



Barachel Christian Academy

ENROLMENT FORM

Tel: 011 412 2258
Email: admin@barachelca.com

Date of application _____

Requested entry Grade: _____

A non-refundable fee of R2000 registration fee per family is payable on submission of this form. This covers all testing materials. An interview with the parents and child will be required before final acceptance. The following documents must be submitted with this form:

- Child's Birth certificate
- Child's most recent school report
- 2 x up-to-date colour ID photographs of the child
- Child's Road to Health Card (Clinic Card)
- Copies of IDs for both parents

Attach ID Photograph
Here

1. DETAILS OF CHILD (Please print in block capitals)

First Names and Surname of Child	M/F	Date of Birth	ID Number	Citizenship	Home Language
		/ /			
Address where the child lives					
Relationship to learner	Contact Number/s				

2. DETAILS OF PARENTS/GUARDIANS

	FATHER	MOTHER
SURNAME		
FULL FIRST NAMES		
ID NUMBER		
HOME ADDRESS		
Postal Code		
HOME LANGUAGE		
DECEASED PARENTS (Yes/No)		
HOME TELEPHONE No		
CELLPHONE NUMBER		
POSTAL ADDRESS		
Postal Code		
EMPLOYER		
WORK ADDRESS		
WORK POSTAL ADDRESS		
WORK TELEPHONE No		
RELIGION		

3. MEDICAL INFORMATION

Medical Condition/Allergies: _____

Medical Aid name and number: _____

4. ACADEMIC INFORMATION

Current School: _____

Current Grade: _____

Reasons for leaving the school: _____

Has the pupil experienced any learning difficulties?

YES/NO

If YES, please provide details:

5. DISCIPLINE

Has the pupil experienced any conflict with the law?

YES/NO

If YES, please provide details: _____

Has the pupil ever experienced any serious disciplinary problems?

YES/NO

If YES, please provide detail: _____

6. ACCOUNT DETAILS

Name & address of person responsible for the account, if not the parents

Name, Address & Telephone No

of close relative not living with

your child

Parents email addresses _____

TERMS AND CONDITIONS

1. School fees are charged per annum, divided into 12 monthly instalments. Last payment no later than 7 December. Please take note that if fees are paid later than 7th of each month, an administration fee of R300 is levied. If fees are 2 months in arrears, the School Management Team will instruct us to suspend the learner until fees are paid up to date. No learning material will be ordered for the student until the account is up to date.

Discounts are offered if annual fees are paid in full: -

- 10% by end of February
- 5% by end of April

2. Should I not pay school fees to Barachel Christian Academy in respect of the student, then Barachel Christian Academy shall be entitled to:
Refuse to enroll or re-enroll at the end of an academic year any student until all amounts owing in respect of school fees outstanding, in respect of that student, have been paid together with all legal costs and interest, if applicable.
3. It shall be necessary to re-apply each year for the registration of the student at Barachel Christian Academy.
4. I shall ensure that the student comes to school clothed in the approved school uniform.
5. I shall ensure that the student reports at school on time each day and proper arrangements are made for the prompt collection of the student after school, if applicable.
6. Should the student not have been collected after school, within 30 (thirty) minutes from the time that school closes, the student will be taken to and left at the Randfontein Police Station.
7. I shall be responsible for the costs of an insurance policy to provide for cover in respect of any medical costs that may result from the child being injured while at school or elsewhere in connection with a school function. These costs will be apportioned between statements of account payable over the year.
8. Should the student sustain any serious injury while at school or elsewhere in relation to school functions, a reasonable attempt will be made to reach me, or my indicated next of kin, as to determine the course of action to be for treatment of the student. Barachel Christian Academy shall however be entitled in case of an emergency or upon an inability to contact my next of kin, or me to have the student treated in the Emergency Unit at the Robinson Hospital in Randfontein or at whatever other place may be indicated by such hospital.
9. I undertake to abide by the school rules as laid down by the School Council, or Principal, and further endeavour as far as possible to ensure that the student also abides by the same.
10. I choose as domicilium citandi et executandi for the posting, delivery or service of any document of process arising out of this application and Barachel Christian Academy's efforts to enforce its rights / payments pursuant hereto, at the residential and / or postal address as given on the student application form.
11. I undertake to supply the school with a doctor's certificate or a written letter, whenever the student is ill or unable to attend school for whatever reason.

AGREEMENT

1. I understand that the student is starting in Grade: _____
2. I undertake to pay the year's school fees of the student on a monthly basis by way of payment made on or before the **seventh (7th) of each month in advance** according to the statement posted or delivered to me through the student envelope system. I undertake to sign and return acknowledgement or receipt slip/student envelope system.
3. Should I not pay the school fees timeously, I shall be liable to pay an administration fee (currently R 300) for each late payment. If the school fees are in arrears 2 months, the learner will be suspended until paid up in full. Should I fail to make any payment in respect of school fees, as undertaken, I will also be liable for all legal costs in recovering any amount owing by me, in terms hereof on an attorney, debt collector and own client scale.
4. I undertake to give Barachel Christian Academy one calendar month's written notice before the student is taken out of school.
5. I agree that I am bound by the further terms and conditions as printed on this application form.
6. I warrant that the information contained in the application for the registration of the student is true and correct in all respects.

Thus done and signed at _____

on this _____ day of _____ 20_____

As witness:

_____ (signature)

Applicant: Father / Mother / Relative / Responsible person (please underline)

_____ (signature)