

CHRIST THE KING ACADEMY FOR SCIENCE, COMMERCE & TECHNOLOGY

PHYSICAL ADDRESS
STAND NO 1 MEETSEMATSIDI
R71 ON THE WAY TO TZANEEN
GA-MOTHIBA 0727

POSTAL ADDRESS
P.O BOX 486
SOVENGA
0727

EMIS NO: 99223201
REGISTRATION NO: 20022011006
UMALUSI ACCREDITATION NO SCH001148P
©: 082 764 2043 Fax 086 682 120 Tel: 015 0101047
Email: christ.the.king2010@gmail.com
Website: www.christthekingacademy.co.za

LEARNER INFORMATION															
Grade applied		Highest grade passed		Year when grade was passed				Accession number:							
Surname			Initials			Gender		Male		Female					
Full names															
Date of birth				ID/Passport no											
Race				Country of residence				South Africa							
Citizenship				Province											
Physical address				Postal address											
Home telephone				Emergency no											
Home language				Alternative no											
Language of instruction				ENGLISH		Deceased parent		Mother		Father		Both		None	
Mode of transport		Motor car		Bus transport scheme		Taxi		Bicycle		Hostel		By Foot 2 km or less		By foot 10km+	
Religion				Dexterity of learner				Right hand		Left hand		Both hands			
PREVIOUS SCHOOL INFORMATION															
Name of previous school						Postal address									
Province				Code						Code					
MEDICAL INFORMATION															
Medical aid no				Medical aid name											
Medical aid main members								Doctor name							
Doctor address								Code							
Special problem requiring counselling															
Application form must be submitted together with the following documents						How did you know about the school									
✓ 2x learners ID photos						✓ Through a Brochure									
✓ Transfer letter from previous school						✓ Through a Friend									
✓ Passport						✓ Through the School Website									
✓ Study permit						✓ Through a Neighbour									
✓ Progress report						✓ Through the Bill Boards									
✓ Parents ID copies						✓ I live near the School									
✓ Copy of birth certificate						✓ Through CTKA Educator /Staff Member									
✓ Copy of clinic card for Grade R-3						✓ Other									
✓ Registration fee non-refundable															
✓ Textbooks must be paid before January															

Number of other children at this school:

Please supply full names

Name		Grade	
Name		Grade	
Name		Grade	

PARENT 1 INFORMATION

Surname		Initials		Title		Gender	Male	Female
Full names								
ID/Passport								
Occupation								
Race								
Citizenship	Country of residence South Africa							
Physical address	Suburb /city							
	Postal address							
Home telephone								
Learner cell no	Emergency no							
Home language	Alternative no							
	Language of instruction							

PARENT 2

living at same address

Surname		initials		Gender	Male	Female
Full names						
ID/Passport						
Occupation	Province					
Cell phone	Employer					
	Work phone					

GUARDIAN INFORMATION

Surname		Initials		Gender	
Full names					
ID/Passport					
Occupation	Cell no				

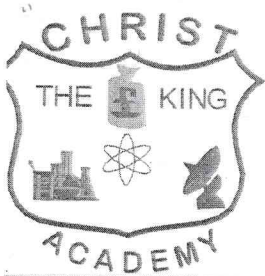
OFFICE USE ONLY

2x learners ID photos	Passport	Study permit	Copy of birth certificate	Parents ID copies
Transfer letter from previous school	Progress report	Copy of clinic card for Grade R-3	Text books must be paid before January	Registration fee non-refundable

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent _____ or Guardian _____
 Signature _____ signature _____

Date _____ / _____ / _____



CHRIST THE KING ACADEMY

FOR SCIENCE, COMMERCE & TECHNOLOGY

REG NO: 2010067 NPO 034-579

P. O. BOX 486 SOVENGA 0727

"WE CROWN JESUS KING OF OUR LIVES"

PARENT/GUARDIAN CONSENT FORM

A. IID..... the parent/guardian of

D.O.B.....a child admitted at Christ the King Academy give my consent that the child may participate in activities and programmes of the school listed in below C.

B. While the school and its staff shall take every precaution for the safety of my child/children

1. I understand the possibility of injuries.
2. It shall be my responsibility to pay for my child's/charges medical. Hospitalization, evacuation or any other expenses that may arise therefrom.

C. The activities and programmes shall include

1. Sport, Physical training, athletics and swimming
2. Attendance of school enrichment classes
3. School travel and excursions
4. Experiments in the science laboratories.
5. Practical subjects and field work
6. Research and academic projects
7. Entertainment and cultural activities
8. Cleaning in classroom, hostel, school grounds

D. Prompt fees payment

1. I undertake to ensure that payment of my child/children's fees is done on time and in full; failing which my child will be excluded from classes.
2. I declare that I can afford the prescribed fees for my child.

E. Text book payment and return

1. It shall be my responsibility to ensure that textbooks of my children/child are paid for and at the end of every academic year, they are returned to school and in case my child/children loses or damages the textbooks, I will make sure that I pay for the **lost, damaged or torn textbooks**. It is also the responsibility of the parents to pay for all their children/child's textbooks at the entry of each foundation, intermediate and senior phase (GR 1-3, GR4-5, GR 7-9)
2. I understand that failure on my part to pay for my child's fees shall lead to the school withholding services to me and my child.

F. Information on hostel matters

My child and I subject ourselves to the rules and policies of CTKA hostel (for learners residing in the Hostel) I give my full and unreserved consent as I append my signature.

.....
Parent/Guardian Signature

.....
Date

.....
School Principal

.....
Date

CELL: 082 764 2043 or 079 924 8201 FAX: 086 570 5838

E-mail: christ.the.king2010@gmail.com : www.christthekingacademy.co.za