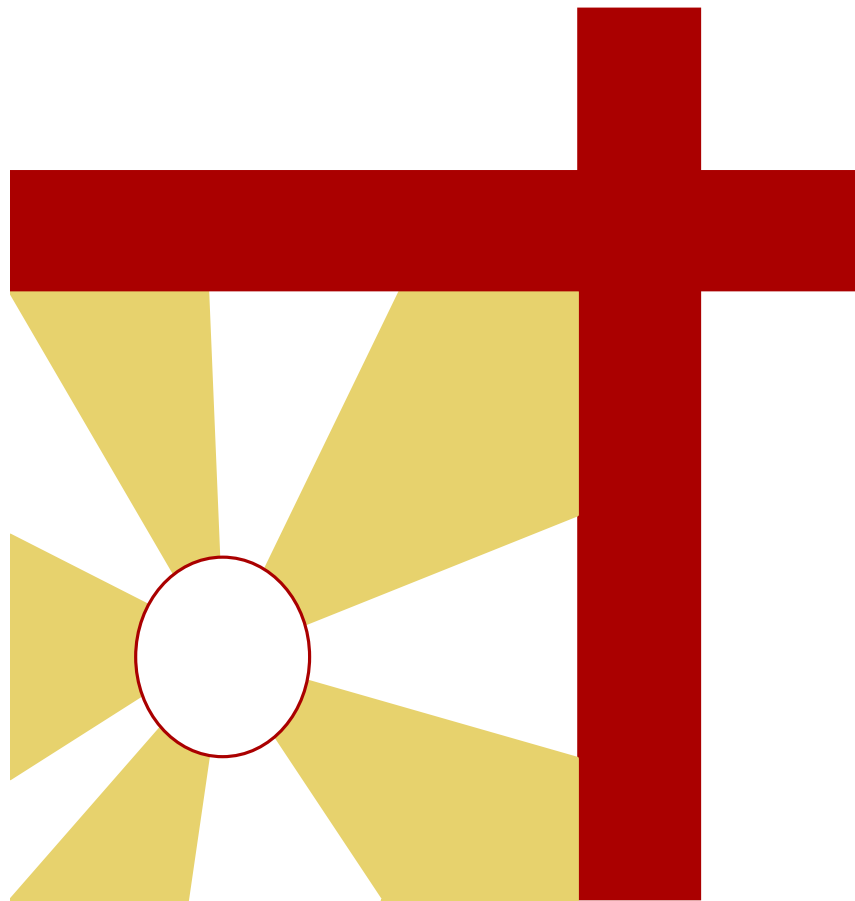


CENTURION CHRISTIAN SCHOOL

FOUNDED 1997



APPLICATION FOR ADMISSION FORM

APPLICATION FOR ADMISSION

PLEASE NOTE:

- ↪ Acceptance of this form by the School does not imply acceptance into the School.
- ↪ The child may be required to submit to certain tests. The fee for administering such tests (payable prior to testing) will be advised on application. Children, aged 10 years or older, are required to complete a separate Standard of Conduct form in support of the parents' application.
- ↪ An interview with the parents and children older than 10 years will be required before acceptance. Further interviews may be required.
- ↪ A probation period of 3 months will apply.

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

A. LEARNER'S PERSONAL INFORMATION

Surname: (please print)						
First names: (please print)						
Nick name: (name to be used on school records)						
Home language:		Gender:	m <input type="checkbox"/>	f <input type="checkbox"/>	Birthdate:	dd/mm/ccyy
ID number:			Nationality:			

Information of previous schools:

Name:	ACE school	Address & Tel no.:	Grades:	From date:	To date:
	Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Last grade passed:		Has any grade been failed?	Yes <input type="checkbox"/> , No <input type="checkbox"/>		If yes, which Grade/s
Sporting activities:					
Hobbies or interests:					
Musical talents:					

Special needs of child

Sight Impaired <input type="checkbox"/>	Hearing Impaired <input type="checkbox"/>	Physically Disabled <input type="checkbox"/>	Other <input type="checkbox"/>
---	---	--	--------------------------------

Please give details:

B. FAMILY INFORMATION

Father

Name:	
ID number:	
Home address:	
Postal address:	
	Code:
Home Tel:	
Work Tel:	
Cell no.:	
Occupation:	
Current Employer:	
e-mail address:	

Mother

Name:	
ID number:	
Home address:	
Postal address:	
	Code:
Home Tel:	
Work Tel:	
Cell no.:	
Occupation:	
Current Employer:	
e-mail address:	

Marital status:	Married / Separated / Divorced / Widowed / Single (please circle)				
Position of pupil in the family:	Applicant is nr.		Child of		Children

Contact details for communication:	Cell no.:	e-mail
------------------------------------	-----------	--------

Names, ages and gender of siblings:

	NAME	DATE OF BIRTH	GENDER
1.			
2.			
3.			

Next of kin:

Name	Tel number	Address
1.	(H) (C)	
2.	(H) (C)	

Where could you as parents give assistance? (Please indicate with a M for Mom or D for Dad)

Fund Raising	<input type="checkbox"/>	Praise & Worship	<input type="checkbox"/>	Staff Relief	<input type="checkbox"/>		
Spiritual	<input type="checkbox"/>	Culture	<input type="checkbox"/>	Financial	<input type="checkbox"/>		
Sport Coaching	<input type="checkbox"/>	IT	<input type="checkbox"/>	Art	<input type="checkbox"/>	Health & Safety	<input type="checkbox"/>

Let your light shine!