

Edenvale Success College



APPLICATION FORM

ONE head and shoulders
photo of your child

Name: _____

Year of Birth: _____

Child's Particulars	
First Names:	
Surname:	
Preferred Name:	
Date of Birth:	DD MM YY
Identity Number:	
Nationality:	RSA <input type="checkbox"/> Other <input type="checkbox"/>
Religion:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Language:	English <input type="checkbox"/> Afrikaans <input type="checkbox"/> Other <input type="checkbox"/>

Next of Kin	
Name and Surname:	
Relationship:	
Telephone Number:	
Cell Phone Number:	
Emergency Contact Number:	

Language	
Home Language:	
Does he/she speak this home language fluently?	
Does he/she have any knowledge of a second language and, if so, what?	

Medical Information	
Is your child on any chronic medication?	
Does your child have any allergies?	
Medical Aid:	
Medical Aid Number:	
Medical Aid Telephone Number:	
Doctor (Name):	
Doctor (Telephone Number):	
Emergency Contact Number:	

Previous/Current School's Information	
First registration of Learner in Gauteng?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did pupil attend school last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', which province?	
Previous/Current School's name:	
Previous/Current School's telephone number:	
Grade:	Please attach latest school report to this application
Please give reasons for wanting to change schools:	
Why do you think Edenvale Success College will be a good choice of school for your child?	

Child's Development			
As a Baby:			
Mother's physical health during pregnancy?			
Were there any problems during pregnancy and birth?			
Were there any feeding problems?			
At what age did he/she start sitting :	At what age did he/she start crawling :	At what age did he/she start walking :	At what age did he/she start talking :
As a Young Child:			
Sleeping habits (restless, nightmares)?			
Does he/she show any signs of nervousness?			
Left or right-handed?			
Do you try to persuade him/her to use a specific hand?			

Medical History:

Please tick the relevant illnesses below:

Chicken Pox:	<input type="checkbox"/>	Diphtheria:	<input type="checkbox"/>	Measles:	<input type="checkbox"/>	Mumps:	<input type="checkbox"/>	Asthma:	<input type="checkbox"/>	Malaria:	<input type="checkbox"/>
Bilharzia:	<input type="checkbox"/>	Epilepsy:	<input type="checkbox"/>	German Measles:	<input type="checkbox"/>	Rheumatic Fever:	<input type="checkbox"/>				
HIV/AIDS (<i>Voluntary Disclosure</i>)				Other (<i>Please specify</i>):							

Please specify any surgery that your child has had, if relevant to the school:

Emotional History:

Possible traumatic experiences e.g. death in the family, accident, hospitalisation?

Any other problems:

Social Development:

Does your child interact with friends / family?	<input type="checkbox"/>
What play activities does your child prefer?	<input type="checkbox"/>
Is your child more of an introvert or an extrovert?	<input type="checkbox"/>
Is your child particularly anxious or nervous about anything?	<input type="checkbox"/>
Does he/she accept responsibility?	<input type="checkbox"/>
Can your child keep himself/herself busy?	<input type="checkbox"/>
Do you read stories to him/her?	<input type="checkbox"/>
Specific interests: music, art, stories, etc.?	<input type="checkbox"/>

Other:

Is there any other information that the school should be aware of?

Family Information			
Marital Status of Parents:		Married <input type="checkbox"/>	Not Married <input type="checkbox"/>
Family Situation (<i>Mark with an X</i>):			
Both Parents		Guardians	
Has Stepfather		Divorced (Living with Father)	
Has Stepmother		Divorced (Living with Mother)	
Father is a Widower		Separated (Living with Father)	
Mother is a Widow		Separated (Living with Mother)	
Siblings:			
Name and Surname	School	Grade	

Parents' Particulars		
Parent 1:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="checkbox"/>	
First Names:		
Surname:		
Identity Number:		
Home Language:	English <input type="checkbox"/> Afrikaans <input type="checkbox"/> Other <input type="checkbox"/>	
Cell Phone Number:		
E-mail Address:		
Home Telephone Number:		
Residential (Physical) Address:		
Postal Address (including postal code):		
Work Telephone Number:		
Company Name:		
Occupation Status: (Please tick relevant category)	Self-employed non-professional	
	Self-employed professional	
	Housewife	
	Contract Worker	
	Student	
	Full time employee	
Part time employee		
Occupation:		
Business Sector:		

Parents' Particulars

Parent 2:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="checkbox"/>	
First Names:		
Surname:		
Identity Number:		
Home Language:	English <input type="checkbox"/> Afrikaans <input type="checkbox"/> Other <input type="checkbox"/>	
Cell Phone Number:		
E-mail Address:		
Home Telephone Number:		
Residential (Physical) Address:		
Postal Address (including postal code):		
Work Telephone Number:		
Company Name:		
Occupation Status: <i>(Please tick relevant category)</i>	Self-employed non-professional	<input type="checkbox"/>
	Self-employed professional	<input type="checkbox"/>
	Housewife	<input type="checkbox"/>
	Contract Worker	<input type="checkbox"/>
	Student	<input type="checkbox"/>
	Full time employee	<input type="checkbox"/>
	Part time employee	<input type="checkbox"/>
Occupation:		
Business Sector:		

Details of Person Responsible for Payment

Parent 1 Parent 2 Other

Only if 'Other' is selected, please complete Section A or B below:

A. INDIVIDUAL		B. COMPANY / CC / TRUST	
Title:		Name:	
First Name:		Registration Number:	
Surname:		Contact First Name:	
Identity Number:		Contact Surname:	
Home Language:		Language Preference:	
Communication Preference:	SMS <input type="checkbox"/> E-Mail <input type="checkbox"/>	Communication Preference:	SMS <input type="checkbox"/> E-Mail <input type="checkbox"/>
Cell Phone Number:		Cell Phone Number:	
Alternate Contact Number:		Alternate Contact Number:	
E-mail Address:		E-mail Address:	
Residential (Physical) Address:		Business (Physical) Address:	
Postal Address:		Business Postal Address:	
Postal Code:		Postal Code:	

Payment Option selected: (see detail of options on next page)	Monthly (12 payments)		Termly (3 payments)		Annual (1 payment)	
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Edenvale Success College Fees for 2020 and 2021:

Please see the table below for the updated fee structure for 2021.

Parents are offered the following options to pay school fees:

- Parents can pay the fees on the 1st day of every month (12 payments).
- Parents can pay a term's fees upfront (3 payments).
- Parents can pay the school fees upfront for the year (1 payment).

A sibling discount of 5% per additional child is offered.

Updated fee structure for 2021:

	2021			
	Admin Fee	Month	Term	Annual
Grade 00	R 3,000	R 4,000	R 15,600	R 45,600
Grade R	R 3,000	R 4,250	R 16,575	R 48,450
Grade 1	R 3,000	R 4,250	R 16,575	R 48,450
Grade 2	R 3,000	R 4,500	R 17,550	R 51,300
Grade 3	R 3,000	R 4,500	R 17,550	R 51,300
Grade 4	R 3,000	R 4,750	R 18,525	R 54,150
Grade 5	R 3,000	R 4,750	R 18,525	R 54,150
Grade 6	R 3,000	R 4,750	R 18,525	R 54,150
Grade 7	R 3,000	R 5,000	R 19,500	R 57,000
Grade 8	R 3,000	R 5,000	R 19,500	R 57,000
Grade 9	R 3,000	R 5,000	R 19,500	R 57,000
Grade 10	R 3,000	R 5,500	R 21,450	R 62,700
Grade 11	R 3,000	R 5,500	R 21,450	R 62,700
Grade 12	R 3,000	R 5,500	R 21,450	R 62,700
FET (Gr10-12) Phase Curriculum Fees	R16,000 per annum OR R5,750 per term Estimated (Specific to 2021 Curriculum)			

Aftercare / Homework Centre

If your child is enrolled at Success College and you would like him/her to attend the Aftercare/Homework Centre, there will be a charge of R 1,250 per month.

A light lunch (e.g. toasted sandwich or hotdog) and homework supervision will be provided.

Your child must be collected by 18h00 at the latest.

BANKING DETAILS: Edenvale Success College (Pty) Ltd							
Bank: Standard Bank Account Number: 10116250664 Branch Code: 016342							
OFFICE USE							
Date Application Fee Paid:		Payment Method:	EFT:	Cash:	Grade:		

Date Transfer Card received:		Latest Report from previous/current school received:	
Parent Guidance			
<p>If a teacher identifies a problem concerning my/our child, the teacher will discuss the specific problem with me/us in order to decide on a strategy.</p>			
SIGNATURE OF PARENT		DATE	

Permission for Photographs to be used on the Website	
<p>We would like to use photographs of the children currently attending the school to promote Success College and provide parents, who are looking for the right school for their child, with a view of what Success College offers.</p> <p>We would also like to use the website to advise our parents of upcoming events and to showcase some of the children's activities.</p>	
<p>I, _____, give permission / DO NOT give permission for my child/children, _____, to be photographed for the Success College website.</p>	
SIGNATURE OF PARENT	DATE

Declaration of Parent / Guardian	
<p>I, (<i>name of parent / guardian</i>), undertake to attend the new parents' Information Evening during the first term. I also undertake to attend the annual one-on-one parent and teacher interview regarding my child's progress.</p> <p>I declare that the forms have been completed correctly. I have read and understand the Admission Policy, including the Language Policy, and the school rules.</p>	
<p>Signed at on day of 20.....</p>	
SIGNATURE OF PARENT	