

STANDARD OF CONDUCT

(To be completed by the student together with the principal)

STUDENTS FULL NAME

AGE

The student's attitudes, conversation, and behaviour reflect the character of the institution from which he/she derives his/her training, both home and school. This form reflects the school's attempts to secure students who would best adjust to the highly disciplined training program and who are prepared to pledge their commitment in this regard.

DO YOU ATTEND CHURCH REGULARLY? YES NO

WHERE?

ARE YOU CHRISTIAN? YES NO AT WHAT AGE WERE YOU SAVED?

DO YOU ACCEPT THE BIBLE AS GOD'S WORD AND SUBMIT YOURSELF TO ITS PRINCIPLES AS A FINAL AUTHORITY? YES NO

HAVE YOU EVER SMOKED? YES NO

DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO

DO YOU USE NARCOTICS? (DOPE, PILLS, MARIJUANA) YES NO

HAVE YOU EVER RUN AWAY FROM HOME? YES NO

HOW LONG AGO?

PRESENT STATUS REGARDING THE ABOVE QUESTIONS:

As a student of this Christian School I pledge to uphold the school's standards against moral misconduct such as cheating, lying, bad language, disobedience, fighting, stealing, use of drugs, involvement in satanic or occultic activities, and the like.

I agree to abide by the rules and standards of conduct expected of each student at this school at all times and will not give the impression that I am not in agreement with these values. I agree to submit to the disciplinary code of the school.

Student's Signature

Date

Principal's Signature

Date

1. STUDENT INFORMATION

SURNAME

FIRST NAME

FULL NAME

BIRTH DATE Y Y Y Y M M D D

ID NUMBER AGE

SEX M F RACE

LANGUAGE

PHYSICAL ADDRESS

CODE:

POSTAL ADDRESS

CODE:

TEL (H) ()

CELL

LAST SCHOOL ATTENDED

ADDRESS

LAST GRADE COMPLETED

HAS THE STUDENT EVER BEEN EXPELLED, DISMISSED, SUSPENDED, OR REFUSED ADMISSION TO ANOTHER SCHOOL? YES NO

IF YES, PLEASE EXPLAIN WHY _____

HAS THE STUDENT EVER HAD DISCIPLINARY DIFFICULTIES AT SCHOOL? YES NO

IF YES, PLEASE EXPLAIN WHY _____

PLEASE INDICATE ACADEMIC LEVEL OF STUDENT'S PREVIOUS WORK EXCELLENT GOOD AVERAGE POOR

HAS THE STUDENT EVER FAILED AN ACADEMIC SUBJECT IN SCHOOL? YES NO

IF YES, PLEASE EXPLAIN WHY _____

2. FAMILY INFORMATION

FATHER'S FULL NAME

ID NUMBER

MARITAL STATUS

EMPLOYER

POSITION

TEL (W) ()

CELL

EMAIL ADDRESS

MOTHER'S FULL NAME

ID NUMBER

MARITAL STATUS

EMPLOYER

POSITION

TEL (W) ()

CELL

EMAIL ADDRESS

IN AN EMERGENCY IF NEITHER PARENT CAN BE CONTACTED PLEASE CONTACT THE FOLLOWING PERSON

NAME

RELATIONSHIP

EMERGENCY TEL ()

CELL

CHILDREN IN FAMILY OF SCHOOL AGE, NOT APPLYING

NAME

AGE

REASON FOR NOT APPLYING

3. RELIGIOUS INFORMATION

CHURCH WHICH YOU ARE ATTENDING

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PAST/REV NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TEL

()																
---	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FATHER CHRISTIAN?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

MOTHER CHRISTIAN?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

HAS THE APPLICANT EVER MADE A PROFESSION OF FAITH TO CHRIST?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

4. GENERAL INFORMATION

HOW DID YOU HEAR ABOUT THE SCHOOL?

WHAT IS YOUR REASON FOR SELECTING THIS SCHOOL?

WHERE COULD YOU AS PARENTS GIVE ASSISTANCE?

CATERING & FUNCTIONS

COMPUTER

MUSIC

ART

HANDIWORK

SPORT

PRAYER

TRANSPORT

CULTURE

OTHER

5. PIERRE VAN RYNEVELD CHRISTIAN ACADEMY MEDICAL INFORMATION

CHILD'S NAME _____

1) Please complete either a) OR b):

a) I, _____ parent of _____

hereby give consent for the staff of Pierre van Ryneveld Christian Academy to take my child to the Pierre van Ryneveld Family Practice should he/she be injured and require professional attention.

My Medical Aid details are as follows:

MEDICAL AID NAME

MEDICAL AID NUMBER

MEMBER'S NAME

b) I, _____ parent of _____

hereby give consent for the staff of Pierre van Ryneveld Christian Academy to take my child to the Pierre van Ryneveld Family Practice should he/she be injured and require professional attention.

2) My telephone numbers are as follows (please supply cell number if available)

FATHER'S NAME

TEL NO ()

CELL NO

MOTHER'S NAME

TEL NO ()

CELL NO

IF NEITHER PARENT IS AVAILABLE, PLEASE PHONE

NAME

RELATIONSHIP

TEL NO ()

CELL NO

3) My child has the following illnesses/allergies that may affect his/her treatment _____

4) I agree to be responsible for any expenses that may be incurred.

5) Does your child have any Allergies or Mental Defects? _____

6) Has your child been immunised against the following? (Y or N)

POLIO

DIPHTHERIA

MEASLES/RUBELLA

WHOOPING COUGH

SMALL POX

TETANUS

TB (BCG TEST)

PARENT'S SIGNATURE

DATE

6. DIAGNOSTIC TESTING

CANDIDATE'S FULL NAME

BIRTH DATE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

GRADE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I understand that diagnostic testing is a pre-requisite for admission of my son/daughter to the school.

I accept that he/she will need to attend the school 1 or days for the testing and during this time, he/she will also be assessed in terms of behaviour, values and social interactions.

I further understand that the testing fee is non-refundable, but that it constitutes part of the total registration fee if my child is accepted into the school

PARENT'S NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SIGNATURE

DATE

PARENT'S COMMITMENT TO PIERRE VAN RYNEVELD CHRISTIAN ACADEMY AGREEMENT OF ENROLMENT:

I have read the Policy Booklet of Pierre van Ryneveld Christian Academy and wholeheartedly agree for my child to submit to the policies and rules, and to respect the authority figures of the School.

I agree to give 1 months notice, in writing should my child leave the school before he/she matriculates.

I realise that there might be occasions when children take issue with certain actions of the staff, and they are prone to repeat statements out of context. I agree to support, trust the School staff, and call in for full details at any time I have a question concerning an incident.

A acknowledge that a good relationship with my child's Supervisor is very important in the training of my child, and is as much my responsibility as it is the Schools.

I agree to support the staff, pray for them, co-operate with the rules, discipline, and follow through with supervising homework or slips to be signed and returned to school. I recognise the importance of attending school functions and seeing that my child's appearance and behaviour give good publicity and set a good example. I agree to complete Parent Orientation Training.

- * **I agree to pay the school fees before the 3rd day of the month. I realise that if my account goes in to arrears my child will have to stay at home without any books.**
- **Notice Period of School Membership
One calendar month's notice must be given. Notice in October will not be valid i.e. an academic year is completed then the full year's fee are payable**

Father's Signature

Date

Mother's Signature

Date

INDEMNITY

I _____ parent/guardian of _____
hereby consent that he/she may attend any outings or functions arranged by Pierre van Ryneveld Christian Academy. I agree that I indemnify the school and staff against any event, action or occurrence that might lead to injury or any harm whatsoever without prejudice. I acknowledge that the school will take all reasonable precautions to ensure the safety of my child whilst he/she is in their care.

I acknowledge that I have read and understand the contents of the above indemnity.

Parent/Guardian Signature

Date

THE FOLLOWING DOCUMENTS NEED TO BE HANDED IN WITH THIS APPLICATION:

1. A copy of the Student's Birth Certificate
2. 1x ID size photos of the student
3. A copy of both Parents' ID documents
4. Transfer letter from previous school
5. Copy of the students latest School Report