

#### CHILD'S DETAILS

Child's Surname:	Initials:
First Names:	Preferred Name:
Date of Birth: ID or Passpo	ort No.:
Gender: Male Female	
Year of Enrolment: Grade	:
Religion: Home Lang	Juage:
If parents are separated/divorced, indicate with wh	om learner resides:
Siblings at Baken? Y N If yes, names: _	

#### PARENTS' / LEGAL GUARDIAN'S DETAILS

	Father/Legal Guardian's Details	Mother/Legal Guardian's Details
Surname:		
First Names:		
Title:		
ID/Passport No.:		
Occupation:		
Employer:		
Tel (W):		
Tel (H):		
Tel (C):		

Please initial each page and sign where applicable

Email:				
Postal Address:				
	Code:		Code:	
Home Address:				
	Code:		Code:	
Correspondence:	Both Parents	or		
	Mother		Tel (C):	or
	Father		Tel (C):	
Other (please nam	ne):			

# Baken Akademie will consider a learner for enrolment only once the original Contract of Enrolment has been completed, signed and returned to the office together with the following documents:

1.	Previo	ous School Report or the most recent Academic Report	
2.	A cop	by of the learner's Unabridged Birth Certificate or ID Document	
3.	A copy of the Front Page of both the Father's and the Mother's and/or Guardian's Identity Documents		
4.	4. A copy of Medical Aid Card (Front and Back)		
5.	lmmu	unisation Record (Clinic Card)	
6.	5. Transfer Card from Previous School		
7.	Proof	f of Payment of Enrolment Fees	
8.	Other	r Relevant Reports pertaining to Scholastic Performance	
9.	Copie	es of Therapeutic Reports:	
	9.1	Medical Reports	
	9.2	Therapist Assessments (Speech-, Occupational-, Play-, Clinical-, Psychiatric-, Neurological- and Phisiotherapist)	
	9.3	Legal Reports	

Please initial each page and sign where applicable

Office

#### **EDUCATIONAL INFORMATION**

Previous School Details:					
Name:	me: Telephone Number:				
Email:					
Reason for Leaving:					
Has admittance to any other schoo	I been rejected? Y N If yes, reason:				
Last Grade Passed:	Year: Grade(s) repeated:				
Academic Achievements:					
Sports Achievements:					
Cultural Achievements:					
MEDICAL INFORMATION					
Medical Scheme:					
Principal Member:	Membership No.:				
Health Plan:					
Primary Care:	Practice Tel. No:				
Name of Emergency Contacts:					
1	Phone:				
2					

Tick relevant boxes regarding learner's health:

Allergies
Asthma
Fainting
Hay Fever
Nose Bleeds
Headache / Migraine
Cardiac / Heart Conditions
Neurological Conditions Relevant medication:
Anaphylaxis
 Does learner carry epipen?
Epilepsy / Seizures
 Relevant medication:
Diabetes
Indicate which insulin delivery and management system learner uses:

### MARKETING:

How did you hear about our school?

What are your reasons for selecting our school?

#### TERMS AND CONDITIONS OF ACCEPTANCE

- 1. Incomplete application forms will not be processed.
- 2. Acceptance of this form by Baken Akademie does not imply acceptance into the School.
- 3. The School reserves the right to decline application for admission should outstanding fees be owed to a previous institution.
- 4. On seeking admission at Baken Akademie, I/we agree to disclose all relevant information regarding any previous disciplinary, learning or behavioural difficulties. Baken Akademie Schools reserves the right of admission.
- 5. Should a parent or guardian wish to withdraw a child from the School, written notice of such withdrawal shall be delivered to the Headmaster, in writing, at least one calendar term prior to such withdrawal. If such notice is not given, a term's fees shall be paid in lieu of notice. Individual cases will be considered on merit.
- 6. Should payment of fees be in arrears, the school shall pass the financial records to the following school.
- 7. All pupils shall be subject to the system of discipline and the Code of Conduct of Baken Akademie.
- 8. The Headmaster has the authority to exclude or suspend any child at any time, for reasons, which he, in his sole discretion, deems adequate and in this event the parent shall remain responsible for all fees and disbursements for that term and, in accordance with the School's disciplinary policy and procedures.
- 9. Whilst care will be taken and all pupils will be subject to supervision, Baken Akademie will not accept liability for any direct or indirect damage arising from an injury to any pupil which occurs either on Baken Akademie's premises or on any authorised excursion or sporting fixture which takes place away from the School premises.
- 10. Should a pupil be unable to attend school as a result of injury or illness for an extended period of time, the parent will remain liable for payment of school fees.
- 11. Whilst all reasonable precautions will be taken, Baken Akademie will not accept liability for loss of or damage to a pupil's uniform, clothing, sporting equipment or other personal property from whatsoever cause arising. All items of uniform, clothing and equipment should be clearly marked and easily identifiable.
- 12. Should any pupil suffer from any unusual medical condition, arising new, the Headmaster must be advised in writing. In addition, emergency contact numbers for the pupil's specialist practitioner must be provided.
- 13. In the event of any urgent medical treatment being required, the Headmaster is authorised to take whatever steps and incur whatever expenditure he may deem necessary in his sole and absolute discretion to preserve and safeguard the life, health and well being of the pupil.
- 14. Baken Akademie is a Christian School. Parents and pupils are required to respect and support the School's values, ethos and ethics, which are the foundation of the School.

15. The support and contribution of parents are vital not only for the development and education of pupils, but for the continued growth of the School, enabling it to develop its role and contribution to society. It is essential that parents avail themselves of all communication notices and newsletters, attending all parents/teacher appointments and supporting school events.

## **PARENT / GUARDIAN DECLARATION**

By my signature hereto,

I/we declare that the information provided above is, to the best of my/our knowledge, true and correct.

I/we understand that non-disclosure of relevant information regarding any previous discipline, learning or behavioural problems or outstanding fees may result in the immediate termination of the application process or immediate deregistration of the learner.

I/we confirm that I/we have read and understood the terms and conditions contained herein.

I/we comfirm that I/we support the choice of a Christian school.

Signed at:		Date:	
Father:	Mother:		
Legal Guardian (if applicable):			