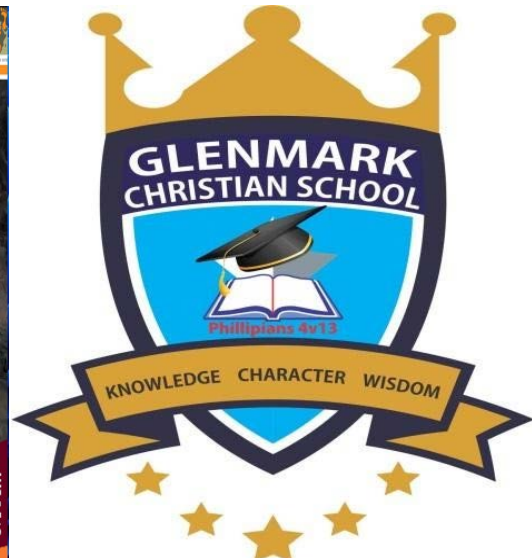


Glenmark Christian School

Application Form

Grade 10 - 11



Open the Door to your Child's Education!

Department of Education: Reg No. 7004011031

PHIL 4:13 "I CAN DO ALL THINGS THROUGH CHRIST WHO GIVES ME STRENGTH"

 **44 Sebaka Borena Street Mamelodi East Ext 4**

 **012 004 3416**

 **+27 61 726 4064 / +27 72 360 6223**

 **info@glenmarkchristianschool.co.za**

Office use only:			
Date:			
Documents received:			
1. Two certified copies of parents/guardian ID		5. Transfer letter from previous school	
2. Child immunisation record(Grade R&1 Applicants only)		6. Proof of residence	
3. Childs copy of birth certificate or valid Passport		7. Learners latest report from current/previous School	
4. Proof of payment of R1000 registration fee		8. Learner's profile booklet	
Accepted by:		Stamp	

APPLICATION FOR ADMISSION TO SCHOOL

1

GLENMARK CHRISTIAN SCHOOL

44 Sebaka Borena

Pretoria

0122

Telephone: 012-004-3416

Fax:

Year: 20



Note: This form must be completed in full. All changes to be initialed or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applied For:		Highest Grade Passed		Year When Grade was passed:		Accession No:	
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Surname:	Initials:	Nick Name:
First Name:	Other Names:	
Date Of Birth: YYYY	MM	DD
Gender:	Male:	Female:
Race:	Identification or Passport No:	
Country of Residence:	Citizenship:	
If SA, indicate province of residence:		

Physical Address:	Home Telephone:				
City/Suburb	Emergency Telephone:				
Code:	Learner Cell:				
Learner Email Address:					
Home Language:	Preferred Language of Instruction				
Deceased Parent	Mother	Father	Both	Mode of transport:	
Religion:	For Grade 1 only:	Indicate pre-primary education:	None	Non Formal	Formal

Previous School Information

Name of Previous School:		
Previous School Address:		
Code:	Province:	Country:

Learner Medical Information

Medical Aid Number:	Medical Aid Name:		
Medical Aid Main Member:	Doctor Name:		
Doctor's Address:	Doctor Telephone Number:		
Medical Condition:			
Special Problems Requiring Counseling:			
Dexterity of Learner:	Right Handed	Left Handed	Ambidextrous

If the learner is accepted, the following documents must be submitted to the school:

1. Copy of Immunisation Records.
2. Copy of Birth Certificate
3. Progress Report from Previous School
4. Transfer Letter from Previous School

Siblings

Number of other Children at this school:

Position in the family (e.g first):

Please supply full names below:

Name:

Grade:

Name:

Grade:

Name:

Grade:

Mother / Guardian Information

Title:

Initials:

Surname:

First Name:

Gender:

Male:

Female:

Home Language:

Race:

Identification Number:

Or Passport number

Account Payer:

Yes

No

Residential Street Address:

City/Suburb

Code:

Occupation:

Employer:

Learner resides with this parent/s

Yes

No

Marital status of parent:

Relationship to Learner:

Father / Guardian Information

Title:

Initials:

Surname:

First Name:

Gender:

Male:

Female:

Home Language:

Race:

Identification Number:

Or Passport number

Account Payer:

Yes

No

Residential Street Address:

City/Suburb

Code:

Occupation:

Employer:

Learner resides with this parent/s

Yes

No

Marital status of parent:

Relationship to Learner:

Correspondence Details

Title:

Surname:

Postal Address:

City/Suburb

Code:

Other Contact Details

Home Telephone

Work Telephone

Fax Number :

Cell Number :

Spouse Work Telephone Number:

Spouse Cell Number :

E-Mail Address:

Spouse E-Mail Address:

Marketing Source

Please indicate where you heard about the school

Facebook ☐

Open Days ☐

Flyers ☐

Google ☐

Family/ Friends ☐

Other ☐

Specify _____

Agreement Between Glenmark and the undersigned

1. I, parent / guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Glenmark Christian School as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format

The Protection of Personal Information Act (POPIA)

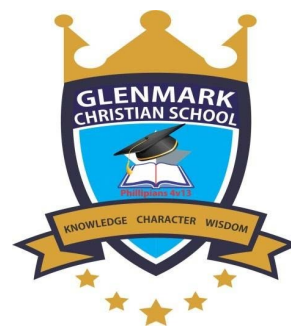
The Protection of Personal Information Act (POPIA) is enforced from the 1st of July 2021 and GCS requires your consent to store and process the Parent, Legal Guardian and child's personal information. By completing this application form and submission of the necessary supporting documents you are consenting that: GCS may process your and the child's personal information for the purposes of processing this application for admission to GCS; GCS may request and process information from your child's current/previous school in order to process this application; GCS may proceed with enquires that are necessary to verify any information provided in the application documentation, including verification of credit ratings. GCS is dedicated to protecting the privacy of all whose personal information we hold in our possession. GCS are committed to use all personal information in accordance with POPIA. GCS will only process personal information as per POPIA guidelines, and confirm that we will not sell or share personal information for economic purposes. Should this application not be successful or withdrawn, all information included in this application will be destroyed as per POPIA regulations and GCS Policy.

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct

Name of Parent / Guardian (Please Print) : _____

Signature of Parent / Guardian _____

Date: -----/-----/-----



FEES FOR GRADE 10 - 11 LEARNERS

SCHOOL FEES	REGISTRATION (NEW LEARNERS)
Grade 10 - 11 Tuition: R20 400.00 per annum Monthly payment: R 1700 x 12 Months (January to December)	Registration: R1000.00 (Non – refundable)

1. **Strictly No CASH PAYMENTS** – No exceptions we encourage transfers but swiping is also available at school
2. Registration fee is **non-refundable**
3. **5%** discount to be refunded to parents if fees are fully paid by the parent on or before the 05th February
4. No discount will be refunded if fees are fully paid by the company on or before 31st January
5. Monthly fees must be paid on or before the 4th of every month.

Bank Name: Nedbank

Account Name: Glenmark Christian School

Account Number: 1206520671

Branch Code: 16034500

Reference: Learner's name & Grade

SCHOOL FEES COMMITMENT

I, the undersigned, _____ ID _____ of

physical address:

(chosen domicilium citandi et executandi)

Tel. (H) _____ (W) _____ (Cell) _____

hereby declare that I am truly and lawfully indebted to **GLENMARK CRISTIAN SCHOOL** in the amount of

R

for school fees due for 20..., for my child.

(Amount in words) **TWENTY THOUSAND FOUR HUNDRED RANDS** payable monthly (on or before the 4th of every

month) **I hereby undertake to make all payments to the school as follows:**

☐ Direct Banking (request banking details in Admin Office).

☐ Internet Banking. (Learner's Name and details of payment must be entered on Internet/ Deposit Slip and a copy forwarded to the school).

☐ Debit Order (Make arrangements with your bank timeously).

☐ EFT Payments Services are available at the school.

NB: Please state NAME OF LEARNER on deposit slips when using direct banking method.

Name of Child	Grade

Fees are payable over a period of TWELVE MONTHS - January to December. Learners with 1-month overdue accounts will receive messages and phone calls as reminders. Learners with 2 months overdue accounts will receive a letter of demand within 14 days and a final notice within 10 days.

The parent/ guardian agrees that any failure to pay school fees for three (3) months or more will constitute a material breach of this agreement and the contract will be terminated with immediate effect resulting in the learner given a letter of transfer and the account will be handed over to debt collectors (TPN).

This contract covers a period of one (1) year, commencing on the **January 2025 to 31 December 2025** and terminate automatically upon the expiry date. The school shall use its discretion for further renewal.

In the event of my failing to pay any installment payable under this acknowledgment on due date, the full balance of such capital, interest and legal costs shall immediately be due and payable without further notice. I agree to the jurisdiction of the Magistrate's Court.

I hereby consent to pay all costs on an attorney and own client scale, (including collection charges) incurred by the school for recovery of any indebtedness to herein. All payments made in terms of capital.

SIGNED AT _____ ON THE _____ DAY OF _____ 20.....

SIGNATURE OF PARENT/GUARDIAN



INDEMNITY FORM

Glenmark Christian School (The School) and the Board of Directors undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all learners, educators and visitors to the school.

Due to the nature of the matter, The School and the Board of Directors do not accept any responsibility for accidents that may take place in the class, on the school grounds or on the sports fields.

Each parent is therefore requested to complete the section below as proof that you accept the position of The School and the Board of Directors as set out above as well as the risks involved therewith

I, the undersigned,

FULL NAME AND SURNAME:

ADDRESS:

CONTACT DETAILS:

the parent / legal guardian of the under mentioned learner who is enrolled as such and accepted by The School, subject to the terms set out herein

NAME AND SURNAME OF LEARNER:

indemnity the School and the Glenmark Christian School Board of Directors for the time being of the Glenmark Christian School (Reg No 700401031) for any losses or damages in general, however they may occur, that I as parent / legal guardian of the above learner may suffer as a result of any occurrence whereby the learner may be involved, whether as the causing or suffering party, whilst participating in any School activity

In particular, I authorise that the aforesaid learner may be involved in all excursions undertaken by his / her group or class during school days as part of his / her learning experience and, where applicable, I agree that he / she may utilise the transport arranged by The School for such excursions. I also indemnify The School and the Board of Directors for any damages or losses that I as parent / legal guardian of the above learner may suffer under such circumstances and voluntarily accepts the risks associated therewith

SIGNED AT _____ ON THIS _____ DAY OF _____ 20____

WITNESSES:

PARENT/LEGAL GUARDIAN:

1. _____

2. _____