

APPLICATION FOR ADMISSION TO SCHOOL

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ESPOIR ACADEMY

31 Rifle Range Rd
Johannesburg South
2091

Telephone: 087 378 1615
Whatsapp: 082 336 9877
Year:



Note: This form must be completed in full. All changes to be initialed or signed by 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:	Accession No:
Surname:		Initials:	Nick Name:
First Name:		Other Names:	
Date Of Birth: YYYY	MM	DD	Gender: Male: Female:
Race:		Identification or Passport No:	
Country of Residence:		Citizenship:	
If SA, indicate province of residence:			

Physical Address:	Home Telephone:			
City/Suburb	Emergency Telephone:			
Code:	Learner Email Address:	Learner Cell:		
Home Language:	Preferred Language of Instruction			
Boarder Yes No	Deceased Parent	Mother	Father	Both
Religion	For Grade 1 only: Indicate pre-primary education: None	Non Formal	Formal	
Mode of Transportation				

Previous School Information

Name of Previous School:

Previous School Address:

Code: Province: Country:

Learner Medical Information

Medical Aid Number:

Medical Aid Name:

Medical Aid Main Member:

Doctor Name:

Doctor's Address:

Doctor Tel No:

Medical Condition:

Special Problems Requiring Counseling:

Dexterity of Learner:	Right Handed	Left Handed	Ambidextrous	Reg. Social Grant YES	NO:
				Rec. Social Grant YES	NO:

If the learner is accepted, the following documents must be submitted to the school:

- | | |
|---|---|
| 1. Copy of Immunisation Records. | 2. Copy of Birth Certificate |
| 3. Progress Report from Previous School | 4. Transfer Letter from Previous School |

Siblings

Number of other Children at this school:

Position in the family (e.g first):

Please supply full names below:

Name: Grade:

Name: Grade:

Name: Grade:

Parent / Guardian Information**Complete a SEPARATE parent form for each parent living at a different physical address**

Title: Initials: First Name: Surname:

Home Language: Gender: Male: Female: Race:

Identification Number Or Passport number Account Payer: Yes No

Residential Street Address: City/Suburb Code:

Occupation: Employer:

Surname of Spouse: First Name:

Occupation of Spouse: Learner resides with this parent/s Yes No

Spouse ID Number: Relationship to Learner:

Marital status of parent:

Correspondence Details

Title: First Name: Surname:

Postal Address: City/Suburb

Code:

Other Contact Details

Home Telephone Work Telephone

Fax Number : Cell Number :

Spouse Work Tel No Spouse Cell Number :

E-Mail Address: Spouse E-Mail Address:

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: -----/-----/-----

Office use only:

1. Date: 2. Accepted: 3. Accession Number:

4. Rejected: 5. Reason for Rejection:

6. Documentation Received: 6a Immunisation Record: 6b. Birth Certificate:

6c. Progress Report from Previous School: 6d. Transfer Letter from Previous School:

registration process

Submission of this form is the commencement of the registration process. This will be followed by telephonic or e-mail contact to acknowledge receipt thereof, to set-up an appointment.

The registration process is only complete once proof of payment of the R1100 registration fee has been paid in full, accompanied by the following documents

- * copy of identity document of parent
- * copy of identity document of learner
- * proof of employment of parent
- * proof of residence
- * transfer documents (where applicable)

Monthly school fees are payable by debit order only
Kindly allow 2 weeks of processing and contact the school office at info@espoirsa.com should you not have heard from us within this period.

Banking details	
Absa	Cheque Acc
Account	4096086335
Branch code	632005
Reference	student name & surname

The parties of this application undertake to pay all legal costs, including attorney’s own client fees And collection cost incurred by the school in the event of the school having to take legal action for recovery of school fees and all other outstanding monies due to the school Aftercare fees and all other outstanding monies due to the school. Aftercare fees are not included in the school fees. This is invoiced separately.

I the undersigned understand the terms and conditions and that I am responsible for the school fees and will be paying it by monthly debit order monthly school fees are payable in 12 months.

signed at	name & surname
signature	date