

APPLICATION PROCEDURE

The application process is as follows:

- 1. Please complete the application form (all fields must be completed).
- 2. Submit the application form together with all the supporting documents listed below to the school. (Kindly tick the relevant block)

	Attached	Pending
Both parents' ID documents, marriage certificate and or divorce		
decrees – whichever is applicable		
Child's latest progress report		
Immunisation / clinic card (Grade R and 1 only)		
Child's Birth Certificate and / or ID document as well as 2 ID photos		
Utility bill (Water and lights / Telephone)		
Latest statement from current school		
Non South African citizen: passport and valid study permit		

3. Upon receipt of the application form and supporting documents, the Enrolment Officer will schedule an interview between yourselves and the Heads of Department of the required phase/s.

The interview, together with the information in your application form will determine if your child has been accepted.

A non-refundable once-off Registration fee is payable within 7 days of ACCEPTANCE.

This Registration fee is used to increase the capital for the development of the school.

4. There will be a School Readiness Test for Grade 1 learners and there may be a Baseline Assessment for new applicants in other grades.

The results of these tests will be considered in your application.

Grade 1 learners will be provisionally accepted. Final confirmation will be based on the School Readiness Test which must be made available to the school.

The School Management Team is not obliged to give reasons for refusing any application and no further discussion or correspondence will be entered into.

Thank you for considering The Way Christian School for your child's education.

PLEASE NOTE:

A learner will be required to re-apply for admission to The Way Christian School on an annual basis. There is currently no re-admission fee.

Re-admission is not automatic. Should the learner not be accepted, the parent will be notified via sms/e-mail.

APPLICATION FOR ADMISSION TO THE WAY CHRISTIAN SCHOOL



229 Erasmus ave Raslouw

Application year:		THE WAY CHRISTIAN SCHOOL		U157 Tel: (012) 6569228 EMAIL: way@lantic.net Website: www.theway.co.za	
	form must be completed in g the form does not necess				
Grade Applied For:	Highest Grade Passed:	Year when Grade was passed:		learner ever failed a year? If yes, which year?	
Surname:	Initials:	Nickname:	Dexterity of learne	er:Left handed Right handed	
First Name:		Other Names:			
Date of Birth: Gender:		Race:			
Identification or Passport No:			Citizenship:		
Physical Address:			Home Telephone:		
			Emergency Telep	hone:	
			Learner Cell:		
			Learner EMAIL:		
Postal Code:			Home Language:		
Deceased Parents: Mother	Father Both	Mode of transport to schoo	l:Car Shuttle se	rvice Walk Bicycle	
Religion:	FOR GRADE 1	DNLY : Indicate pre-primary e	education: None	Non Formal Formal	
Previous School Information		Learner Medical Information			
1 1011003 00110		Medical Aid Name:			
Name of Previous School:		Medical Aid Name:			
		Medical Aid Name: Medical Aid Main Member:			
Name of Previous School:		Medical Aid Main Member: Medical Aid Number:			
Name of Previous School:		Medical Aid Main Member: Medical Aid Number: Doctor Name:			
Name of Previous School: Previous School Address:		Medical Aid Main Member: Medical Aid Number: Doctor Name: Doctor Telephone Number			
Name of Previous School: Previous School Address: Province:		Medical Aid Main Member: Medical Aid Number: Doctor Name: Doctor Telephone Number: Doctors Address:			
Name of Previous School: Previous School Address: Province: Country:		Medical Aid Main Member: Medical Aid Number: Doctor Name: Doctor Telephone Number: Doctors Address: Medical Condition:			
Name of Previous School: Previous School Address: Province:		Medical Aid Main Member: Medical Aid Number: Doctor Name: Doctor Telephone Number: Doctors Address:			
Name of Previous School: Previous School Address: Province: Country: Code:		Medical Aid Main Member: Medical Aid Number: Doctor Name: Doctor Telephone Number: Doctors Address: Medical Condition: Special Problems Requiring	g Counselling:		
Name of Previous School: Previous School Address: Province: Country: Code:	ire for your child to be assess	Medical Aid Main Member: Medical Aid Number: Doctor Name: Doctor Telephone Number: Doctors Address: Medical Condition: Special Problems Requiring	g Counselling:	to have your child assessed?	
Name of Previous School: Previous School Address: Province: Country: Code: Should the school requ To be completed by Grace	le 10 - 11 learners only:	Medical Aid Main Member: Medical Aid Number: Doctor Name: Doctor Telephone Number: Doctors Address: Medical Condition: Special Problems Requiring: Assessment ed by a professional therapic	g Counselling: st, will you be willing	e 8 - 9 learners only:	
Name of Previous School: Previous School Address: Province: Country: Code: Should the school requ	le 10 - 11 learners only:	Medical Aid Main Member: Medical Aid Number: Doctor Name: Doctor Telephone Number: Doctors Address: Medical Condition: Special Problems Requiring: Assessment ed by a professional therapic	g Counselling: st, will you be willing pleted by all Grade subjects to be tak		
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Siblings						
Number of other Children at this school:						
	٨	lame:		Grade	Learners position in the family e.g. first	
		Par	ent / Guardian Information	l		
Complete a SEPARATE parent	t form for	each parent livin	g at a different physical ac	ldress		
Title:	Initials:		Surname:		First Name:	
Gender:	Race:		Home Language:	Identification/Pas	ssport Number:	
Residential Street Address:			Occupation:	Employer:		
			Surname of Spouse:		First Name:	
		Occupation of Spouse:		Learner resides with this parent/s: Yes No		
			Spouse ID Number:			
City/Suburb:		Marital status of parent:				
Postal Code:		Relationship to learner:				
Correspondence Details			Other Contact Details			
Surname:		Title:	Home Telephone:			
Postal Address:			Work Telephone	:		
				Cell Number :		
			Spouse Work Telephone:			
			Spouse Cell:			
				E-Mail Address:		
Code:			Spouse E-Mail Address:			
I hereby declare that to the best	of my kno	wledge, the above	information as supplied is a	ccurate and correc	et.	
Name of Parent / Guardian					1	
(Please Print):						
Signature of Parent / Guardian :	!				1	
Signature of Parent / Guardian :						
Date:	·			7		

FEE STRUCTURE

There are two payment options available for school fees:

- Option A Lump sum payment by 31 January
- Option B Monthly payments for 12 months.



Please arrange a stop order/EFT/debit order – preferred payment options.

PAYMENT OPTIONS: 2018

GRADE	OPTION A	OPTION B
	Lump sum payment by	Payment over 12 months
	31 January	January - December
Grade RR	R27000.00	
	- 2½% rebate R675.00 R26325.00	R2 250
	R31 800.00	
Grade R	- 21/2% rebate R795.00	
	R31 005.000	R2 650
Grade 1 - 7	R36 600.00	
	- 21/2% rebate R915.00	
	R35 685.00	R3 050
Grade 8 - 12	R40 440.00	
	- 21/2% rebate R1010.00	
	R39 430.00	R3 370

PLEASE NOTE

- 1. In the case of families with more than 1 legally dependent child in the school, the above is applicable to the eldest child in the school and any subsequent children will receive a 5% discount per child per month. This discount is offered in addition to any other discount.
- 2. Payment must be made by the 7th of each month.
- 3. A non-refundable once-off registration fee of R2750 per child is payable within 7 days of acceptance. No further registration fee is payable should a sibling or siblings be enrolled within the same year
- 4. The cost of the School Readiness Test is R500 and must be paid to the Finance Department at the time of the test.

OTHER FEES PAYABLE:

- 1. Textbooks and Set works These can be purchased from your own preferred stationers.
- 2 Computer fee of R150 per month for Grades 10 12.
- 3. Aftercare: This is outsourced. Documents are available on request.

The Way Christian School's Banking details:

ABSA Valhalla Account No. 600167995 Cheque Account. Ref: Child's name