NORTHERN ACADEMY APPLICATION FOR ADMISSION

NORTHERN Academy

Meridian Operations Company (RF) NPC Reg No 2012/081855/08 / NPO Reg No 116-433NPO ("Education Provider")
Campus and Property Management Company (Pty) Ltd Reg No 2012/001821/07 / VAT Reg Number 4290261926 ("Facilities Provider")

SCHOOL APPLIED AT NORTHERN ACADEMY

YEAR APPLIED FOR _____

GRADE APPLIED FOR

⇨ **Confirm availability at applicable school**

GRADE | R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | (SCHOOL)

HOSTEL ACCOMMODATION

YES ☐ NO ☐

⇨ **Confirm availability at applicable school**

PLEASE COMPLETE IF YOU WOULD LIKE YOUR CHILD TO ATTEND HOSTEL

APPLICATION DATE: _____

HOSTEL APPLIED FOR: _____

YEAR APPLIED FOR: _____

GRADE APPLIED FOR: | R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |

AFTERCARE

YES ☐ NO ☐

⇨ **Confirm availability at applicable school**

MONTH AND YEAR APPLIED FOR: _____

AFTERCARE OPTION: HALF DAY | FULL DAY | DAY VISITOR

⇨ **MOST IMPORTANT**

This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents are attached.

NECESSARY SUPPORTING DOCUMENTS, COMPLETED SECTIONS AND FORMS

- ☐ CEMIS Transfer Document once available
- ☐ Copy of Learner's FINAL Progress Report once available
- ☐ Copy of Learner's latest Progress Report
- ☐ Copy of Learner's Birth Certificate/ID Document
- ☐ Copy of Learner's Vaccination Records if available
- ☐ Copy of Learner's Residence/Study Permit, if foreign
- ☐ Copy of Parents'/Legal Guardians' ID Documents
- ☐ Completed Hostel Application if applicable
- ☐ Completed and Signed Debit Order Form
- ☐ Subject Choice Form (FET Phase: Gr 10 - Gr 12)
- ☐ Sections 1 - 10 Completed and Signed

TWO RECENT COLOUR PHOTOS OF LEARNER (**ID SIZE**)

FOR OFFICE USE

INTERVIEW DATE _____

NOTES _____

APPROVED _____

DATE _____

COMMENCEMENT DATE _____

GROUP/GRADE _____

FAMILY CODE _____

CREDIT REFERENCE _____

SIBLINGS AT THE SCHOOL 1 _____

2 _____

SECTION 1 : LEARNER'S PERSONAL DETAILS

SURNAME

FULL NAMES AS ON BIRTH CERTIFICATE/ID DOCUMENT

PREFERRED NAME

IDENTITY NUMBER

DATE OF BIRTH Y Y Y Y M M D D

AGE

GENDER MALE FEMALE

HOME AND OTHER SPOKEN LANGUAGE/S HOME OTHER

LANGUAGE/S OF LEARNING AND TEACHING FIRST SECOND

NUMBER OF CHILDREN IN FAMILY

POSITION OF CHILD IN FAMILY

NATIONALITY

COUNTRY OF ORIGIN

DATE OF IMMIGRATION

RACE ASIAN AFRICAN COLOURED INDIAN WHITE OTHER

RELIGION

RESIDENCE PARENTS GUARDIANS HOSTEL

TRANSPORT TO/FROM SCHOOL MOTOR VEHICLE MOTORBIKE BUS TAXI BICYCLE WALK

LEARNER'S CELL PHONE NUMBER

SECTION 2 : LEARNER'S EDUCATION DETAILS

CURRENT SCHOOL

PREVIOUS SCHOOL

ADDRESS

ADDRESS

CODE

CODE

TEL NO CODE

TEL NO CODE

PRINCIPAL

PRINCIPAL

LAST GRADE PASSED

YEAR

GRADE/S REPEATED

HAS ADMISSION TO ANY OTHER SCHOOL/S EVER BEEN REFUSED? IF YES, PLEASE STATE REASON. YES NO

REASON

ACADEMIC ACHIEVEMENTS	EXTRACURRICULAR ACHIEVEMENTS	OTHER ACHIEVEMENTS

SECTION 3 : LEARNER'S MEDICAL DETAILS

BLOOD TYPE

O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN

FAMILY DOCTOR NAME _____ TEL NO _____

ADDRESS _____ CODE _____

MEDICAL AID NAME _____ MEMBER NUMBER _____

MAIN MEMBER INITIALS AND SURNAME _____ MAIN MEMBER ID NUMBER _____

OPTION _____

HAS THE LEARNER RECEIVED ALL THE NECESSARY IMMUNISATIONS? IF NO, PLEASE STATE REASON. YES | NO

REASON _____

HAS THE LEARNER SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE INDICATE WITH AN X.

- ☐ ASTHMA
- ☐ CHICKEN POX
- ☐ DIABETES
- ☐ DIPHTHERIA
- ☐ ENTERIC FEVER
- ☐ GERMAN MEASLES
- ☐ HEPATITIS
- ☐ MALARIA
- ☐ MEASLES
- ☐ MUMPS
- ☐ POLIO
- ☐ RHEUMATIC FEVER
- ☐ SCARLET FEVER
- ☐ TICKBITE FEVER
- ☐ TYPHOID FEVER
- ☐ WHOOPING COUGH

DOES THE LEARNER SUFFER FROM ANY ALLERGIES? YES | NO

IF YES, PLEASE GIVE DETAILS. _____

DOES THE LEARNER HAVE ANY SPECIAL MEDICAL NEEDS? YES | NO

IF YES, PLEASE GIVE DETAILS. _____

DOES OR HAS THE LEARNER SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES? YES | NO

IF YES, PLEASE GIVE DETAILS. _____

IS THE LEARNER RECEIVING MEDICAL TREATMENT FOR ANY CONDITION? YES | NO

IF YES, PLEASE GIVE DETAILS. _____

IS OR HAS THE LEARNER SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET? YES | NO

IF YES, PLEASE GIVE DETAILS. _____

HAS THE LEARNER HAD ANY OPERATIONS? YES | NO

IF YES, PLEASE GIVE DETAILS. _____

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS. _____

SECTION 3 : LEARNER'S MEDICAL DETAILS - CONSENT

IN AN EMERGENCY MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE LEARNER'S RECORDS. THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

I, _____ BEING THE PARENT/LEGAL GUARDIAN OF _____
HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY TREATMENT AS MAY BE NECESSARY.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

SECTION 4 : DETAILS OF FATHER/STEPFATHER/LEGAL GUARDIAN

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 7.

SURNAME _____ FULL NAMES AS IN ID DOCUMENT _____

DESIGNATION

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	

IDENTITY NUMBER

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS _____ WORK ADDRESS _____ POSTAL ADDRESS _____

CODE CODE CODE

TEL H CODE _____ TEL W CODE _____ CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS

LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY

SECTION 5 : DETAILS OF MOTHER/STEPMOTHER/LEGAL GUARDIAN

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 7.

SURNAME _____ FULL NAMES AS IN ID DOCUMENT _____

DESIGNATION

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	

IDENTITY NUMBER

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS _____ WORK ADDRESS _____ POSTAL ADDRESS _____

CODE CODE CODE

TEL H CODE _____ TEL W CODE _____ CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS

LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY

SECTION 6 : DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

SURNAME _____ FULL NAMES _____

RELATIONSHIP _____

TEL H CODE _____ TEL W CODE _____ CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

SECTION 7 : DETAILS OF ACCOUNT HOLDER

SURNAME _____ FULL NAMES AS IN ID DOCUMENT _____

DESIGNATION

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	

IDENTITY NUMBER

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS _____ WORK ADDRESS _____ POSTAL ADDRESS _____

CODE CODE CODE

TEL H CODE _____ TEL W CODE _____ CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS

LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY

DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

1 NAME _____ GR _____ 2 NAME _____ GR _____

3 NAME _____ GR _____ 4 NAME _____ GR _____

PAYMENT OPTION

MONTHLY DEBIT ORDER

ANNUAL COMBINED HOUSEHOLD INCOME

LESS THAN R140 000 pa	R140 001 - R250 000 pa	R250 001 - R350 000 pa	R350 001 - R450 000 pa	MORE THAN R450 000 pa

SECTION 8 : SIGNATURE OF PARENTS/LEGAL GUARDIAN AND/OR ACCOUNT HOLDER

We, the undersigned, _____, hereby certify that the information provided in this Application for Admission is complete and accurate. We acknowledge that enrolment is subject to, inter alia, signing a Learner Admission Contract that contains the detailed terms, conditions and requirements for admission.

We hereby authorise the School and/or any of its associates to conduct any credit enquiries on us as may be necessary from time to time.

We ackowledge that we have read the School Specific Policies and School Rules and will accept an offer of placement for our child at the School in accordance with the terms and conditions as set out therein. These documents, as amended from time to time, are available on the official school website.

NB: The signatures of the account holder and both parents and / or legal guardians are required where applicable.

_____ _____
SIGNATURE OF ACCOUNT HOLDER DATE

_____ _____
SIGNATURE OF FATHER/STEPFATHER/LEGAL GUARDIAN DATE

_____ _____

SECTION 9 : SURVEY - SERVICES/FACILITIES REQUIRED

SCHOOL TRANSPORT	YES	NO	FROM WHERE?	_____
HOLIDAY CARE	YES	NO		
MUSIC TUITION	YES	NO	INSTRUMENT/S	_____

SECTION 10 : SURVEY - MARKETING

WHERE DID YOU HEAR ABOUT US? PLEASE INDICATE WITH AN X.

BILLBOARD	NEWSPAPER	MAGAZINE	RADIO
PRESENTATION	BROCHURE	FLYER	EXHIBITION
FRIEND	WEB	OTHER/SPECIFY _____	

PLEASE INDICATE HOW SATISFIED YOU WERE WITH THE SERVICE RECEIVED PRE-ENROLMENT.

VERY SATISFIED SATISFIED UNSATISFIED VERY UNSATISFIED

WAS THE INFORMATION RECEIVED PRE-ENROLMENT:

RELEVANT INFORMATIVE SUFFICIENT

IF NOT, PLEASE PROVIDE FURTHER DETAILS. _____