



THE KING'S SCHOOL ROBIN HILLS

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Robin Hills
Tel. 011-792-1420
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APPLICATION FOR ADMISSION OF A LEARNER

THIS APPLICATION FORM MUST BE ACCOMPANIED BY:

1. A copy of the learner's unabridged birth certificate.
2. A recent ID size head and shoulder photograph of the learner.
3. A copy of the learner's latest school report.
4. A copy of any professional report e.g. occupational therapy, IQ evaluation, speech therapy, etc. (*if applicable*).
5. A copy of the learner's vaccination record (*not for High School*).
6. A copy of the parents' identity documents
7. A copy of parents/guardians' marriage certificate (*if applicable*).
8. Non S.A. residents MUST supply a copy of their passports and study visa or permit (Gr R to 12) of the learner.
9. A letter of commendation from the pastor of the church the parent/guardian is currently attending or alternatively a signed copy of The King's School Statement of Faith.
10. A non-refundable application fee (*paid prior to testing*).

FOR OFFICE USE ONLY

Grade applied for:	
Year applied for:	
Siblings applying:	
Appl. Rec. Date:	
Test Date:	
Test Time:	
Interview Date:	

APPLICATION FORMS WHICH ARE INCOMPLETE AND/OR DO NOT HAVE THE REQUIRED DOCUMENTATION ATTACHED WILL NOT BE PROCESSED.

- Acceptance of this form by THE KING'S SCHOOL does not imply acceptance into the school.
- The learner will be required to submit to certain baseline tests.
- An interview with the parents/guardians and the learner will also be required before acceptance.
- An academic and finance department interview with the parents/guardians will be required before acceptance.
- Please refer to the payment policy on our website (*under 'Downloads'*): www.thekingschool.co.za
- School fees are paid in advance or by debit order only.

APPLICATION DATE:		GRADE TO ENTER:		DATE TO ENTER:	
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LEARNER'S PERSONAL INFORMATION: (PLEASE PRINT CLEARLY)

SURNAME:					
FIRST NAME(S):			PREFERRED NAME:		
BIRTH DATE:		AGE:		I.D. NUMBER:	
HOME LANGUAGE:				DEXTERITY (left or right handed):	
PASSPORT NO. (non R.S.A. citizens):			COUNTRY OF BIRTH:		
RACE (GDE requirement):	Indicate with an X: Black <input type="checkbox"/> Coloured <input type="checkbox"/> Indian/Asian <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/>				
GENDER: Male/Female:	Indicate with an X: Female <input type="checkbox"/> Male <input type="checkbox"/>				
Applicable only to grade 7 to 12 learners (<i>if available</i>):					
CELL NO:			EMAIL:		

FULL SCHOLASTIC HISTORY OF LEARNER: (RELEVANT FOR GRADE 1 TO 12 ONLY)

NAME OF CURRENT SCHOOL:			CURRENT GRADE:	
PROVINCE OF CURRENT SCHOOL:			TEL.NO.	
EMAIL:				
REASON FOR LEAVING THIS SCHOOL:				
OTHER PREVIOUS SCHOOL (<i>if applicable</i>):	GRADE(S) WHILE ATTENDING	REASON FOR LEAVING		

HAS ANY GRADE BEEN REPEATED?		IF YES, WHICH GRADE(S)?	
POSSIBLE REASON:			

1. QUESTIONS 1.2 TO 1.4 (RELEVANT FOR PRE-PRIMARY ONLY)			
1.1	Is the learner fully potty trained?		If yes, for how long?
1.2	Is the learner still drinking from a bottle?		If no, for how long has he/she been weaned?
1.3	Is the learner still using a dummy?		If no, for how long has he/she been weaned?
1.4	Previous Pre-school/Nursery School:		
1.4.1	Email:		1.4.2 Tel. No:

2. QUESTIONS 2.1 TO 2.5 (RELEVANT FOR PRE-PRIMARY TO GRADE 12):	
2.1	Has the learner learnt to swim?
2.2	Does the learner have any medical conditions, e.g. diabetes, epilepsy, asthma, specific allergies, etc.? If yes, please give full details and indicate if medication is being taken.
2.3	Does the learner have any learning difficulties, e.g. difficulties with literacy or numeracy, ADHD? If yes, please give full details and note what support has been given (e.g. therapies, medication, extra lessons, etc.)
2.4	If applicable, please indicate the learner's involvement in sport and/or any sporting achievements/awards:
2.5	If applicable, please indicate the learner's non-sporting involvement: music/singing talent/acting/ hobbies/interests etc.

3. QUESTIONS 3.1 TO 3.5 (RELEVANT FOR GRADE 1 TO 12 ONLY):	
3.1	Has the learner been expelled, dismissed, suspended from, or refused admission to another school? If yes, please give details.
3.2	Has a previous school had to invoke disciplinary measures as a result of this learner's behaviour – e.g. disciplinary hearing, parents/guardian called to the school in connection with any incident? If yes, please give details.
3.3	Has the learner ever been in trouble with the law? If yes, please give details.
3.4	Has the learner ever used alcohol, tobacco or drugs of any kind? If yes, please give details.
3.5	Has the learner ever made a profession of faith in Jesus Christ?

4. QUESTION 4.1 (RELEVANT FOR GRADE 4 TO 12 ONLY):
4.1 Indicate learner's choice of a 2 nd additional language (Afrikaans or isiZulu):

PARENT/GUARDIAN INFORMATION: (PLEASE PRINT CLEARLY)

	PARENT/LEGAL GUARDIAN 1	PARENT/LEGAL GUARDIAN 2
Relationship to learner:		
Does the learner live with this parent/guardian?		
Marital status:		
Title(Mr/Mrs/Ms/Dr/etc):		
Surname:		
Full names:		
Preferred name:		
Identity / Passport No.		
Non SA residents: Date of birth:		
Non SA residents: Country of birth:		
Race:		
Home language:		
Home Tel. Number:		
Cell Number:		
Email address:		
Residential address <i>(please give in full, with postal code):</i>		
Postal address <i>(with postal code):</i>		
Occupational status: e.g. Full-time/ part-time/ contract/ other		
Occupation:		
Employer:		
Work Tel. Number:		

FINANCIAL INFORMATION:

Are any fees outstanding at the learner's current and/or previous school?		
Full name and surname of person responsible for paying the fees:		
If the person responsible for paying fees is not the Parent/Guardian 1 or 2, then please supply his/her details:		
I.D. No./Passport No. of person responsible for paying the fees:		
Contact Telephone No.	Cell:	Landline:
Postal Address:		
The King's School will perform a credit check on the fee paying parent or person. Kindly give signed consent by signing alongside:		Signature of consent:

NOTE: THE SCHOOL RESERVES THE RIGHT TO REFUSE ANY LEARNER FROM WRITING ANY EXAMS AND/OR FROM RECEIVING THEIR REPORTS IN THE EVENT THAT ANY AMOUNT WHICH IS OWED TO THE SCHOOL REMAINS UNPAID.

SIBLING INFORMATION:

Name of sibling(s)	Age	Gender	Current school (if applicable)
1.			
2.			
3.			
4.			
5.			

CHRISTIAN BACKGROUND:

	PARENT/LEGAL GUARDIAN 1	PARENT/LEGAL GUARDIAN 2
How long have you known Jesus as Lord and Saviour?		
What church are you currently attending?		
How long have you been attending this church?		
List any church activities you are involved in:		
Name of pastor:		
Contact telephone no. of pastor:		
Name of Bible study/home cell leader:		
Contact telephone no. of Bible study/home cell leader:		

GENERAL:

How did you hear about our school?	
What are your reasons for selecting our school?	
Are both parents / guardians supportive of this choice of school?	

OPT-IN:

I also willingly opt-in to the following:	
1. Images of my child/ren may be taken and used for internal and external purposes. These could appear in the newsletter, on the website or on various marketing platforms.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Images and mention of my child/ren on social media platforms including, but not limited to Facebook, Instagram, Youtube etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>

SIGNATORIES/DECLARATION:

I declare that the information supplied in this form is, to the best of my knowledge, correct. I declare that I have disclosed all information relevant to this learner's educational/scholastic history. I understand that non-disclosure of relevant information, or incorrect information may result in the immediate termination of the application process, or immediate deregistration of the learner.			
Signature Parent/Guardian 1:		Date:	
Signature Parent/Guardian 2:		Date:	