Junior Academy

End of Kalahari Street

Kuruman, 8460
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info@sediba.org

www.sediba.org

**Fountain of Hope Processing Programme Control of Hope Processing Pr

Dear Parent/Guardian,

When applying at Sediba Academy please take note of the following important aspects:

- All required documents must be attached before the application will be accepted.
- Please make sure to sign the applicable areas and include ID copies of all involved.
- Only Legal Guardians may make an application for admission Attach proof
- Submit the completed application at the front desk.
- Completing and signing the Contract does not guarantee enrolment at Sediba Academy.
- The Admission Committee has the final say about the outcome of the application.
- The Contract activates after acceptance by both parties and payment of registration fee.
- The registration fee is payable within 7 days or you can forfeit the space.
- We will contact parents/guardians to confirm whether the application was successful or not.

REQUIRED DOCUMENTATION				
Copy of both parent's / Guardian ID's	8. Copy of child's Birth certificate / ID			
If a legal Guardian, proof of Guardianship	Provisional transfer letter from current or previous school			
3. Pay slip of Account payer	10. Statement of previous school fee account not older than 3 months			
Three-month bank statements-Account Payer	11. Two (2) ID size colour photos of the child			
5. Copy of proof of residence	12. Copy of child's latest school report			
6. Copy of medical aid card	13. For all non-S. A Learners. Valid study permit required			
7. Copy of clinic / immunisation card.	Staff member checked received.			



JUNIOR ACADEMY APPLICATION FORM FOR ADMISSION



LEARNER'S FULL NAME AND SURNAME	For Grade	Academic year
		-

We, the PARENT/GUARDIAN of the child above, undertake and bind ourselves contractually to Sediba Academy to pay school fees upfront, monthly and in full until we give 30 days' written notice for the child to leave. We will abide under the academic discipline, Christian values and school fee structure of Sediba Academy and will accept any changes that need to be made during unforeseen circumstances or yearly increases.

LEARNER INFORMATION									
Note : This form must be completed in full. All changes to be initialled or signed by parent / guardian. Completingthe form does not necessarily mean that the learner has been accepted into the school.									
Grade Applied For:		Highest Grade Passed		Year	Passed		Accessic Number	on	
First Name to use in class:			Other Names			Gen	der M / F		
Date of Birth:	YYYY / DD / MM		Identification	on / Pa	assport Nu	mber:			
Physical Address				Home Telephone:					
Suburb / Town				Emergency Number:					
Postal Code				Parent Cell					
Home Language			Mode of Transport						
Deceased Parent			Religion						
Previous School: Name / Phone Number									
Previous Principal: Name / Phone Number									
Dexterity of Learner	Ri	ght-handed	nt-handed Left-handed						
Any Medical Conditions (i.e., Allergies / Asthma etc.) and / or Disabilities:									
Is or have your child received any therapy (like Occupational, Psychologist Yes No									
If yes, give details the period and reason or add report.									
Childs Immunizations up to date: Yes No (If no, state the reason)									

PARENT / GUARDIAN INFORMATION				
DETAILS OF MOTHER / GUARDIAN Title:		DETAILS OF FATHER / GUARDIAN Title:		
Surname:		Surname:		
Full Name:		Full Name:		
Gender:	Race:	Gender: Race:		
Home Language:		Home Language:		
Identity No:		Identity No:		
Cell No:		Cell No:		
Email Address in block	letters below:	Email Address in block	letters below:	
Account Payer: Yes / No		Account Payer: Yes / No		
Residential Address:		Residential Address:		
Postal Address:		Postal Address:		
Occupation:		Occupation:		
Employer:		Employer:		
Employer Telephone no.		Employer Telephone no.		
Marriage Status of Parents:				
Learner Resides with:				
Contact Details where Learner Resides:				

FINANCIAL INFORMATION

Parent / Guardian responsible for paying the	school fees:		
Name of Account Payer:	Contact no:		
ID Missack and			
ID Number:			
If paid by a trust or fund – provide details, co	ontact person and number:		
Include a copy of the accou	ınt payer's ID if not a pare	ent/guardian	
Do you already have a school fee account wi	th us?	Yes	No
If yes, please provide the school fee account	t no.		L
Do you want to include this child in the mention	oned account?	Yes	No
Mark the option you prefer:			
Once off amount option: Qualifies for 5% discount on Debit order total if set date on a monthly basis until full settlement takes p		st still be kept up to	
Trust Fund/Master's Office option: (provide p School fee payments remain the responsibility of the p claims must be handled by the parent/guardian. option	parent until the Trust settles the acc		
12 Month Debit order option: Debit orders may deduction should be 1 Dec. 12-Month invoices will must be settled by 1 st of December each year.			
12 Month Cash option: First school fee payment the last instalment paid by 1st December always future. Payments can be Cash / Swipe or Bank deposition.	in advance. 12-Monthly Invoice		
Any other information the school needs to ke	now:		
Full Names and Grades of other Siblings Cu	rrently attending Sediba A	cademy	

I/WE UNDERSTAND, AGREE TO AND UNDERTAKE AS FOLLOWS:



- 1. This application must still be approved before my/our child can be accepted at Sediba Academy.
- 2. I / We will make myself/ourselves aware and abide under all the financial and disciplinary policies of Sediba Academy at the time of my/our child's admission.
- 3. By signing the contract both of us take responsibility and are liable for paying school fees. I/we am/are aware that interest, extra charges and legal cost can be booked to my/our account if I/we fail in my/our commitment.
- 4. I / We also agree that this child may be financially expelled from class in the event of the account being in arrears for 60 days or longer and that invoices will still be added to the account until I/we give 30 days' notice that my/our child is leaving Sediba Academy.
- 5. I / We will give 30 day's written notice should my/our child have to leave the academy.
- 6. I / We am/are enrolling my/our child into a Christian school, as parent/s/guardian together with my/our child, we will both abide to the Christian ethos of the school.
- 7. I / We are aware that all sport or cultural activities my child participate in will be at our own expense
- 8. I/We understand that my/our child is expected to participate in school activities including physical education and sponsored trips away from the educational facility and I/we, the Parent/s hereby indemnify and agree to hold harmless, Sediba Academy, Executive Board, Principals and Staff, against any and all claims, costs or expenses, howsoever arising, including legal costs, arising out of injury, loss or damage suffered as a result of any activities during the enrolment of my child at the school.
- 9. Information as supplied is accurate and correct.

***If you are the legal guardian signing – please	attach a copy of your legal appointment *
Name of Mother /Guardian:	
Signature:	Date:
Name of Father/Guardian:	
Signature:	Date:
Surety (Needed f	or single parent/guardian)
Name of Surety:	
ID no/Passport no of Surety:	(Include copy)
Physical Address of Surety:	
Relationship to the learner:	
Signature of Surety:	Dato