



EASTRIDGE CHRISTIAN SCHOOL

EMIS NUMBER: 700400328

89 Silwood Road , Bramley

P.O Box 404 Highlands North, 2037

Tel: 011 440 1565

Email: eastridgechristianschool@gmail.com

Website: eastridgechristianschool.co.za

APPLICATION FOR ADMISSION TO SCHOOL - 2020

NOTE: This form must be completed in full. All changes must be initialled or signed by a parent/guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade applied for : _____ Highest grade passed: _____ Year when grade was passed: _____

Surname: _____ Nickname: _____ Initials: _____

First name: _____ Other names: _____

Date of Birth: Year _____/Month _____/Date: _____ Gender: Male _____/Female _____

Race: _____ ID/Passport No: _____ Permit No: _____

Country of Residence: _____ Citizenship: _____

If South African Indicate the province: _____

Physical Address: _____ Home Telephone _____

Emergency Telephone: _____

City/Suburb: _____ Cell No: _____

Code _____ Email Address: _____

Home Language: _____ Preferred Language of Instruction: _____

Borders YES/NO _____ Deceased parent: Mother _____ Father _____ Both _____ (tick) Religion: _____

Previous School Information:

Name: _____

Physical/Postal Address: _____

Code: _____ Province: _____

Country: _____ Telephone: _____ Fax: _____

Dexterity of a Learner:

Right handed: _____ Left handed: _____ Ambidextrous _____ Any Disability _____

Church Attending _____ Pastor/Elder _____

Telephone _____

The following certified documents must be submitted to the school:

1. Copy of Immunisation Records
2. Copy of Birth Certificate
3. Progress Report Card
4. Transfer Letter from Previous School
5. Proof of Residence
6. Parents ID Copy
7. ID photos for the learner [2 ID PHOTOS]
8. 3 Months Bank Statement
9. Payslip

Name of other children at the school:

- 1. Name: _____ Grade: _____
- 2. Name: _____ Grade: _____
- 3. Name: _____ Grade: _____

Parent /Guardian

Title: _____ Initials: _____ Surname : _____

First Names: _____ Gender: _____

Home Language: _____ Race: _____

Identification /Passport No: _____ Account Payer : Yes/No [encircle]

Residential Street Address: _____

City/Suburb : _____ Code: _____

Occupation: _____ Employer: _____

Spouse/Next of kin Surname: _____ Spouse Name: _____

Occupation: _____ Learner resides with this parent: Yes/ No [encircle]

Spouse ID /Passport No: _____ Marital Status of parent: _____

Spouse Tel Number: _____ Spouse Cell No: _____

Declaration and Indemnity

I, _____ the parent/guardian of _____
in grade _____ undertake to pay fees for the above learner **before the 1th day of each first month of the term**
as prepayment. I understand failure to make the payment on time will attract interest on my account and I will be
handed over to the legal department.

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

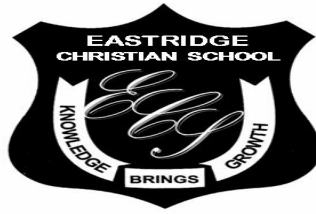
Date: ____/____/____

Parent Signature: _____

Commissioner of Oaths:

Date: ____/____/____

Stamp: _____



Eastridge Simplified Guide to the Most Important School Rules

Once the child is enrolled at Eastridge Christian School he/she is expected to dress, behave and do everything possible to ensure that the school's name /reputation is enhanced and maintained. Be a credit to the Eastridge family.

- 1. Dress Code:** - Full school uniform is compulsory at all times. Dress neatly and conservatively at all times. Girls' hair to be neat and tidy, no weaves. Braids must be shoulder length and tied. Boys should have short hair at all times (combed), no styles. Blazer is compulsory from Grade 7 – 12 learners all year round.
NO JEWELLERY OF ANY KIND FOR BOYS AND GIRLS, NO COSMETICS FACIAL OR CUTEX.
- 2. Violence/assault/dangerous games/bullying/dangerous weapons:** - Initiation of any kind, at any level, is strictly prohibited. Any force of violence will be treated as a level 4 offence.
- 3. Permission to leave the school early, for any reason:** - No person except the Principal will give a learner permission to leave the premises early. The school will not take any responsibility if anything happens to the child.
- 4. Smoking/Drugs/Substance abuse/Alcohol:** - Any learner found with cigarettes/dagga etc in his or her possession will be deemed to be a user. Learner may not smoke any substance at anytime, anywhere on their way to or from school or at any activity organised by the school whether in uniform or out of uniform. Remember, your body is the temple of God.
- 5. Vandalism/Theft or unauthorised "borrowings":**- Any learner found inscribing his/her name or other smut on the walls or trees will be severely dealt with. Vandalism will not be tolerated. Any "borrowing" not sanctioned by any educator or learner will be viewed as theft.

We believe we are a family at Eastridge Christian School. We wish to inculcate family values in our learners.

**CHASTEN THY SON WHILE THERE IS HOPE, AND LET NOT THY SOUL SPARE FOR HIS
CRYING. PROVERBS 19:18**

[Name of the Parent]

[Signature]

[Date]

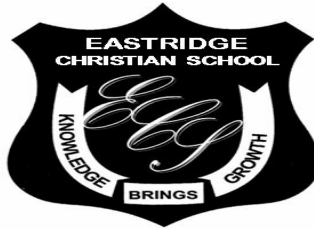


PARENTS/SPONSOR CONTRACT

Please initial each of the following points and sign and date fully at the bottom

1. I have read the school prospectus and I confirm my commitment and support to the sentiments expressed there in. _____
2. I will be loyal to the school, and will encourage my child to identify with the school's ideals, and to obey the school rules. _____
3. I give permission that my child may participate in any of the extra-curricular activities organised by the school. This includes sporting and cultural activities as well as excursions/tours. I understand that reasonable precautions will always be in place to ensure the safety of children. I further understand that some activities may imply additional costs and i expect to be consulted on this matter before my child is asked to participate. _____
4. I accept full responsibility for the prompt payment, in advance, of all school fees and legitimate expenses as indicated on duly rendered school accounts. I understand that I may be asked be asked to withdraw my child if i am not able to settle my account. _____
5. I hereby consent that the school or its appointed agent may carry out a credit bureau of how i have performed in meeting my obligations in terms of this agreement and in the event that i fail to meet my obligations may record my none performance with the applicable credit bureau. _____
6. I hereby undertake and bind myself to pay any costs, including legal fees on an attorney and client scale, tracing fees and collection costs which may be incurred by the school in its recovery of any outstanding amount due by me. Furthermore, i hereby undertake and bind myself to pay in respect of any amount not paid by the due date, interest compounding monthly, at the maximum rate permissible by law. _____
7. Should it be necessary for any reason to withdraw my child during the school year, i understand that i will be responsible for the payment of the school fees up to the end of the term in which my child is withdrawn from the school. _____
8. I understand that the personal belongings of child/ren are not insured by the school. _____
9. Pregnancy-immediate withdrawal. If a pregnancy is suspected, parent will be called in and a pregnancy test will be requested. If positive –the learner will be immediately withdrawn from school.
NB: No sex before marriage. _____
10. I give permission that my child may be subject to medical tests for drugs or other illegal substances if there is evidence or reasonable suspicion that/he/she may be involved in substance abusive activities. I understand that such testing will always be dealt with confidentially and in a professional manner and that I will be kept informed with regard to the process. I agree to be responsible for any laboratory costs that may be involved. _____
11. I give the principal or hi/her representative the right to act "*in loco parentis*" to my child. _____

Signature: Parent/Sponsor _____ Date: _____ / _____ / _____



MEDICAL INFORMATION

Please attach a copy of you Medical Card and ID Document

1. Name of Medical Fund:
2. Membership No:
3. Name of the Principal member of medical fund:
4. ID No. Of Principal member of Medical Fund:
5. Does your child have any allergy, including allergy to medication, tendency towards abnormal bleeding, epilepsy, etc. Please state.

If the learner is not on a Medical Aid please complete the following information:

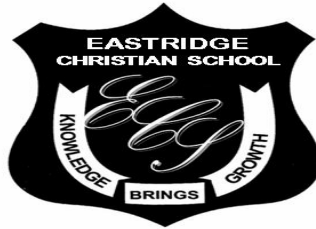
1. Name [in full] of Parent or Guardian responsible for account:

2. ID No: Number :

3. Marital Status:

4. Annual family income:

- 5. Number of persons in house hold: Father :** **Mother:** **Children:**



CHURCH INFORMATION

1. Is the parent/guardian a baptised member of the church Seventh day-Adventist: yes no:

2. If "yes" a. Give the name of the home congregation:

b. Give the name of the conference :

3. If "no" which religious denomination does the Parent/guardian belongs to?

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent/Guardian [Please print]: _____

Signature of Parent/Guardian: _____

Date: ____/____/____



EASTRIDGE CHRISTIAN SCHOOL

EMIS No: 700400328
 89 Silwood Road, Bramley
 P.O Box 404 Highlands North, 2037
 Tel: 011 440 1565

Email: . eastridgechristianschool@gmail.com

Website: eastridgechristianschool.co.za

SCHOOL FEE STRUCTURE 2020

GRADE: R -3

	REGISTRATION FEE	LEVY	TERMLY FEES	MONTHLY FEES	YEARLY FEES
FEES AMOUNT	R 800.00	R. 1000.00	R 3 060.00	R 1 304.00	R 13 240.00 Levy Included

GRADE: 4 - 6

	REGISTRATION FEE	LEVY	TERMLY FEES	MONTHLY FEES	YEARLY FEES
FEES AMOUNT	R 800.00	R. 1000.00	R 3 410.00	R 1444.00	R 14 640.00 Levy Included

GRADE: 7 -9

	REGISTRATION FEE	LEVY	TERMLY FEES	MONTHLY FEES	YEARLY FEES
FEES AMOUNT	R 800.00	R. 1000.00	R 3 610.00	R 1 524.00	R 15 440.00 Levy Included

GRADE: 10 -12

	REGISTRATION FEE	LEVY	TERMLY FEES	MONTHLY FEES	YEARLY FEES
FEES AMOUNT	R 800.00	R. 1000.00	R 4 164.00	R 1 746.00	R 17 656.00 Levy Included

NB: Due date for payment of the fees is on the 1th day of the first month of the term.

10% DISCOUNT IF YOU PAY THE YEARS' SCHOOL FEES BEFORE THE 7TH OF JANUARY 2020

REGISTRATION FEE NOT REFUNDABLE

BANKING DETAILS – STANDARD BANK

ACCOUNT HOLDER- EASTRIDGE CHRISTIAN SCHOOL

ACCOUNT NUMBER-001731548

REF: NAME & GRADE OF THE CHILD