

# PIERRE VAN RYNEVELD

## CHRISTIAN ACADEMY

### STUDENT APPLICATION



# STANDARD OF CONDUCT

To be completed by the student together with the principal.

STUDENT'S FULL NAME \_\_\_\_\_

AGE: \_\_\_\_\_

The student's attitudes, conversation, and behavior reflect the character of the institution from which he/she derives his/her training, both home and school. This form reflects the school's attempts to secure students who would best adjust to the regours of a highly disciplined training program and who are prepared to pledge their commitment in this regard.

Do you attend church regularly? \_\_\_\_\_ Where? \_\_\_\_\_

Are you Christian? \_\_\_\_\_ At what age where you saved? \_\_\_\_\_

Do you accept the Bible as God's Word and submit yourself to its principles as a final authority? \_\_\_\_\_. Have you ever smoked? \_\_\_\_\_ Do you drink alcoholic beverages? \_\_\_\_\_ Do you use narcotics (dope, pills, marijuana, etc) \_\_\_\_\_.

Have you ever run away from home? \_\_\_\_\_ How long ago?  
\_\_\_\_\_.

Present status regarding the above questions: \_\_\_\_\_  
\_\_\_\_\_

As a student of this Christian School I pledge to uphold the school's standards against moral misconduct such as cheating, lying, bad language, willful disobedience, fighting, stealing, use of drugs, involvement in satanic or occult activities, and the like. I agree to abide by the rules and standard of conduct expected of each student at this school at all times and will not give the impression that I am not in agreement with these values. I agree to submit to the disciplinary code of the school.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

# PIERRE VAN RYNEVELD CHRISTIAN ACADEMY

## STUDENT APPLICATION

### STUDENT INFORMATION

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Year/month/day

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Language: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Code: \_\_\_\_\_ Code: \_\_\_\_\_

Tel (H) \_\_\_\_\_ Cell: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Address: \_\_\_\_\_

Last grade completed: \_\_\_\_\_

### SCHOLASTIC INFORMATION

Has the student ever been expelled, dismissed, suspended, or refused admission to another school?

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has the student ever had disciplinary difficulties at school? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please indicate academic level of student's previous work:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Has the student ever failed an academic subject in school? \_\_\_\_\_ If yes,

explain: \_\_\_\_\_

## **FAMILY INFORMATION**

**Father's full Name:** \_\_\_\_\_

ID No: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Cell No: \_\_\_\_\_

Email Add: \_\_\_\_\_

**Mother's full Name:** \_\_\_\_\_

ID No: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Cell No: \_\_\_\_\_

Email Add: \_\_\_\_\_

**In an Emergency** if nether parent can be contacted please contact the following person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

**Children in family of school age, not applying:** Name and Age:

\_\_\_\_\_  
\_\_\_\_\_

Reason for not applying: \_\_\_\_\_

## **RELIGIOUS INFORMATION**

Church which you are attending: \_\_\_\_\_

Address: \_\_\_\_\_

Past/Rev Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Father Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Mother Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the applicant ever made a profession of faith to Christ? Yes \_\_\_\_\_ No \_\_\_\_\_

## **GENERAL INFORMATION**

How did you hear about the school? \_\_\_\_\_

What is your reason for selecting this school? \_\_\_\_\_

**Where could you as parents give assistance?** (Please indicate with a M for Mom or D for Dad)

Catering & Functions ____	Computer ____	Music ____	Art ____	Handiwork ____
Sport ____	Prayer ____	Transport ____	Culture ____	Other ____

PIERRE VAN RYNEVELD CHRISTIAN ACADEMY

MEDICAL INFORMATION

**CHILD'S NAME:** \_\_\_\_\_

1. Please complete either a) OR b):

a) I, \_\_\_\_\_ parent of \_\_\_\_\_

hereby give consent for the staff of Pierre van Ryneveld Christian Academy to take my child to the Pierre van Ryneveld Family Practice should he/she be injured and require professional attention.

My Medical Aid details are as follows (name and number of medical Aid)

\_\_\_\_\_  
\_\_\_\_\_

Member's name: \_\_\_\_\_

b) I, \_\_\_\_\_ parent of \_\_\_\_\_

hereby give consent for the staff of Pierre van Ryneveld Christian Academy to take my child to the Pierre van Ryneveld Family doctor should he/she be injured and require professional attention.

2) My telephone numbers are as follows (please supply cell no if available):

Father's name: \_\_\_\_\_

Tel No: \_\_\_\_\_ Cell \_\_\_\_\_

Mother's name: \_\_\_\_\_

Tel No: \_\_\_\_\_ Cell \_\_\_\_\_

If neither parents are available, please phone:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel No: \_\_\_\_\_ Cell: \_\_\_\_\_

PIERRE VAN RYNEVELD CHRISTIAN ACADEMY  
MEDICAL INFORMATION

3) My child has the following illnesses/allergies that may affect his/her treatment:

\_\_\_\_\_

4) I agree to be responsible for any expenses that may be incurred.

5) Does your child have any Allergies or Mental Defects? \_\_\_\_\_

\_\_\_\_\_

6) Has your child be Immunized against the following? (Yes or No)

Polio _____	Diphtheria _____	Measles/Rubella _____
Whooping Cough _____	Small Pox _____	Tetanus _____
TB (BCG Test) _____		

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

## DIAGNOSTIC TESTING

CANDIDATE'S FULL NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

GRADE: \_\_\_\_\_

I understand that diagnostic testing is a pre-requisite for admission of my son/daughter to the school.

I accept that he/she will need to attend the school for 1 or 2 days for the testing and during this time, he/she will also be assessed in terms of behaviour, values and social interactions.

I further understand that the testing fee is non-refundable, but that it constitutes part of the total registration fee if my child is accepted into the school.

PARENT'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**AGREEMENT OF ENROLMENT:  
PARENTS' COMMITMENT TO  
PIERRE VAN RYNEVELD CHRISTIAN ACADEMY**

I have read the Policy Booklet of Pierre van Ryneveld Christian Academy and wholeheartedly agree for my child to submit to the policies and rules, and to respect the authority figures of the School.

I agree to give 1 months notice, in writing, should my child leave the school before he/she matriculates.

I realize that there might be occasions when children take issue with certain actions of the staff, and they are prone to repeat statements out of context. I agree to support, trust the School staff, and call in for full details at any time I have a question concerning an incident.

I acknowledge that a good relationship with my child's Supervisor is very important in the training of my child, and is as much my responsibility as it is the Schools.

I agree to support the staff, pray for them, co-operate with the rules, discipline, and follow through with supervising homework or slips to be signed and returned to school. I recognize the importance of attending school functions and seeing that my child's appearance and behaviour give good publicity and set a good example. I agree to complete Parent Orientation Training.

**I agree to pay the school fees before the third day of the month. I realize that if my account goes in to arrears my child will have to stay at home without any books.**

- **Notice Period of School Membership**

**One calendar month's notice must be given. Notice in October will not be valid i.e. if an academic year is completed then the full year's fees are payable**

Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**INDEMNITY**

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_

Hereby consent that he/she may attend any outings or functions arranged by Pierre Van Ryneveld Christian Academy. I agree that I indemnify the school and staff against any event, action or occurrence that might lead to injury or any harm whatsoever without prejudice. I acknowledge that the school will take all reasonable precautions to ensure the safety of my child whilst he/she is in their care.

I acknowledge that I have read and understand the contents of the above indemnity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following Documents need to be handed in with this application:**

1. A copy of the Students Birth Certificate.
2. 2 x ID size photos of the Student.
3. A certified copy of both Parents ID Documents.
4. Transfer letter from previous school.
5. Copy of the students latest School Report.