

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 or email admissions@theway.co.za. Kindly tick the relevant block.

Documentation	Attached	Pending
Both parents' ID documents, marriage certificate or divorce decree (whichever is applicable)		
Proof of residence		
Child's latest report for the current year		
Immunisation/clinic card (Grade RR, R and 1 only)		
Child's birth certificate and/or ID document		
2 ID photos		
Latest account statement for the child's current school		
Non-South African citizen: CERTIFIED copy of valid passport & study permit		
Last 3 months bank statements		

3. Information in your application form will determine if you will be accepted. Upon acceptance, the Admissions Office will email you your acceptance letter.

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 after September 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 also 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. Re-admission is not automatic. Should the learner not be accepted, the parents will be notified.



APPLICATION FOR ADMISSION TO THE WAY CHRISTIAN SCHOOL

Application year: _____

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:	
Has the learner ever failed a year? If yes, which year?		Year when Grade was passed:	

LEARNER DETAILS

Surname:		Initials:	
First Name:		Other Names:	
Nickname:		Date of Birth:	
Gender:		Race:	
ID / Passport #		Citizenship:	
Home Language:		Religion:	

Dexterity of learner:	Left-handed	<input type="checkbox"/>	Right-handed	<input type="checkbox"/>
-----------------------	-------------	--------------------------	--------------	--------------------------

Physical Address:			
Province:		Postal Code:	
Home Telephone #		Cellphone #	
Emergency #		Cellphone # 2	

Deceased Parents:	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Both	<input type="checkbox"/>
-------------------	--------	--------------------------	--------	--------------------------	------	--------------------------

Mode of Transport:	Car	<input type="checkbox"/>	Shuttle Service	<input type="checkbox"/>	Walk	<input type="checkbox"/>	Bicycle	<input type="checkbox"/>
--------------------	-----	--------------------------	-----------------	--------------------------	------	--------------------------	---------	--------------------------

FOR GRADE 1 ONLY

Indicate pre-primary education:	None	<input type="checkbox"/>	Non-Formal	<input type="checkbox"/>	Formal	<input type="checkbox"/>
---------------------------------	------	--------------------------	------------	--------------------------	--------	--------------------------

PREVIOUS SCHOOL INFORMATION

Name of School:			
School Address:			
Province:		Code:	

LEARNER MEDICAL INFORMATION

Medical Aid Name:		Medical Aid #	
Main Member:		Plan:	
GP / Doctor:		Doctor Telephone #	
Doctors Address:			
Medical Conditions:			
Special Problems Requiring Counselling:			





ASSESSMENT			
Should the school require for your child to be assessed by a professional therapist, will you be willing to have your child assessed	Yes		No

FOR GRADE 8 –9 LEARNERS ONLY: (Proposed subjects to be taken in Grade 10 – 12)		FOR GRADE 10 – 11 LEARNERS ONLY:	
English HL			
Afrikaans FAL			
Life Orientation			

SIBLINGS		
Full Names:	Grade:	Learners position in the family eg: first

PARENTS / GUARDIAN DETAILS (Complete a SEPARATE form for each parent living at a different physical address)			
Title:		Initials:	
First Name:		Surname:	
Other Names:		Date of Birth:	
Gender:		Race:	
ID / Passport #		Citizenship:	
Home Language:		Religion:	
Physical Address:			
Province:		Postal Code:	
Home Telephone #		Cellphone #	
Emergency #		Email:	
Employer:		Occupation:	
Employer Address:			
Province:		Postal Code:	





SPOUS DETAILS			
Title:		Initials:	
First Name:		Surname:	
Other Names:		Date of Birth:	
Gender:		Race:	
ID / Passport #		Citizenship:	
Home Language:		Religion:	
Physical Address:			
Province:		Postal Code:	
Home Telephone #		Cellphone #	
Emergency #		Email:	
Employer:		Occupation:	
Employer Address:			
Province:		Postal Code:	

LEARNERS RESIDENTIAL STATUS			
Learner resides with his/her parent/s	Yes	No	
Learner resides with his/her guardian/s	Yes	No	

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

