APPLICATION FORM

S E D A V E N H I G H S C H O O L

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HEIDELBERG
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THIS APPLICATION FORM WILL NOT BE PROCESSED WITHOUT ALL OF THE FOLLOWING:

1. **A non-refundable application fee of R2000.00 is payable for day scholars and R3000.00 for dormitory learners.**

A. **LEARNER'S INFORMATION**

2. **Copy of the most recent school report.**
3. **Copy of ID or Birth Certificate/Passport.**
4. **4 Recent photos (ID Size)**
5. **Completed testimonial / reference from previous school. [Use the attached *Testimonial Form*]**
6. **If the learner is accepted, the *Transfer Letter* from previous school.**

B. PARENT/S' INFORMATION

7. **A copy of the school account covering at least 12 months payments of last school.**
8. **Copy of 2 month's Bank statements**
9. **Copy of 3 month's Pay slips.**
10. **Proof of residence.**
11. **Account payer's ID/Passport copy**

Banking details: **Account Name:** Sedaven High School, **Bank Name: Standard Bank of SA**
Branch Code: 052 843 Cheque account no.: 030 948 177; **Ref:** Child's Initial, Surname and Grade

Please complete all pages in **BLACK PEN & BLOCK CAPITAL LETTERS** and return to the above email address.

PLEASE NOTE:

1. This application **will not be processed without all the relevant documentation. Please keep the form until** you have all the necessary documentation before you submit it.

2. **You may e-mail** the completed form (with all the documentation) **or deliver personally.**

A. LEARNER INFORMATION

1. Surname:
2. Names (**as on birth certificate)**:
3. Nickname (**known as)**:
4. Date of Birth:
5. I.D. or Passport number:
6. Gender: ***Male:*** ***Female:***
7. When would you like to come to Sedaven? ***Year:*** ***Quarter:***
8. Grade applied for: Highest grade passed: Year passed:
9. Has learner ever repeated a grade? If yes, which grade?
10. Previous school:
    Address:
    Code and telephone number: **Postal Code:** **Telephone no.**
    Province and/or Country:
11. Learner will be a: ***Boarder:*** ***Day Scholar:***
12. Mode of transport to school: ***Walk*** ***Bicycle*** ***Car*** ***Bus*** ***Taxi*** ***Dorm***
13. Race: ***(Mark with an X)*** ***African*** ***Coloured*** ***Asian*** ***White*** ***Other***
14. Ethnic group: ***(Mark with an X)***

IsiNebele	SiSwati	IsiXhosa	IsiZulu	SeSotho	SePedi	Setswana	TshiVenda	XiTsonga	Other:

15. Home Language: ***(Mark with an X)***

Afrikaans	English	IsiNebele	SiSwati	IsiXhosa	IsiZulu	SeSotho	SePedi	Setswana	TshiVenda	XiTsonga	Other:

16. Residential Area: (M***ark with an X)***

Gauteng	N-West	Mpumalanga	Limpopo	Freestate	E-Cape	W-Cape	N-Cape	KZN	Other:

17. Citizenship: 18. Expiry Date of Study Permit:
19. Is the learner a member of the Seventh-day Adventist Church? ***Yes:*** ***No:***
20.1 If yes, is the learner a baptised member? ***Yes:*** ***No:***
20.2 If "no", to which religious denomination does the learner belong?
21. Special problems requiring counselling:
22. Dexterity of learner: Right-Handed: Left-Handed: Ambidextrous:
23. Does the learner receive a social grant? ***Yes:*** ***No:***
24. Number of children in the family: Position of learner in the family: (e.g. first = 1)
25. Does learner have any deceased parents? : Mother Father Both None

26. Learner's cell phone number:

B. SUBJECT INFORMATION

Note: Please study information in the prospectus (Academic Section) before completing the following section.

Please indicate your preferred subject choices.

Grades 8 and 9: Please indicate your *preferred language choices*

English Home Language (compulsory)	**and**		Afrikaans 1st Additional Lang.	**or**		IsiZulu 1st Additional Lang.

	Mathematics	CA -	Creative Arts
NS -	Natural Sciences	TO -	Technology
SS -	Social Sciences	LO -	Life Orientation
EMS -	Economic & Management Sciences		

Subject choices for Grades 10 to 12:

√	English Home Language (**Compulsory)**						
√	Religion Studies (**Compulsory)**						
	Afrikaans 1st Additional Lang.	**or**		IsiZulu 1st Additional Lang.		**Or**	Consumer Studies
√	Life Orientation (**Compulsory)**						
	Mathematics	**or**		Mathematical Literacy			
	Life Sciences	**or**		Accounting			
	Physical Sciences	**or**		Tourism			
	Computer Application Technology	**or**		Business Studies			

C. PARENT/GUARDIAN/SPONSOR INFORMATION

		Information of person responsible for account	*Information relating to 2nd parent or another person responsible for learner*
1.	Relationship to learner:		
2.	Surname:		
3.	Full Names:		
4.	Title:		
5.	I.D. No:		
6.	Telephone Numbers:	***Home:***	***Home:***
		Cell:	***Cell:***
		Work:	***Work:***
		Fax:	***Fax:***
7.	E-Mail Address:		
8.	Home Address:		
9.	Postal Address:		
10.	Occupation:		
11.	Highest level of Education:		
12.	Name of Employer:		
13.	Work Address:		
14.	Employer's Tel. no.:		

15. Marital status of parents																	
	Married		***Divorced***		***Single***		***Separated***		***Widow***		***Widower***	***Guardian***	

15. Number of **other children (siblings)** in this school: (Please supply full name and surname below:)

Name: Grade:

Name: Grade:

Medical Information

Please attach a copy of your Medical Card and I.D. Document

1. Name of Medical Fund:
2. Membership number:
3. Name of Principal member of medical fund:
4. I.D. 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 <u>responsible</u> for account**:
2. I.D. 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 Seventh-Day Adventist church? ***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 belong 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: ……. /……/……..

PARENT/SPONSOR CONTRACT

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

Initial

1. I have read the school **Prospectus** and I confirm my commitment and support to the sentiments expressed therein. ___

2. I will be loyal to the school and will encourage my child to identify with the school's ideals and to obey the 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 waive any right that I may have to claim compensation against the school or any of its staff or representatives in respect of any loss, injury or damage incurred whilst engaged in any activity, in the knowledge that all reasonable precautions are taken for the safety and welfare of my child/ward, and that I indemnify them against all such claims. 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 give permission that my child's class work, photo and first name may be published on the GBS Website or Facebook page subject to the following conditions:
   a) Any such publication is not for profit and neither my child nor my family will be compensated for any such use.
   b) No last name will appear with any photograph or published work (unless written permission has been granted by the parent/guardian). Learners will only be identified by first name.
   c) Home addresses, email addresses, telephone numbers or any other information that might identify my child will never be published on any Internet site. ___

5. I accept full responsibility for the prompt payment, **one month in advance**, of all school fees and legitimate expenses as indicated on duly rendered school accounts. I also understand that I may be asked to withdraw my child if I am not able to settle my account. ___

6. I hereby consent that the school or its appointed agent may carry out a credit enquiry and may transmit details to 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 non-performance with the applicable credit bureau. ___

7. I hereby undertake and bind myself to pay any costs, as permitted by the necessary Acts, including legal fees, tracing fees and collection costs which may be incurred by the school in its recovery of any amount not paid by the due date, interest compounded monthly, at the maximum rate permissible by law. ___

8. If the school has any difficulty regarding the prompt payment of school fees (by the 3rd of each month), the school has the right to not consider your child's re-application for the following year. ___

9. 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 school fees up to the end of the month in which my child is withdrawn from the school. I understand that I need to **give one calendar month written notice** and will be liable for school fees for this notice period. ___

10. I understand that I will be responsible for private tuition fees for any course or subject taken by my child which is not part of the package of school subjects offered by the school and described in the school Prospectus or official newsletter. ___

11. If the school cannot provide academic support for whatever reason, over and above the learner support already provided, the learner will be referred. If the parent/guardian then withdraws the child, any outstanding fees will be the responsibility of the parent/guardian. If, however, there are fees paid in advance, refunds will be applicable. ___

12. Should my child be absent from school for more than 10 consecutive days without notice, the school has the right to take his/her name off the register and I will have to re-apply for a place, being aware that re-applying does not guarantee a place. ___

13. Should my child be absent on a regular basis, I will have to supply the school with a doctor's note each time he/she is not at school. ___

14. Should parents/guardians wish to speak to the principal, they should make an appointment with him/her prior to the visit. The reason for the visit and the person who may be involved during the visit should be stated. ___

15. I understand that the personal belongings of my child/ren are not insured by the school or SDA church organisation. ___

16 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 abuse 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. ___

17. I give permission that my child may be given basic medical attention should the need arise. ___

18. I give the principal or his/her representative the right to act "*in loco parentis"* to my child. ___

Parent/Sponsor: _____ Date: _____
Signature

2nd Parent responsible for account: _____ _____ Date: _____

TESTIMONIAL FORM

Please supply us with the information requested on the form below as this learner is in the process of applying to Sedaven High School. Upon completion **this form should be returned directly to Sedaven High School via email: admin@sedavenhs.co.za**.

LEARNER DETAILS: (To be completed by Parents)

Name of learner:			Date of Birth:	
Present School:	Name:		Present Grade:	
	Tel. no.:	Fax no.:		

SCHOOL INFORMATION: (To be supplied by responsible educator/s/administrator)

The above learner attended this school from date _____ **grade** _____

to date _____ **grade** _____

Place a tick in the appropriate column		WEAK	FAIR	AVERAGE	GOOD	EXCELLENT
1.	Academic achievement					
2.	Sport participation					
3.	Cultural participation					
4.	Acceptance of School Discipline					
5.	Level of parental involvement					
6	Any disciplinary cases where learner was involved? If yes, give full detail.	Yes / No				
7.	Payment of School Fees					
	Any amount still owing?	R				

Mention special achievements, concerns or other information that need to be shared with Sedaven High School:

_____

_____

Thank you for your honesty and cooperation. **School Stamp**

Signature of Principal: _____

Date: _____