



THE ROCK ACADEMY CHRISTIAN SCHOOL

Thank you for your interest in our school.

Please complete the attached forms and return them to us along with **ALL** the required documents.

Once all necessary forms and documents have been received, your application will be processed as follows.

1. An assessment date will be set.
2. You will receive notification of the outcome.
3. If accepted, you will need to pay a non- refundable Acceptance Fee of R1000.00. This will secure your child's place at the school.

Once the Acceptance Fee is received, enrolment will be completed.

For official use only

Date of assessment:	
Outcome:	
Comment:	

This enrolment package contains 8 pages including the cover page, excluding additional documents supplied by applicant.

APPLICATION FOR ENROLMENT

THE ROCK ACADEMY

CHRISTIAN SCHOOL

changed lives, changing lives



Tel: 021 785 4753

Mobile: 083 682 2618

Fax: 086 68 5403

Email: info@therockacademy.co.za

Web: www.therockacademy.co.za

PLEASE NOTE:

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE.

Your child will be asked to come in for an interview and an academic assessment to ensure that he/she will cope with the standard of work. Students with a history of poor payment at a previous school may not be accepted. Should there not be space in the class required, the students name may be put on a waiting list. Preference is given to siblings of The Rock Academy students.

Please return this form to The Rock Academy together with:

A copy of the child's birth certificate.	
A copy of the child's latest school report.	
Copies of parent's identity documents.	
A municipal account as proof of residence.	
A copy of the child's clinic card.	
<u>Foreign students</u> – copy of their study permit.	

Please note that a non-refundable deposit of R1000 is payable on acceptance at The Rock Academy

Date of Application:	dd/mm/ccyy		Date Received		Office use	
Application for admission to:	Grade		Term		For year	

A: STUDENTS PERSONAL INFORMATION *Western Cape Education Department CEMIS requirement

Surname: (please print)						
First names: (please print)						
Nick name: (name to be used on school records)			*			
Home language *		Gender *	m	f	Date of birth	
Preferred language of instruction *		Race *				
ID number *				Nationality		
Foreign students: *	Study permit	yes	no	Age:	Years	months
Dexterity	Right handed		Left handed		Ambidextrous	

Information of previous schools:

Name *	Contact person & Tel no.	Grades	From date:	To date:	
1.					
2.					
Last grade passed	Has any grade been failed?		yes	no	If yes, which grades
Sporting activities					

Hobbies or interests:				
Musical talents				
Has your child previously been assessed for any of the following:				
ADD/ADHD	Any learning problems	An OT problem	A behavioural disorder	Any emotional disorder
If you have selected any of the above, please provide a copy of the report from the assessor/ remedial therapist				
Special needs of child. Please ✓ and elaborate if necessary *				
Sight impaired	Hearing impaired	Physically disabled	Other	

B: FAMILY INFORMATION

Father *		Mother *	
Name & Surname:		Name & Surname:	
ID number:		ID number:	
Home address		Home address	
Home Tel:		Home Tel:	
Cell no:		Cell no:	
Occupation:		Occupation:	
Current Employer:		Current Employer:	
e-mail address:		e-mail address	

Marital status:	married, separated, divorced, widowed, single (please circle)			
If divorced, please select	Father remarried		Mother remarried	
If widowed, Please select	Father passed away *		Mother passed away *	
Family status of child	own	fostered	adopted	other
Students position in family	Number		of	children

Contact details for communication	cell no.	e-mail
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Names, ages, gender and school of siblings:

	Name	Age	Gender	Name of present school
1.				
2.				
3.				

Where could you as parents give assistance? (please indicate M for mom or D for dad)

Fundraising	Praise and worship	Staff relief teaching
Spiritual support	Financial support	Computers
Maintenance	Marketing	
Please give details:		

Christian background

To which congregation, if any, do you belong?			
Name of Pastor:		Telephone number:	
Are both parents supportive of the choice of school?		yes	no
If no, please explain.			

C: FINANCIAL INFORMATION

School fees, essential to the existence of the school, are without exception compulsory and are payable in advance. The sum of the fees is determined by the School Governing Body and is directly related to the costs of running and maintaining the school.

- In the event of a student being removed from the school **A FULL TERMS NOTICE IN WRITING** shall be given to the school Administrator.

Who will be responsible for paying school fees.	Name & surname:		Tel no:	
	Signature:		Cell no:	

Please complete and sign **Annexure A**

D: MEDICAL INFORMATION

Please complete and sign **Annexure B**

E: GENERAL CONSENT and INDEMNITY

Please complete and sign **Annexure C**

F: GENERAL**How did you find out about the school?****Reason for sending your child to the school****Existing Parents. Any Questions, Comments?****Absent from school**

- I will endeavor to see that my child is not absent from school unless absolutely necessary and, if so, I will send a letter of explanation on his/her return to school.

Doctor's appointments

- I understand that all doctor's appointments, therapies and assessments etc. need to be scheduled for after school hours, not during school hours.

Transport to and from school

- My child uses a taxi service to and from school.

The drivers name is: _____ Contact number: _____

Banking details

FNB BANK Cheque account
The Rock Academy
ACCOUNT NUMBER: 623 423 51848
BRANCH CODE: 202 309

- I understand that The Rock Academy is a Christian school, based on Christian values and ethics. I further understand that all Christian religious events will be celebrated at the school and that school plays etc. may incorporate or be based on a Christian theme. I confirm that I have no objection thereto.

Signature of father/guardian_____
Signature of mother/guardian_____
Date*** Western Cape Education Department CEMIS requirement**

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Required Documentation

Please e-mail proof of income (both parents) directly to the bursar at accounts@therockacademy.co.za or, alternatively place it in a sealed envelope marked for the attention of the bursar and submit it with this application.

AGREEMENT TO PAY SCHOOL FEES

Entered into between **THE ROCK ACADEMY** and

Full names of Father/Guardian:		Full names of Mother/Guardian:	
ID Number		ID Number	
Home address		Home address	
Home Tel:		Home Tel:	
Cell no:		Cell no:	
Employer Address:		Employer Address:	
e-mail address:		e-mail address	
Names of children at The Rock			

- I/We, the undersigned accept responsibility for the payment of school fees and compulsory annual "Extras Fee" as indicated below.
- School fees are due and payable in advance on the 1st day of the month.
- In the event of my/our child leaving the school, **a full terms notice must be given in writing** to the School Administrator, failing which I/we will be liable for a full terms fees in lieu of notice.

I/we undertake to pay as follows. (Mark with an X)

<input type="checkbox"/>	Annually before 31 January. R31 900.00 less 5% = R30,305.00 per child.
<input type="checkbox"/>	Monthly over 11 months. R2 900.00 per month per child commencing 1 January.
<input type="checkbox"/>	Annual Extras Fee per child to be paid before 15 December 2019 Grade 1 - R2 500.00 Grades 2 and 3 - R2 000.00 Grades 4 to 7 - R2 800.00

- In the event that I/we fail to make prompt payment on or before due date, **the full amount** will immediately become due and payable without notice. Late payments (after the 7th of the month) will incur an administrative penalty of R75.00 per non-payment.
- Should fees be unpaid for 3 months, the school may **ask the student to leave** and institute **legal action** in which event I/we will be liable for costs on the attorney/client scale as well as collection commission and tracing fees.

Please e-mail the statements to me.		Please print the statement out for me.	
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Signature of father

Signature of mother

Date

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MEDICAL CONSENT FORM

MEDICAL INFORMATION OF (student name) _____		
Does your child have any physical disability?	Yes	no
If yes, please specify:		
Does your child have any allergies? (bee stings, Elastoplast, Savlon)	Yes	No
If yes, please specify:		
Does your child have any medical conditions? (diabetes, asthma)	Yes	No
If yes, please specify:		
Is your child on any regular medication?	Yes	No
If yes, please specify:		
Family doctor:	Phone number:	
Medical Aid scheme/ Hospital Plan:	Number:	
Name of main member:		
Contact me first: (Parent/Guardian)	Name: Number:	
If unable to contact parent/ guardian, please call:		
Name:	Relationship to child	Number
Name:	Relationship to child	Number
Signed by..... Name (please print).....		

- In case of emergencies, The Rock Academy, has my/our consent to authorize medical care for my child.
- I give consent for a staff member of The Rock Academy to administer Panado only.
- I understand that any other medication needs to be administered by parents and no requests should be made to administer scheduled medications.

Parent/ guardian signature

Name (please print)

Date

Staff notes:
.....
.....
.....
.....

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GENERAL CONSENT AND INDEMNITY FORM

I, _____ (full names of parent or legal guardian),
parent and/or legal guardian of the under-mentioned, over whom I have custody and control, hereby consent
to my son/daughter, (full names) _____

participating in the various activities (including sports activities, camps and educational outings) arranged,
organized or offered by the School, and, where relevant, to his/her being transported to and from the said
activities by means of transport made available by the school for that purpose.

- I further agree to the condition that, while **every precaution will be taken for the safety and welfare of my son/daughter** and for the care of his/her possessions, I will hold blameless and indemnify all persons, The Rock Academy and all other organizations associated with the activity. This includes an indemnity against recovery of costs resulting from damage, loss and/or medical conditions or hospitalization, unless such loss is caused by the negligence, willfulness or deliberate act of the School or one or more of its employees.
- I furthermore appoint the school staff accompanying the tour or group, or supervising the activity, to act *in loco parentis* in respect of my son/daughter should the need therefore arise.

***If I do not want my son/daughter to go on a particular excursion,
I may naturally exercise this option.***

Name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____

PHOTOGRAPHS

- On occasion, the school would like to send items of interest including photographs to our local newspapers. They will not print any articles unless our students full names are provided. Please circle and highlight the following clause if applicable:

I **do not** wish for my child's name and photograph to appear in any local publication.