

PRELIMINARY APPLICATION FORM



LOFDAL AGRICULTURAL CHRISTIAN SCHOOL

018 880 0242 school@lofdalcs.co.za
www.lofdalchristianschool.com

GRADE APPLIED FOR : _____

DATE OF APPLICATION : _____

We thank you for entrusting your child/ren in the care of Lofdal Christian School.

THE FOLLOWING COPIES MUST BE INCLUDED WITH THE PRELIMINARY APPLICATION FORM
Your Child will only be allowed to attend school, once these documents are submitted together with your Signed Contract & Indemnity Form

- | | |
|--------------------------|---|
| <input type="checkbox"/> | BIRTH CERTIFICATE COPY OF STUDENT |
| <input type="checkbox"/> | ID COPIES OF BOTH THE PARENT'S / GUARDIAN'S |
| <input type="checkbox"/> | A COPY OF THE RECENT REPORT FROM THE PREVIOUS SCHOOL |
| <input type="checkbox"/> | STUDENT'S CLINIC CARD - ONLY GR 1- <i>In the event of the Card being lost, please request a new card from your Clinic or Doctor</i> |
| <input type="checkbox"/> | COPIES OF 3 MONTHS PAYSLEIPS / 3 MONTH BANKING STATEMENTS |
| <input type="checkbox"/> | A LETTER THAT YOU ARE AN ACTIVE CHURCH MEMBER |
| <input type="checkbox"/> | A PROOF OF RESIDENCE (EG. WATER & ELECTRICITY ACCOUNT) |
| <input type="checkbox"/> | FROM PREVIOUS SCHOOL - MOST RECENT SCHOOL ACCOUNT STATEMENT |
| <input type="checkbox"/> | FOREIGN STUDENTS MUST PROVIDE THEIR PASSPORT, VISA AND STUDY PERMIT |

A. GENERAL INFORMATION : STUDENT

FULL NAMES	: _____	HOME LANGUAGE	: _____
SURNAME	: _____	RACE	: _____
DATE OF BIRTH / ID NR / PASSPORT NR	: _____		
GENDER	: MALE <input type="checkbox"/>	<input type="checkbox"/>	FEMALE
PRESENT SCHOOL	: _____		
PRESENT GRADE	: _____	SCHOOL CONTACT NUMBER	: _____
PROVINCE	: _____	SCHOOL E-MAIL ADDRESS	: _____
REASON FOR LEAVING PREVIOUS SCHOOL	: _____		

APPLICATION PROCEDURES

- DIAGNOSTIC TESTS WILL BE CONDUCTED ON AN APPOINTED DATE AND TIME WHEN PRELIMINARY FORM IS RECEIVED BACK AT SCHOOL
- MATHEMATICS & ENGLISH DIAGNOSTIC TESTS - **R 500.00 (R 250.00 per subject)** PER STUDENT TESTED
- THE RESULTS OF THE TEST TAKES 2 - 3 WORKING DAYS AND PARENTS/GUARDIAN WILL BE CONTACTED AS SOON AS APPLICATION HAS BEEN PROCESSED.
- IF SCHOOLFEES AT PREVIOUS SCHOOL ARE NOT PAID IN FULL, WE WILL NOT BE ABLE TO ACCEPT YOUR CHILD/REN!

<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> NOT ACCEPTED	<input type="checkbox"/> SCHEDULE A DIAGNOSTIC TEST
<input type="checkbox"/> SCHEDULE A INTERVIEW		

REMARKS OF THE INTERVIEW : _____

SIGNATURE - THE PRINCIPAL

DATE

B. GENERAL INFORMATION : PARENTS

NAME & SURNAME OF PARENTS : _____

RELATIONSHIP TO THE STUDENT : PARENT GUARDIAN

HOME ADDRESS : _____ RACE: _____
HOME LANGUAGE : _____

POSTAL ADDRESS : _____

HOME NR : _____ CELL NR : _____ WORK NR: _____

IN CASE OF EMERGENCY NR : _____ E-MAIL ADDRESS : _____

FATHER'S EMPLOYER : _____ EMPLOYER NR: _____

MOTHER'S EMPLOYER : _____ EMPLOYER NR : _____

WHAT CHURCH ARE YOU ATTENDING? : _____

MARITAL STATUS : SINGLE MARRIED DIVORCED WIDOWED

SOUTH AFRICAN CITIZENSHIP?: YES NO

C. STATUS OF THE FAMILY

1. DOES STUDENT HAVE BOTH PARENTS ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	5. DECEASED FATHER?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2. DIVORCED, STAYS WITH MOTHER?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	6. GUARDIAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
3. DIVORCED, STAYS WITH FATHER?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	7. RECEIVE SOCIAL GRANT?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
4 DECEASED MOTHER?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	8. OTHER (SPECIFY)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

D. SUPPLY THE FOLLOWING INFORMATION

1. DOES YOUR CHILD HAVE ANY CULTURAL ACHIEVEMENTS ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, PLEASE ELABORATE : _____				
2. DOES YOU CHILD HAVE ANY ACADEMIC ACHIEVMENTS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, PLEASE ELABORATE : _____				
3. DOES YOU CHILD HAVE ANY SPORT ACHIEVMENTS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, PLEASE ELABORATE : _____				

E. MEDICAL INFORMATION (STRICTLY CONFIDENTIAL)

1. IS YOUR CHILD USING ANY SPECIAL MEDICATION?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, PLEASE ELABORATE : _____				
2. DOES YOUR CHILD HAVE ANY ALLERGIES?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, PLEASE ELABORATE : _____				
3. DOES YOU CHILD HAVE ANY SERIOUS ILLNESS OR DISABILITIES?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, PLEASE ELABORATE : _____				
4. DOES YOUR CHILD HAVE ANY LEARNING DIFFICULTIES OR HAVE THEY EVER BEEN REFERRED TO AN OCCUPATIONAL THERAPIST?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, PLEASE INDICATE DIFFICULTY AND/OR SUPPLY A REPORT FROM THE OCCUPATIONAL THERAPIST: _____				

F. CONFIDENTIAL

I, (PARENT / GAURDIAN) _____ HEREBY CONFIRM THAT I TAKE NOTICE OF THE PRELIMINARY APPLICATION PROCEDURES OF LOFDAL CHRISTIAN SCHOOL AND THE INFORMATION GIVEN ABOVE IS CORRECT. I ALSO TAKE NOTICE OF AND SUPPORT THE FINANCIAL OBLIGATION IN FULL.

SIGNATURE OF PARENT / GUARDIAN

_____/_____/_____
DATE

SIGNATURE ON BEHALF OF THE SCHOOL

_____/_____/_____
DATE

FINANCIAL REQUIREMENTS

FILL IN THE FOLLOWING SECTION REGARDING: **SPECIAL REQUESTS BY THE PARENT / GUARDIAN: (eg. Payment date)**

- The parent must **pay all fees** before the 3rd of each month. If your fees are not paid by the 10th of the month, your child will not be able to attend school until the account is settled.
- School fees are paid over a period of twelve months.
- Bus fees are payable monthly. Concession (daily) tickets are also available.
- Sport participation fees, clothing fees and all other fees are payable either before or immediately.
- Registration or Re-registration fees are payable immediately on request.
- A written notice will be sent out to notify you regarding the outstanding account.
- By the 20th of each month all arrear accounts are handed over for collection.
- The school has the right to withdraw a child's registration if parents do not comply with our financial obligations and/or arrangements.

Reason for wanting to attend Lofdal CS: _____

FATHER'S INCOME : _____ P/M

MOTHER'S INCOME : _____ P/M

WHO WILL BE RESPONSIBLE FOR THE ACCOUNT? : _____ ID NO: _____

CREDIT REFERENCE BY FINANCE OFFICE TO PREVIOUS SCHOOL DATE PHONED : ___/___/___ SPOKEN TO : _____

COMMENTS FROM PREVIOUS SCHOOL : _____

By providing Lofdal Christian School with your personal information, you consent to Lofdal Christian School processing your personal information which Lofdal Christian School undertakes to process strictly in accordance with our privacy statement and the POPI ACT.

PROVERBS 22:6

"TRAIN UP A CHILD IN THE WAY HE SHOULD GO, WHEN HE IS OLD, HE WILL NOT DEPART FROM IT!"

SUMMER SCHOOL UNIFORM

PRIMARY SCHOOL:

GRADE R-5

BOYS: Golf shirt, Navy shorts, Grey socks, Black shoes.

GIRLS: Golf shirt, School skorts, White socks, Black shoes.

GRADE 6-7

BOYS: White shirt, Grey shorts, Pull over, Grey socks, Black shoes.

GIRLS: White shirt, Blue Skirt, Pullover, White socks, Black shoes.

HIGH SCHOOL:

GRADE 8-9

BOYS: White shirt, Grey pants, Pull over, Tie, Grey socks, Black shoes.

GIRLS: White shirt, Blue Skirt, Pullover, Tie, White socks, Black shoes.

GRADE 10-12

BOYS: Blazer, White shirt, Grey pants, Pull over, Tie, Grey socks, Black shoes.

GIRLS: Blazer, White shirt, Blue Skirt, Pullover, Tie, Blue pants, White socks, Black shoes.

SUMMER FRIDAY

Gr R - 6

Lofdal Tracksuit, white socks and accepted trainers OR Lofdal blue sport shorts, Golf shirt, white socks and accepted trainers. **NO JEANS**

Gr 7 - 12

Lofdal Tracksuit, white socks and accepted trainers OR Regular/straight, blue (only!) jeans, Golf shirt, white socks and accepted trainers. **NO** designer jeans, skinny jeans or “holey” jeans permitted.

WINTER UNIFORM

PRIMARY SCHOOL:

BOYS

Lofdal tracksuit, Lofdal Golf shirt (may wear white/navy or royal blue long-sleeved undershirt, must not be visible) and jersey, Winter Jacket or tracksuit top. Grey socks and accepted trainers.

GIRLS

Lofdal tracksuit, Lofdal Golf shirt (may wear white/navy or royal blue long-sleeved undershirt, must not be visible) and jersey, Winter Jacket or tracksuit top. White socks and accepted trainers.

HIGH SCHOOL:

BOYS

Grey long pants, long-sleeved white button-up shirt, school jersey/blue pullover/tracksuit top or school blazer with tie.

Grey socks with black shoes.

GIRLS

Blue skirt or blue long pants, long-sleeved white button-up shirt, school jersey/blue pullover/tracksuit top or school blazer with tie.

Black stockings/tights and black shoes.

Scarves : Only school scarves or royal blue scarves.

Beanies : Only royal blue beanies.

WINTER FRIDAY (All students: GR. R – GR. 12)

Proper Lofdal tracksuit with top or winter jacket, white socks and accepted trainers OR Regular/straight, blue (only!) jeans, white socks and accepted trainers. **NO** designer jeans/skinny jeans or “holey” jeans permitted.

CIVVIES / OFF DAY (WITH PERMISSION) : Boys and Girls

Students are allowed to wear civvies but still **NO** spaghetti strap tops, **NO** short skirts or shorts, **NO** colored nail polish or any make-up are allowed.

SPORT CLOTHES

BOYS: Navy shorts, Golf shirt, Grey socks, Sneakers, Navy cap

GIRLS: Golf shirt, Blue tracksuit pants, Navy school shorts (optional to be fitted), White socks, Sneakers, navy cap.

- No sports clothes may be worn to school unless stipulated by the teachers.
- No colored tracksuits, jerseys etc. are allowed.
- Only the students who have received their Provincial colors may wear such tracksuits to school on Fridays and to relevant sporting events.
- Only Lofdal sport clothes may be worn.

*** ACCEPTED TRAINERS (PROPER TRAINERS)= WHITE OR BLUE IN COLOR. NO HALF BOOT TYPE**

NB* No jewelry of any kind, except watches and small (gold or silver) earrings (studs or small sleepers) is allowed. Regular inspections will be done to make sure that our boys and girls take pride in their appearance.

No electronic devices are allowed at school (cellphones, tablets, mp3 players etc.)