

Preliminary Application Form



GRADE APPLIED FOR : _____

DATE OF APPLICATION : _____

Tel : 018 880 0242
E-mail : school@lofdalcs.co.za

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

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

- BIRTH CERTIFICATE COPY OF STUDENT
- ID COPIES OF BOTH THE PARENTS / GUARDIANS
- A COPY OF THE RECENT REPORT FROM THE PREVIOUS SCHOOL
- STUDENT'S CLINIC CARD - FOR CRECHE ONLY
- COPIES OF 3 MONTHS PAYSLEIPS / 3 MONTH BANKING STATEMENTS
- A PROOF OF RESIDENCE (EG. WATER & ELECTRICITY ACCOUNT)
- FOREIGN STUDENTS MUST PROVIDE THEIR PASSPORT, VISA AND STUDY PERMIT
- FROM PREVIOUS SCHOOL - MOST RECENT SCHOOL ACCOUNT STATEMENT

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	: _____		

- IF SCHOOLFEES AT PREVIOUS SCHOOL ARE NOT PAID IN FULL, WE WILL NOT BE ABLE TO ACCEPT YOUR CHILD/REN!

ACCEPTED **NOT ACCEPTED** **SCHEDULE A DIAGNOSTIC TEST**

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

- The invoicing of accounts are done in advance on the 20th of each month. The parent must **pay all fees** by the 3rd of the month following invoicing. If your fees are not paid by the 3rd a reminder letter will be sent. If no payment has been received by the 10th of the month a letter of demand will be sent. If no payment is received by the 20th of the month, and your account is at 30-days outstanding, your child will have their curriculum suspended. If, again, payment is not received by the 30th of the month your child will be suspended and not be able to attend school till their account is settled.

The invoicing of the students who, by prior arrangements, pay on the 15th of the month is done as follows. The invoicing will happen on the 1st of the month. The parents must **pay all fees** by the 15th of the month of invoicing. If your fees are not paid by the 15th a reminder letter will be sent. If no payment is received by the 22nd of the month a letter of demand will be sent. If no payment is received by the 1st of the following month, and your account is at 30-days outstanding, your child will have their curriculum suspended. If, again, payment is not received by the 10th of the month your child will be suspended and not be able to attend school till their account is settled.

- School, bus and aftercare fees are paid over a period of twelve months.
- Bus fees are payable monthly. Concession (daily) tickets are also available.
- Sport participation fees, clothing and all other fees are payable either in advance or on request.
- Registration fees, diagnostic tests, IEB registrations or re -registration fees are payable immediately on request and non-refundable.
- A written notice will be sent out to notify you regarding your outstanding account..
- The school has the right to withdraw a child’s registration if parents do not comply with our financial obligations and/or requirements.

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 FROM 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.

LOFDAL CHRISTIAN SCHOOL PRICES



BABIES - Nursery (3 - 12 months)

FIRST REGISTRATION FEE	:	R 900.00	ONCE-OFF ON ADMISSION
RE-REGISTRATION FEE	:	R 380.00	ANNUALLY IN OCTOBER
		PER MONTH	PER YEAR
NURSERY FEES INCLUDED IN FEES	:	R 1 300.00	R15 600.00
		Support Material	

TINY TOTS (1—2 Years & **TODDLERS** (2—3 Years)

FIRST REGISTRATION FEE	:	R 900.00	ONCE-OFF ON ADMISSION
RE-REGISTRATION FEE	:	R 380.00	ANNUALLY IN OCTOBER
		PER MONTH	PER YEAR
CRECHE FEES <u>TINY TOTS</u>	:	R 1 500.00	R18 000.00
CRECHE FEES <u>TODDLERS</u>	:	R 1 650.00	R19 800.00
INCLUDED IN FEES	:	*BREAKFAST & LUNCH*	

PRE-SCHOOL Grade RRR (3 - 4 Years) & **Grade RR** (4 - 5 Years)

FIRST REGISTRATION FEE	:	R 900.00	ONCE-OFF ON ADMISSION
RE-REGISTRATION FEE	:	R 380.00	ANNUALLY IN OCTOBER
		PER MONTH	PER YEAR
CRECHE FEES INCLUDED IN FEES	:	R 1 700.00	R 20 400.00
		BREAKFAST & LUNCH	

GRADE R - GRADE 3

FIRST REGISTRATION FEE	:	R 900.00	ONCE-OFF ON ADMISSION
RE-REGISTRATION FEE	:	R 380.00	ANNUALLY IN OCTOBER
		PER MONTH	PER YEAR
SCHOOL FEES	:	R 2 350.00	R 28 200.00

GRADE 4 - GRADE 5

FIRST REGISTRATION FEE	:	R 900.00	ONCE-OFF ON ADMISSION
RE-REGISTRATION FEE	:	R 380.00	ANNUALLY IN OCTOBER
		PER MONTH	PER YEAR
SCHOOL FEES	:	R 2 700.00	R 32 400.00

GRADE 6

FIRST REGISTRATION FEE	:	R 900.00	ONCE-OFF ON ADMISSION
RE-REGISTRATION FEE	:	R 380.00	ANNUALLY IN OCTOBER
		PER MONTH	PER YEAR
SCHOOL FEES	:	R 3 250.00	R 39 000.00

GRADE 7 - GRADE 9

RE-REGISTRATION FEE	:	R 380.00	ANNUALLY IN OCTOBER
APPLICATION/DIAGNOSTIC	:	R 890.00	ONCE-OFF ON ADMISSION
IEB REGISTRATION	:	R1 955.00	ONCE-OFF ON ADMISSION
		PER MONTH	PER YEAR
SCHOOL FEES	:	R 3 250.00	R 39 000.00
		Excluding text books & stationery	

GRADE 10 - GRADE 12

RE-REGISTRATION FEE	:	R 380.00	ANNUALLY IN OCTOBER
APPLICATION/DIAGNOSTIC	:	R 890.00	ONCE-OFF ON ADMISSION
IEB REGISTRATION	:	R1 955.00	ONCE-OFF ON ADMISSION
		PER MONTH	PER YEAR
SCHOOL FEES	:	R 3 500.00	R 42 000.00
		Excluding text books & stationery	

AFTERCARE CENTRE

R 70.00	PER DAY
R 700.00	FULL MONTH

BUS FEES

<u>TWO-WAY TRAVEL</u>			<u>ONE-WAY TRAVEL</u>				
STILFONTEIN	:	R 690.00	PER MONTH	STILFONTEIN	:	R 430.00	PER MONTH
KLERKSDORP	:	R 950.00	PER MONTH	KLERKSDORP	:	R 520.00	PER MONTH
<u>DAILY TRIPS</u>							
STILFONTEIN	:	R 30	PER SINGLE TRIP				
KLERKSDORP	:	R 45	PER SINGLE TRIP				

Single Trips must be arranged at least 2 days before transport is required

* Prices are subject to change*

CONTACT DETAILS: 018 880 0242