



All applications must be accompanied with the following documents

Learner's surname:
Full names:
First Name:
Cellphone number:
Boy:
Girl:
Date of birth:
Home language:
Race:
Other Languages that learner knows:
ID number:
Immigrant: YES / NO / CITIZENSHIP:
Previous school:
Last grade passed:
Names of learners who are/were in 3D Christian Academy:
Name:
Grade:
Name:
Grade:

Office use	
Completed application form	
Copy of latest progress report	
Transfer letter (if applicable)	
Copy ID / birth certificate	
Proof of residence	
Copy of ID of liable parent	
Registerclass	
Student application approved / not approved - reason if not approved	
Signature:	
Admin number:	
Account number:	

Where did hear about 3D Christian Academy?

BIOLOGICAL FATHER'S INFORMATION:

Surname and initials:
First Name:
ID no.:
Occupation:
Employer:
Tel. Work:
Tel. Home:
Cellphone number:
Email:

FAMILY STATUS: (Choose where applicable)

Married, both parents
Widowed
Divorced, stay with father
Stepfather
Widowed

BIOLOGICAL MOTHER'S INFORMATION:

Surname and initials:
First Name:
ID no.:
Occupation:
Employer:
Tel. Work:
Tel. Home:
Cellphone number:
Email:

Divorced, stay with mother
Stepmother
Guardians
Stay with father
Stay with mother

HOME ADDRESS: (THIS ADDRESS serves as CHOOSD DOMICILIUM AND EXECUTANDI)

Home / Apartment / Complex name and number:	
Street name and number:	
Suburb:	
Town / City:	Code:

MAIL ADDRESS: (Person responsible for account)

Name:
Address:
Code:
Email:

PAYMENT OF SCHOOL FEES:

Once-off (10% discount)	
Monthly	

CONTACT PERSONS (In case of emergency):

Name:	Name:
Relationship:	Relationship:
Contact number:	Contact number:

MEDICAL INFORMATION

Doctor:	Main member:
Dr. Contact number:	Medical Aid number:
Medical aid:	Dependant number:
Medical aid plan:	
Special needs of learner:	

SUBJECTS

CONSENT FORM FOR PARTICIPATION IN SCHOOL ACTIVITIES

1. I, (full name & surname), _____ the parent/guardian of (learner's full name & surname) _____ hereby authorizes him/her to participate in sports, cultural activities, educational activities tours and may take part in excursions.
2. I accept that all reasonable precautions will be taken for the safety and well-being of my child and that I will not held personnel responsible for injuries, theft and any unforeseen events.
3. I transfer my powers as parent / guardian to the head of the school or its representative if medical treatment / surgical intervention for my child may be needed. As far as I know, he / she is physically able to participate in the above activities and he / she is in good health.
4. However, please take note of the following into account if any: (eg allergies, abnormal bleeding, epilepsy etc.):

Signed at _____ on this day _____ of 20_____.

Signature of parent / guardian 1

Signature of parent / guardian 2

