

Application Form

*Life is too precious to be left
to chance...*

*Agape School treasures the future
of each child.*

For Internal Use Only			
Grade		Accepted	
Year		Aftercare	

"Be excellent in what is good"

Romans 16:19



AGAPE CHRISTIAN SCHOOL

Please submit the following with this application form:

1. Copies of the applicant's most recent reports
2. A copy of the applicant's ID or Birth Certificate
3. A non-refundable Enrolment Fee of:
R _____

Learners Details

1. First Name(s)
2. Surname
3. Preferred Name
4. Date of Birth
5. Gender Male Female (Indicate with a X)
6. Position in Family (eg. eldest)
7. ID or Passport Nr.
8. Nationality
9. Home language
10. Date of First Entry into SA.

Required by Education Department for Statistical Purposes

11. Religion
12. Race Classification
13. Application for Grade Term Year
14. Starting Date (Office use only)
15. Learner Staying Until 13h30 15h00 17h30 (Indicate with a X)

16. Previous School(s)

	Tel. Number(s)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
- | From | To |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

17. Reason for Moving Learner

18. Achievements

19. Health Concerns or Medication Requirements

20. Siblings

Name	School	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Parents /Guardians

Parent / Guardian 1

1. Title & Surname
2. First Name(s)
3. Relationship to Applicant
4. Nationality
5. ID or Passport Nr.
6. Marital Status
7. Residential Address

Code
8. Approximate Distance from School
9. Postal Address

Code
10. Occupation
11. Business / Employer

Parent / Guardian 2

-
-
-
-
-
-
- Code
-
- Code
-
-

12 Communication

- Home Tel
- Bus Tel
- Cell
- Fax
- Email

-
-
-
-
-

13. Emergency Contact No.1 (Other than Parents)

- Name
- Tel No.

14. Emergency Contact No. 2 (Other than Parents)

- Name
- Tel No.

15. Medical Aid Scheme Number

I /We the Parents / Legal Guardians of _____
(Full name of Applicant)

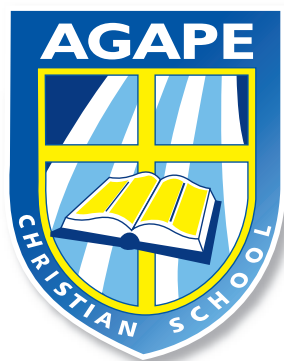
hereby apply for his / her admission to Agape Christian School.

I /We confirm that the information contained in this application is complete and accurate.

Should this application be successful, I /We acknowledge and accept that a non-refundable enrolment fee as per school policy, will be required on admission of your child to Agape Christian School.

Parent / Guardian 1 Signature _____ Date _____

Parent / Guardian 2 Signature _____ Date _____



AGAPE CHRISTIAN SCHOOL

Tel: 011 475 1661 or 011 675 6540

Fax: 011 475 9470

Email: info@agapechristianschool.co.za

Website: www.agapechristianschool.co.za

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