



## EASTRIDGE CHRISTIAN SCHOOL

EMIS NUMBER: 700400328

89 Silwood Road, Bramley

P.O Box 404 Highlands North, 2037

Tel: 011 440 6900 /011 010 7250

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### APPLICATION FOR ADMISSION TO SCHOOL 2023

**NOTE: This form must be completed in full. All changes must be initialed 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 Immunization 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. Pay slip

**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 1<sup>th</sup> 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 always compulsory. Dress neatly and conservatively always. Girls' hair to be neat and tidy, no weaves. Braids must be shoulder length and tied. Boys should always have short hair (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 organized by the school whether in uniform or out of uniform. Remember, your body is the temple of God.
- 5. Vandalism/Theft or unauthorized "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**

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[Name Of the Parent]

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[Signature ]

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[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 their 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 organized 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 to 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 if I fail to meet my obligations may record my nonperformance 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 me 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. No Refunds on registration & fees paid to the school account.
9. If you wish to transfer your child, you must give the school two (2) months' notice. No transfer letter will be issued if you do not give two months' notice and you will be charged for those term's fees.
10. I understand that the personal belongings of child are not insured by the school. \_\_\_\_\_
11. 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.** \_\_\_\_\_
12. 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 about the process. I agree to be responsible for any laboratory costs that may be involved.  
\_\_\_\_\_
13. 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 household: Father:**  **Mother:**  **Children:**

## CHURCH INFORMATION

1. Is the parent/guardian a baptized 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:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## SCHOOL FEES STRUCTURE 2023

### GRADE: R -3

	REGISTRATION FEE	TERMLY FEES	MONTHLY FEES	YEARLY FEES
FEES AMOUNT	R 1000.00	R 3 750.00	R 1 500.00	R 15 000.00

### GRADE: 4 – 6

	REGISTRATION FEE	TERMLY FEES	MONTHLY FEES	YEARLY FEES
FEES AMOUNT	R 1000.00	R 4090.00	R 1640.00	R 16 350.00

### GRADE: 7 -9

	REGISTRATION FEE	TERMLY FEES	MONTHLY FEES	YEARLY FEES
FEES AMOUNT	R 1000.00	R 4310.00	R 1 730.00	R 17 250.00

### GRADE: 10 -12

	REGISTRATION FEE	TERMLY FEES	MONTHLY FEES	YEARLY FEES
FEES AMOUNT	R 1000.00	R 4 930.00	R 1 970.00	R 19 700.00

**NB: Due date for payment of the fees is on the 1<sup>st</sup> day of the first month of the term.**

**10% DISCOUNT IF YOU PAY THE YEARS' SCHOOL FEES BEFORE THE 7<sup>TH</sup> OF JANUARY 2023**

**REGISTRATION FEE NOT REFUNDABLE**

## BANKING DETAILS

**BANK NAME** STANDARD BANK  
**ACCOUNT HOLDER** EASTRIDGE CHRISTIAN SCHOOL  
**ACCOUNT NUMBER** 001731548  
**REFERENCE** NAME & GRADE OF THE CHILD

ECS