

APPLICATION FOR ADMISSION

38 Schaap Road, Schaap Kraal | Ph No 010 143 7662
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Ref 2024/05

TLC ACADEMY



Registered Section | WCED EMIS No 0100000849

ADMISSION PROCEDURES AND REQUIRED SUPPORTING DOCUMENTS

- | | |
|---|--|
| ☐ CEMIS Transfer Document (where applicable) | ☐ Copy of Parents' / Legal Guardians' ID Documents |
| ☐ Copy of Student's Birth Certificate or ID Document | ☐ Signed Conditions of Application |
| ☐ Copy of Student's latest Report or Academic Progress | ☐ Signed General Indemnity |
| ☐ A utility bill stipulating proof of address | ☐ Understanding that acceptance is dependent on the results of a personal interview as well as academic qualifications and availability |
| ☐ Completion of the Financial Report Section G | |

TWO RECENT ID
COLOUR PHOTOS
OF LEARNER

SECTION A : LEARNER PERSONAL DETAILS

CEMIS No		Home Language	
Surname		Gender	MALE FEMALE
First Names		Cell No	
Initials		Tel No	
ID No		Emergency No	
Passport No		Current School	
Date of Birth		Religion	

SECTION B : LEARNER ADDITIONAL DETAILS

Population Group		Pre Primary Edu	NONE FORMAL NON FORMAL
Immigrant	YES NO	First Time Enrollment Province	YES NO
Country Residence		Inclusion Status	MAINSTREAM LSEN MAINSTREAM
Citizenship		Previous Country	
Address		Previous School	NONE FORMAL NON FORMAL
		Repeated Grades	Indicate any repeated Grades 1 - 7
		Language of Instruction	
		Preferred Language	
Immigrant	NONE BOTH MOTHER FATHER	Paper Language	
Mode of Transport		Certificate Language	
Registration Date		No of Children in Family	
Religion		Siblings this School including Grade	Sibling No 1
Transport Route			Sibling No 2
Nutrition Diet	YES NO		Sibling No 3
Other			

SECTION C : LEARNER MEDICAL DETAILS

Medical Conditions		Medical Aid Primary Member	
Allergies		Medical Aid No	
Special Needs		Doctors Names	
Receiving Grant	YES NO	Doctors Tel No	
Social Grant Number		Doctors Address	
State Subsidies	YES NO		
Medical Aid Name			

SECTION D : LEARNERS FATHER DETAILS

Title	Mr / Mrs / Ms / Doc / Prof		Nationality	
Surname			Total No of Children	
First Names			No of Children at School	
Initials			Employer	
ID No			Employer Address	
Passport No				
Home Language				
Cell No			Employer Tel No	
Tel No			Employer Fax No	
Marital Status			Occupation	
Does Learner reside with Parent?	YES	NO	Monthly Income	
Financial Responsibility of Acc	YES	NO		
Relationship	Biological / Step / Foster / Ward			
Residential Address			Postal Address	

SECTION E : LEARNERS MOTHER DETAILS

Title	Mr / Mrs / Ms / Doc / Prof		Nationality	
Surname			Total No of Children	
First Names			No of Children at School	
Initials			Employer	
ID No			Employer Address	
Passport No				
Home Language				
Cell No			Employer Tel No	
Tel No			Employer Fax No	
Marital Status			Occupation	
Does Learner reside with Parent?	YES	NO	Monthly Income	
Financial Responsibility of Acc	YES	NO		
Relationship	Biological / Step / Foster / Ward			
Residential Address			Postal Address	

SECTION F : DIVORCED OR SEPARATED PARENTS ONLY

	FATHER	MOTHER	GUARDIAN
Person(s) with whom applicant lives			
Person(s) to whom correspondence should be sent			
Person(s) to whom reports should be sent			
Person(s) responsible for financial responsibility to the school			

SECTION G : FINANCIAL INFORMATION INCOME AND EXPENSE REPORT

INCOME	AMOUNT	EXPENSES	AMOUNT
Salary (Father)	R	Rent or Bond	R
Salary (Mother)	R	General Utilities	R
Salary (Other)	R	Food and Groceries	R
Other Income	R	Cellular and Telephone	R
	R	Transportation Costs	R
	R	Healthcare	R
	R	Entertainment	R
	R	Education	R
	R	Other	R
TOTAL INCOME	R	TOTAL EXPENSES	R

(Please submit proof of expenses)

2 X REFERENCES FOR ACCOUNT APPLICANT REQUIRED

I, the undersigned, (reference 1)

FULL NAMES & SURNAME

RELATIONSHIP TO APPLICANT

ADDRESS

CONTACT NO.

acting as reference for the Account Applicant, hereby confirm and verify that the information provided on this application according to my knowledge is true and correct.

I, the undersigned, (reference 2)

FULL NAMES & SURNAME

RELATIONSHIP TO APPLICANT

ADDRESS

CONTACT NO.

acting as reference for the Account Applicant, hereby confirm and verify that the information provided on this application according to my knowledge is true and correct.

SECTION H : CONDITIONS OF ACCEPTANCE

This is to certify that should my son/daughter be accepted for entry at TLC Academy as a learner in Grade for the Term of 20 , I hereby accept the following terms and conditions:

- i. all learners without exemption will comply with all school rules
- ii. agree to wear full school uniform as well as receive Islamic instructions and attend all Islamic religious services
- iii. that in the event of an emergency arising, medical or otherwise, relating to the learner detailed in Section A, where it is not reasonably possible in the opinion of the principal, acting principal or any staff members who is duly designated by the principal to effectively communicate or establish communication with the parent or guardian, the principal, acting principal or any staff members shall have the authority, loco parentis, to make a, cause and is allowed to carry out any decision they consider necessary in the interest and welfare of the said learner
- iv. the principal has the right in his/her absolute discretion, to suspend a learner from the school, or require his/her withdrawal for any reason considered within the best interest of the school
- v. any learner found in possession, carrying onto school premises and or using any banned substance such as drugs, alcohol, cigarettes or undesirable literature, will be expelled from the school
- vi. any learner who absents themselves without reasons can be suspended and in extreme circumstances after an official hearing be expelled
- vii. the school is not liable for any loss or damage, however caused to any property belonging to a learner or any member who is or may be deemed to be in the custody of the school
- viii. the schools rules and regulations are amended from time to time and therefore shall be binding and be observed by the learner as well as parents or guardians where it may concern them

We the undersigned, hereby certify that we have read, understand and accept the conditions stated in Section H.

Full Name of Father / Legal Guardian

Signature of Father / Legal Guardian

DATE

Full Name of Mother / Legal Guardian

Signature of Mother / Legal Guardian

DATE

FOR OFFICE USE ONLY

INTERVIEW DATE _____

COMMENTS _____

APPROVED _____

DATE _____

COMMENCEMENT DATE _____

GRADE _____

FAMILY CODE _____

SIBLINGS AT
THE SCHOOL

1 _____

2 _____

3 _____

4 _____