report cards and various other school related requirements.
- The teachers and principal have access to information for the same reasons as well as for educational purposes.
- SAGE – Our accounting system, this is also viewed by a third party to ensure that all our practices are credible.
- SASAMS – our Data Base where we capture all the information required. This information is shared with the Department of Education
- The Department of Education has access to personal information and academic information of learners
- NAISA – Have access to information, but only as anonymous surveys, they are not privy to personal information
- ACSI – This is our Covering Body. They have access to minimal learner information, but mostly also in survey form
- Specialist, Like Occupational Therapists, Audiologists etc – They have access to information once you as a parent have granted permission for us to pass this information on.
- Debt Collectors and lawyers – your information will be handed to them to enable us to collect outstanding fees.
- Doctor/Hospital/medical personal – relevant information in case of an emergency.
- Other Schools – To hand over portfolios and profiles in the event of transfer to another school. We also give information to other schools who request references from schools before enrolling their children.
- UMALUSI – The matric examination body to enable the printing of reports
- Auditors – have access to some personal information for auditing processes.
- SACCSA – Our sports association where we give specific information about specific learners if required.
- SGB – relevant information is required by the SGB to enable it to make decisions for the future benefit of the school.
- Various events at school – EG: Eisteddfod, Art competitions may require names, ages and contact numbers.
- Newspapers, Facebook and the ESCA webpage – for marketing and of course to brag about your beautiful children.
- WhatsApp Groups – telephone numbers are easily accessible on the various groups.

The school cannot function without sharing appropriate and relevant information with each of the above.

Sign your consent for the sharing of information:

Parent/Guardian 1 signature: _____ **Date:** _____

Parent/Guardian 2 signature: _____ **Date:** _____

Witness name: _____ **Witness signature:** _____

WHATSAPP GROUPS

WhatsApp groups need special permission and understanding:

- We use WhatsApp groups for fast, efficient communication with parents and learners.
- Your permission is required to be on the groups.
- By signing this you give permission to the school to add your name to any relevant class, sport, tour or information group that will benefit you and your child. Specific groups will be deleted after they have served their purposes.
- By signing this, you also agree not to share any parent's numbers with any third party unless you have obtained permission from that person to share their number.
- You also agree not to use any of the numbers for marketing purposes other than ESCA marketing.

WhatsApp number: _____

Parent/Guardian 1 signature: _____ Date: _____

Parent/Guardian 2 signature: _____ Date: _____

Witness name: _____ Witness signature: _____

IMAGE RELEASE

As the parent/legal guardian of _____ (*learner's name*), I have legal authority to execute this release on his/her behalf. I hereby grant El Shaddai Christian Academy irrevocable permission to publish photos of my child taken during the duration of his/her scholastic career at the aforementioned Academy including, but not limited to official and unofficial school events, including events both on and off the Academy premises.

These images may be published in any reasonable manner, including, but not limited to advertisements, periodicals, calendars, on social media and in press releases. Furthermore, I will hold harmless any photographer and his/her legal representatives and assigns, from any liability by virtue of minor cropping that may be required, and colour and exposure shifts that may occur in reproducing this photograph.

I have read this release and fully understand its implications.

Parent/Guardian 1

Name: _____ Signature: _____

Date: _____

Parent/Guardian 2

Name: _____ Signature: _____

Date: _____

Witness

Name: _____ Signature: _____

Date: _____