



No limits to learning

21 Bird Street, Central 6001  
P.O. Box 40272, Walmer 6065  
Tel: 041 582 3289  
Fax: 041 582 3188  
[viv@elsen.co.za](mailto:viv@elsen.co.za)

AFFIX  
I.D. PHOTO OF  
APPLICANT  
HERE

## APPLICATION FORM FOR ADMISSION

Please indicate whether you are applying for the

MAINSTREAM ACADEMY  VOCATIONAL STREAM  ON-LINE TDC LEARNING CENTRE

**THIS APPLICATION WILL NOT BE PROCESSED IF NOT FULLY COMPLETED, SIGNED AND ACCOMPANIED BY THE REQUIRED SUPPORTING DOCUMENTS. (See checklist below)**

Parent Questionnaire  ID photo  Cert. applicant ID  School reports  Professional assessments   
Clinic Card  Certified IDs – both parents  Cert. Account Payer ID  Cert. Proof of address – account payer   
Provisional transfer form from present school

Grade applying for 

1	2	3	4	5	6	7
8	9	10	11	12		

Year of admission: ..... Month: .....

### LEARNER DETAILS

Please print clearly

SURNAME: .....

FIRST NAME(s): ..... Male  Female

Called/Preferred name: ..... Nationality: .....

DATE OF BIRTH : ..... Dexterity: Left Handed  Right handed

ID Number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Demography** Asian  Black  Coloured  Indian  White

(For Dept. of Ed. Statistics only)

HAS THE APPLICANT REPEATED A GRADE ? Yes ..... No .....

If yes, please indicate: Grade: ..... Year: ..... School: .....

Home language: ..... Religion: .....

Position in family 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> ..... of .....

## ADDITIONAL DETAILS

<b>Names of Brothers and/or Sisters</b>	e.g. Bob	Sibling 1	Sibling 2	Sibling 3	Sibling 4
	12/12/2012				
<b>Applicant lives with</b>	Both parents	Father	Mother	Guardian	Other
<b>Email Communication to</b>	Both parents	Father	Mother	Guardian	
<b>SMS Communication to</b>	Both parents	Father	Mother	Guardian	
<b>Parent(s) deceased</b>	None	Father	Mother	Both	Death Cert. required

### RESIDENTIAL ADDRESS OF APPLICANT

.....  
.....  
.....  
..... Post Code: .....

### PREVIOUS SCHOOL INFORMATION

Current School	Grades	Tel:	Email:	Teacher:
Previous School	Grades	Tel:	Email:	

### EMERGENCY CONTACT INFORMATION

(Other than applicant's parents)

1 <sup>st</sup> contact name:	Relationship to applicant:
Tel. number:	Cell Number:
2 <sup>nd</sup> contact name:	Relationship to applicant:
Tel. number:	Cell Number:

### MEDICAL DETAILS

Family doctor .....	Telephone .....
Medical Aid .....	Number .....
Main member .....	Option plan .....

## PARENT DETAILS

<b>FATHER'S DETAILS</b>	<b>MOTHER'S DETAILS</b>
Title: .....	Title: .....
First name(s) .....	First name(s) .....
Surname: .....	Surname: .....
Date of birth: .....	Date of birth: .....
ID Number: .....	ID Number: .....
Home Tel: .....	Home Tel: .....
Cell Number: .....	Cell Number: .....
E-Mail: .....	E-Mail: .....
Marital status: .....	Marital status: .....
Home Address (if different from applicant):  ..... ..... .....	Home Address (if different from applicant):  ..... ..... .....
Postal Address: .....	Postal Address: .....
..... ..... .....	..... ..... .....
Occupation: .....	Occupation: .....
Name of Employer: (if self-employed give name and nature of business )  ..... ..... .....	Name of Employer: (if self-employed give name and nature of business )  ..... ..... .....
Business Tel: .....	Business Tel: .....
<b>DEMOGRAPHY</b> (For Dept. of Ed. Statistics only) Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>	<b>DEMOGRAPHY</b> (For Dept. of Ed. Statistics only) Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>

**PERSON RESPONSIBLE FOR PAYING SCHOOL FEES**

**TO BE COMPLETED IN FULL AND SIGNED BY ACCOUNT PAYER**

**(Please note that this application will not be processed without this completed form)**

**(PLEASE PRINT CLEARLY)**

<b>FULL NAME</b>	
<b>SURNAME</b>	
<b>IDENTITY NUMBER</b> Copy of ID document required	
<b>RESIDENTIAL ADDRESS</b>	
<b>POSTAL ADDRESS</b>	
<b>HOME TELEPHONE</b>	
<b>CELL NUMBER</b>	
<b>E-MAIL ADDRESS</b>	
<b>RELATIONSHIP TO LEARNER</b>	
<b>NAME OF EMPLOYER</b>	
<b>YEARS OF SERVICE</b>	
<b>BUSINESS ADDRESS</b>	
<b>WORK TELEPHONE</b>	
<b>PREFERRED METHOD OF PAYMENT</b>	In full _____ Monthly debit order _____

I certify that the information supplied is correct.

I do hereby give consent for Elsen Academy to conduct any credit checks that the school might deem necessary.  
Certified copy of account payers ID and proof of address included.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



ELSEN ACADEMY

**FINANCIAL CLEARANCE CERTIFICATE**  
(To be completed by learner's present school)

Name of learner: \_\_\_\_\_

Name of person responsible for fee payment: \_\_\_\_\_

ID No. of person responsible for fee payment: \_\_\_\_\_

Name of school where learner is currently enrolled: \_\_\_\_\_

Annual fees for current academic year: R \_\_\_\_\_

Fees paid to date: R \_\_\_\_\_

Fees outstanding: R \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_  
Name of Head/Bursar

\_\_\_\_\_  
Date

SCHOOL STAMP

\_\_\_\_\_  
Signature of Head/Bursar

*This clearance certificate has been approved by ISASA for use amongst member schools*

I understand that enrolment is contingent upon financial clearance from the previous school. Therefore, and in line with the school's current privacy policies pertaining to the processing of personal and credit information in accordance with the National Credit Act No. 34 of 2005 ("NCA") and the Protection of Personal Information No.4 of 2013 ("POPIA"), I authorise that my credit information may be processed only for purposes of obtaining financial clearances as stated hereinabove.

Parent 1	Parent 2	Third party

## **DECLARATION BY PARENT/S OR GUARDIAN/S**

I/We understand

1. That I/we as parent/s are liable for such school fees. I/We declare that I/we am/are in a financial position to pay the school fees as adopted;
2. That both parents are jointly and severally liable for payment of such school fees;
3. That, as per Elsen's School Fee Policy and Terms of Payment, the school may refuse enrolment of the applicant if fees are outstanding at his/her previous school.
4. That payment is to be effected by one of the methods stipulated by the governing body contained in its' School Fee Policy and Terms of Payment.
5. That any overdue accounts will be dealt with in accordance with our school fee policy and Terms of Payment i.e. failure to settle overdue accounts timeously could result in the learner being sent home and excluded from classes until arrears have been settled.
6. That in the case of divorced or separated parents, it is NOT the school's responsibility to follow up on school fees in arrears.
7. That both parents are jointly and severally liable for payment of assessments and subsequent remedial sessions carried out by therapists;
8. That I/we will not hold Elsen Academy accountable should I/we decline any recommended therapy;
9. That I/we acknowledge that I/we are aware of and agree to the fact that the enrolment fee paid by me in regard to the pupil is non-refundable and will be forfeited in the event of my cancelling the registration of the pupil;
10. That I/we hereby indemnify the school and its staff or their authorised agents, against any and all claims arising out of any injury, death, loss, damages, costs or expense, including legal costs suffered by the pupil or applicant during the period of enrolment of the pupil at the school and whilst the pupil is at or under the control of the school including activities and excursions arranged by the school off campus;
11. That I/we shall be obliged to give one full month's notice in writing if the learner is withdrawn from Elsen Academy for any reason.

### **REQUIRED PERMISSIONS**

<b>Sign here</b>	I/We <b>GIVE</b> permission for Elsen Academy to request information from our child/s previous school in the form of a confidential teacher questionnaire and professional assessment reports. I understand that this will include information with regards to his/her academic, emotional and social development.
<b>Sign here</b>	I/We <b>GIVE</b> permission for the Elsen Academy bursar to request financial information from our child/s previous school with regards to payment of fees history.
<b>Sign here</b>	That I/we do hereby give consent for Elsen Academy to conduct any credit checks that the school might deem necessary.

**I/We confirm that I/we have read and fully understand the conditions contained in this application form and certify that the information supplied is correct**

**Father/Guardian .....** **Signed:** .....

**(please print name in full)**

**Mother/Guardian .....** **Signed:** .....

**(please print name in full)**

**Date:** .....

6/6