



WILLOW ACADEMY

Department of Word of Faith Christian Centre

ID
Photograph

APPLICATION FOR ADMISSION

SECTION I - INFORMATION REQUIRED BY THE DEPARTMENT OF EDUCATION

Grade 11 and 12 applications will only be considered if your child has been attending an IEB school

Application for Grade		In Year	20
Current School			

DETAILS OF APPLICANT

First names			Gender	
Surname			Race	
Previous surname		Preferred name		
Address of applicant				Postal code
Citizenship of applicant			Applicant's cell number	
Study Permit Number (foreign nationals only)			Study Permit expiry date	
Home language			Social grant (Y/N)	
Mode of transport			Contact no of transport	
Name of person who applicant resides with		Cell Number		
Relation to learner				
Mode of transport			Contact no of transport	

MEDICAL INFORMATION

Medical Aid name		Medical Aid no.	
Medical Aid scheme		Principal member ID no.	
Name of doctor		Telephone number	
Name of dentist		Telephone number	

MEDICAL INFORMATION CONTINUED**MEDICAL DETAILS**

Condition	No	Yes	Treatment comments
Asthma			
Allergies			
ADHD (Attention-deficit/hyperactivity disorder)			
S.P.D (Sensory processing disorder)			
Seizures in the family			
Heart conditions			
Diabetes			
Excema			
Anxiety			
Heamaphyllia			

Has your child/is your child seeing:

Psychologist

Occupational Therapist

Speech Therapist

If the answer is yes, please supply report

Signature of both parents

Mother

Father

Other siblings presently at Willow

Name	Grade

FATHER OR GUARDIAN								
Surname		Title:	Mr	Dr	Adv	Other		
First names								
Identity number								
Residential address						Postal code		
Postal address						Postal code		
Occupation								
Employer				Position held				
Work address								
Marital status (indicate with a X)	Married	Single	Separated	Divorced	Widowed	Remarried		
Please include a copy of the marriage/death certificate (if applicable)								
Home tel.			Cell no.			Work tel.		
Email address								
MOTHER OR LEGAL GUARDIAN								
Surname		Title:	Miss	Mrs	Dr	Adv	Other	
First names								
Identity number								
Residential address						Postal code		
Postal address						Postal code		
Occupation								
Employer				Position held				
Work address								
Marital status (indicate with a X)	Married	Single	Separated	Divorced	Widowed	Remarried		
Please include a copy of the marriage/death certificate (if applicable)								
Home tel.			Cell no.			Work tel.		
Email address								

STEP-PARENT OR GUARDIAN							
Surname		Title:	Miss	Mrs	Dr	Adv	Other
First names							
Identity number							
Residential address						Postal code	
Postal address						Postal code	
Occupation							
Employer				Position held			
Work address							
Marital status (indicate with an X)	Single	Married	Separated	Divorced	Widowed	Remarried	
Please include a copy of the marriage/death certificate (if applicable)							
Home tel.		Cell no.		Work tel.			
Email address							

STEP-PARENT OR GUARDIAN							
Surname		Title:	Miss	Mrs	Dr	Adv	Other
First names							
Identity number							
Residential address						Postal code	
Postal address						Postal code	
Occupation							
Employer				Position held			
Work address							
Marital status (please indicate with an X)	Married	Single	Separated	Divorced	Widowed	Remarried	
Please include a copy of the marriage/death certificate (if applicable)							
Home tel.		Cell no.		Work tel.			
Email address							

SECTION I - INFORMATION REQUESTED BY THE ACCOUNTS DEPARTMENT

ACCOUNT INFORMATION

Please indicate the email address to which the account and correspondence must be sent			
Send Account to:	Father	Mother	Other (indicate below)
Email address to which account must be sent			
Mode Of Payment		<input type="checkbox"/> Debit Order	<input type="checkbox"/> EFT (Electronic Fund Transfer)

Declaration by person responsible for fees:

I, _____ (print full name), undertake on behalf of myself, my executors, my spouse and my son/daughter/ward aforesaid to:

1. Hold myself responsible for the payment of the full amount of fees as determined by the Governing Body of Willow Academy and disbursements to be charged by Willow Academy in respect of the whole period during which my son/daughter/ward is registered as a pupil at Willow Academy, failing which I understand that my son/daughter/ward may be suspended from attending Willow Academy or have his/her enrolment at Willow Academy terminated.
2. Pay all fees charged by Willow Academy in advance by debit order; by the last day of the month fees are charged.
3. Accept liability for all penalty fees, collection commission and tracing charges should fees and/or disbursements become overdue; Interest may be charged on overdue accounts
4. Give at least three full months' notice in writing to the Principal or to pay three full months' fees in lieu of notice upon terminating enrolment of my son/daughter/ward from Willow Academy;
5. Accept any jurisdiction of the Supreme Court and/or Magistrates Court of South Africa;
6. Accept liability for all attorney and client charges, collection commission and tracing charges, should legal action be instituted against me.
7. Parents are jointly and severally liable for payment of fees.

SIGN AGREEMENT

Person responsible for fees	Full name	Signature
Witness	Full name	Signature

SECTION II - INFORMATION REQUESTED BY THE SCHOOL

CHRISTIAN BACKGROUND			
At Willow Academy, Christian education is compulsory for all pupils, and forms part of the examinable curriculum. Therefore, it will be understood that you do not have any conscientious objection to him/her being present at lessons, devotions and assemblies.			
Church Denomination			
Congregation			
Minister/Pastor			
Contact Number			
Is the father a born again Christian?	Yes	No	
Is the mother a born again Christian?	Yes	No	
Is the applicant a born again Christian?	Yes	No	
If not Christian, what religion does the applicant follow?			

PERMISSION TO USE IMAGES
From time to time we may take pictures of our learners during events such as camps, sporting events, school activities and outreaches. These images may be included in our promotional material, social media, newspapers, etc.
<p>I,, parent of (applicant's name), DO / DO NOT (please circle) give Willow Academy permission to use my child's image for promotional purposes.</p> <p>Signed: Date:</p>

ADDITIONAL INFORMATION			
Has the applicant previously applied at Willow Academy?	Yes	No	If YES, which year?
Has the applicant applied to any other schools?	Yes	No	If YES, which schools?

SECTION III - FURTHER CONDITIONS OF ENROLMENT

CONTRACT CONDITIONS

I, the undersigned _____ (print full name), certify that the above information is correct and request that my son/daughter/ward be admitted as a pupil to Willow Academy and I undertake to:

1. Permit my son/daughter/ward to participate in the educational programme;
2. Seek alternative schooling should my son/daughter/ward not manage academically and/or if the age of my son/daughter/ward should fall out of the normal range for a particular grade;
3. Support the policy that pupils are expected to participate in sport and/or cultural activities unless the Principal grants permission to the contrary and I give consent for my son/daughter/ward to take part in any extra-mural activities of Willow Academy;
4. Conform to all rules and regulations laid down by the Willow Academy Governing Body and/or Principal from time to time and ensure that my son/daughter/ward does the same, failing which, I understand that the Governing Body may expel my son/daughter/ward from Willow Academy following a disciplinary hearing;
5. Indemnify, hold harmless and absolve Willow Academy and its staff or their authorised legal agents against any claims that may arise from any injury, death, loss, damage, costs or expense, including legal costs, suffered by me or my son/daughter/ward at any time whilst enrolled as a learner at Willow Academy;
6. Give permission for my son/daughter/ward to participate in Christian instruction and prayers.
7. The school has the right to verify all information on this form.

SIGN AGREEMENT

Signed atthis.....

day of..... 20

Signature

Witness 1

Witness 2

Full name of signatory