

APPLICATION FORM

Please complete all sections clearly and attach all necessary documents before returning to our Admissions Office

This application form must be accompanied by a R500 application fee.

Gauteng Department of Education registration No: 700401067

LEARNER'S INFORMATION										
Surname										
Full First Name (s)										
Preferred First Name										
Date of Birth (Year/Month/Day)	Y	Y	Y	Y	/	M	M	/	D	D
ID Number/Passport Number										
Disability	Yes <input type="checkbox"/>					No <input type="checkbox"/>				
Place of Birth and Nationality	Place of Birth					Nationality				
Copy of Birth Certificate attached (Please Select)	Yes <input type="checkbox"/>					No <input type="checkbox"/>				
Religious Denomination										
Gender	Male <input type="checkbox"/>					Female <input type="checkbox"/>				
Population Group	Black	Coloured	Indian	White	Other					
Home Language										

EMERGENCY CONTACT PERSON DETAILS	
Name of Emergency Person	
Contact of Emergency Person	
Relationship	

LEARNER PREVIOUS SCHOOL INFORMATION	
Country of Previous School	
Province/State of Previous School	
Name of Previous School	
Highest Grade in Previous School	
Telephone Number of Previous School	
Previous School Address	
Reason for Leaving	
Primary barriers that teachers should know	

ENROLMENT INFORMATION		
Current Grade or Last Grade Passed		
Intended Grade to Start at BTC		
Last School Report Attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>

LEARNER HEALTH INFORMATION

Chronic Disease	
Allergies	
Medication	

LEARNER MDECAL AID INFORMATION

Medical Aid Scheme		Medical Aid Number	
Medical Aid Principal Member		Principal Member's ID	

FAMILY DOCTOR INFORMATION

Doctor Name	
Telephone Number	
Address	

FATHER / GUARDIAN INFORMATION *(for more than one family per learner please complete this section twice)*

Surname							
First Name							
Title and Initial							
ID/Passport Number							
Date of Birth							
Parent Status	Married	Divorced	Widowed	Live in Partner	Separated	Single	
Occupation							
Employer							
Cell Phone Number					Can we send SMS messages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email Address					Can we send Email messages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work Telephone Number							
Home Telephone							
Residential Address							
Postal Address							

MOTHER / GUARDIAN INFORMATION

Surname							
First Name							
Title and Initial							
ID/Passport Number							
Date of Birth							
Parent Status	Married	Divorced	Widowed	Live in Partner	Separated	Single	
Occupation							
Employer							
Cell Phone Number					Can we send SMS messages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email Address					Can we send Email messages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work Telephone Number							
Home Telephone							
Residential Address							
Postal Address							

DECLARATION BY PARENT / GUARDIAN

I, _____ (Name of Parent / Guardian), hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence

Signed at _____ on the day of _____ 20

Signature of Parent/ Guardian _____

PERSON RESPONSIBLE FOR PAYING THE CHILD FEES

Father/ Guardian

Mother/Guardian

Other

If other please complete the form below

INDIVIDUAL RESPONSIBLE FOR PAYING FOR PAY CHILD FEES

Surname					
First Name					
Title and Initial					
ID/Passport Number		Date of Birth			
Occupation					
Employer					
Cell Phone Number			Can we send SMS messages?	Yes	No
Email Address			Can we send Email messages?	Yes	No
Home Telephone		Work Telephone Number			
Residential Address					
Postal Address					

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Bristol Training College and _____ (Name of parent /guardian) with regards to the payment of school fees.

a Accept responsibility for the payment of fees for above child before or on the seventh (7th) day of month:

Monthly

Cash

Internet transfer

Stop order

a I agree to inform the Principal in writing if I am unable to pay the fees. My child's admission will be secured for one (1) month.

b I understand that the school will take the necessary legal steps to recover any outstanding fees.

c I agree to give one (1) calendar month's notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn't serve as a notice month.

d I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.

e If you prefer to receive statements by e-mail, please indicate e-mail address

f I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian _____ Date _____

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

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 he / she 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 Christian Progressive College 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.

Signature of Parent / Guardian _____ Date: _____

INDEMNITY

I/We the parents of/I the guardian of _____ (name of learner) indemnify unconditionally and without restriction Bristol Training College and/or the shareholders of Bristol Training College or any person employed by Bristol Training College or any person acting on behalf of Bristol Training College against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Bristol Training College.

Signed at _____ on _____ day of _____ 20

Signature of Parent / Guardian: _____