



RICHARDS BAY CHRISTIAN SCHOOL

PLEASE COMPLETE WITH A BLACK PEN

PLEASE WRITE IN BLOCK LETTERS

LEARNER GRADE APPLICATION

Toddler (18 Months) GR RRRR GR RRR GR RR Gr R (6 years)
 Foundation (Gr 1 - 3) Intermediate (Gr 4 - 6) High School (Gr 7 - 12)

LEARNER INFORMATION


LEARNER

Full names: _____
 Surname: _____
 Preferred name: _____
 Date of birth: _____
 ID number: _____
 Nationality: RSA Other: _____
 Immigrant: Yes No
 Country of origin: _____
 Student permit number: _____
 Permit expiring date: _____
 Passport number: _____
 Religious denomination: _____
 Gender: Male Female
 Ethnic group: _____
 Home language: Afrikaans English Other: _____
 Learner mobile number: _____
 Learner e-mail address: _____
 Admission date: _____
 Grade in 20____: _____

Pre-primary education attended: Formal Informal
 Other: _____

Writing :
 Left handed Right handed Ambidextrous

House allocation : (Current Siblings)
 Pelican Flamingo New student

Attach learner photo: 

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried
 Foster care Childrens home Single parent - Divorced
 Other Widow/Widower
 Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

High Risk: _____
 Chronic diseases: _____
 Allergies: _____
 Medication: _____

MEDICAL AID INFORMATION

Name: _____
 Telephone number: _____
 Member number: _____
 Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____
 Telephone number: _____
 Business address: _____

OFFICE USE ONLY

Family code: _____ Waiting list: A B
 Number on waiting list: _____
 Register class: _____
 Admission number: _____
 Proof of residence:
 Certified copy of childs birth certificate / ID / Passport
 Certified copy of both parents ID / Passport:
 Study Permit:
 Latest 3 months bank statements:
 Latest 3 months payslips:
 Consumer profile consent form:
 Most recent students school report:
 Copy of medical aid card:
 Copy of immunization growth chart:
 X1 Passport photo:
 Remedial / Assessment reports:
 R350 Application fee:

Method of transport: Private Taxi Bus

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in KwaZulu Natal : Yes No

Learner attended school last year: Yes No

If yes, in which Province/Country: _____

Previous school: _____

Telephone Number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Passport number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?: Yes No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Passport number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Married Divorced Single Widow Widower

Is the learner living with this parent?: Yes No

DECLARATION BY PARENT / GUARDIAN

I, _____ (Name of Parent / Guardian), hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable of a criminal offence.

Signed at _____ on _____ day of _____ 20_____.

Signature of Parent / Guardian: _____ Signature of Parent / Guardian: _____

ACCOUNTABLE PERSON'S INFORMATION

Biological Parent 1

Biological Parent 2

Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail By hand

Language preference: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

Postal Code: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Language preference: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

Postal Code: _____

HOW DID YOU HEAR ABOUT RICHARDS BAY CHRISTIAN SCHOOL?

Existing parents Advertisement Internet / Social media Word of mouth

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL? Yes No

Name of other learner(s) : _____

Fee Clearance Certificate

To be completed by the students's current school

Name of parents / gaurdian responsible for fees: _____

Identity number of parent / gaurdian responsible for fees: _____

Name of student / students: _____

Name of school where student is currently enrolled: _____

Annual fees for (year) 20.....: _____

Fees paid to date: _____

Fees outstanding: _____

Comment: _____

This is to certify that the above parent has paid school fees as indicated above.

Principal / Bursar : _____

Date : _____

School Stamp :



Reg: SA 0116/VSA 185049
PBO No. 930004734

Love
Excellence
Leadership

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Preschool number (035) 786 0184
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