

APPLICATION FOR ADMISSION 2018/2019

APPLICATION DATE			
GRADE		TERM	YEAR
AFTERCARE	(Y/N)		

MOST IMPORTANT

This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents are attached.

NECESSARY SUPPORTING DOCUMENTS	
1. Transfer Document once available	6. Copy of learner's birth certificate/ ID document
2. Copy of learner's final progress report, once available	7. Copy of learner's vaccination records if applicable
3. Copy of learner's progress report	8. Copy of learner's study permit/residence, if foreign
4. Copy of parents'/guardians' ID	9. If self-employed, a copy from your accountant
5. Aftercare Application if applicable	10. Sections 1-14 completed and signed

FOR OFFICIAL USE ONLY	
Interview date:	
Approved:	
Date:	
Commencement date:	
Grade:	
Family code:	
Credit Reference:	
Siblings at school:	
1.	
2.	
Notes:	

(FATHER)

 ONE RECENT
COLOUR
PHOTOS OF
LEARNER

 (ID SIZE)

(LEARNER)

 TWO RECENT
COLOUR
PHOTOS OF
LEARNER

 (ID SIZE)

(MOTHER)

 ONE RECENT
COLOUR
PHOTOS OF
LEARNER

 (ID SIZE)

SECTION 1: LEARNER'S PERSONAL DETAILS									
SURNAME									
FULL NAMES AS ON BIRTH CERTIFICATE / ID DOCUMENT:									
IDENTITY NUMBER:									
DATE OF BIRTH:	Y	Y	Y	Y	M	M	D	D	
GENDER:	M	F							
AGE:									
HOME SPOKEN LANGUAGE/S:									
OTHER SPOKEN LANGUAGE/S:									
NATIONALITY:									

RESIDENTIAL ADDRESS:		
SECTION 2: LEARNER'S EDUCATIONAL DETAILS		
PREVIOUS SCHOOL:		
ADDRESS:		
PRINCIPAL:		
CONTACT:		
E-MAIL:		
LAST GRADE:		YEAR:

SECTION 3: LEARNER'S MEDICAL DETAILS									
BLOOD TYPE:	O+	O-	A+	A-	B+	B-	AB+	AB-	UNKNOWN
HAS THE LEARNER RECEIVED ALL THE NECESSARY IMMUNISATIONS?									
HAS THE LEARNER SUFFERED FROM ANY ILLNESSES?									
IS THE LEARNER RECEIVING MEDICAL TREATMENT FOR ANY CONDITION?									
HAS THE LEARNER SUFFERED FROM ANY ALLERGIES?									
DOES THE LEARNER HAVE ANY SPECIAL MEDICAL NEEDS?									

SECTION 4: LEARNER'S MEDICAL DETAILS – CONSENT	
<p>IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE LEARNER'S RECORDS. THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST, AND APPROPRIATE MEDICAL SERVICE AVAILABLE.</p>	
<p>I, _____ being the parent / legal guardian of, _____ hereby agree that a medical practitioner may provide emergency treatment as may be necessary.</p>	
SIGNATURE OF PARENT / LEGAL GUARDIAN:	

SECTION 5: DETAILS OF PARENT / GUARDIAN
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INFORMATION	FATHER	MOTHER
FULL NAME:		
ID NUMBER:		
HOUSE ADDRESS:		
POSTAL ADDRESS:		
WORK ADDRESS:		
MOBILE NUMBER:		
WORK TEL.:		
E-MAIL:		
OCCUPATION:		
EMPLOYER:		
MARITAL STATUS:		

SECTION 6: DETAILS OF ANOTHER IN THE CASE OF AN EMERGENCY	
INFORMATION	NEXT-OF-KIN
FULL NAME:	
ID NUMBER:	
RELATIONSHIP:	
MOBILE NUMBER:	
WORK TEL.:	
E-MAIL:	
OCCUPATION:	

SECTION 7: DECLARATION OF PARENTS / LEGAL GUARDIANS
<p>We, the undersigned,</p> <p>....., hereby certify that the information given by us in this Application for Admission is complete and accurate. We also agree to the conditions as set out herein. We accept that the School is based on Christian principles and undertake that this will not be undermined. This Application for Admission will be reconsidered in the case where important relevant information, which should be brought to the School's attention, is withheld. We have read the Code of Conduct and will accept an offer of placement for our child at the School in accordance with the terms and conditions as set out therein. This document, as amended from time to time, will be made available to</p>



parents and will be at the school's office. **NB: The signatures of both parents and / or legal guardians are required where applicable.**

SIGNATURE OF FATHER / LEGAL GUARDIAN:	DATE:
SIGNATURE OF MOTHER / LEGAL GUARDIAN:	DATE:

SECTION 8: DETAILS OF ACCOUNT HOLDER

FULL NAME:	
ID NUMBER:	
RELATIONSHIP:	
HOUSE ADDRESS:	
WORK ADDRESS:	
POSTAL ADDRESS:	
MOBILE NUMBER:	
WORK TEL.:	
E-MAIL:	

DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

1.NAME:		GRADE:	
2.NAME:		GRADE:	
3.NAME:		GRADE:	
4.NAME:		GRADE:	

SECTION 9: DECLARATION OF ACCOUNT HOLDER

I/We, the undersigned,

_____, hereby certify that the information given by the Account Holder in this Application for Admission is complete and accurate.

We accept joint and several liability to **Rocha Firme Academy** for the due and punctual payment of all stated fees due and payable to the School or in respect of participation in or attendance of any extracurricular activity.

We accept the Financial Terms and Conditions attached to the school.

NB: The signatures of the account holder and that of the 2nd parent / a parent / legal guardian are required if applicable.

SIGNATURE OF ACCOUNT HOLDER:	DATE:
SIGNATURE OF 2ND PARENT / A PARENT / LEGAL GUARDIAN:	DATE:
SIGNATURE OF AN AUTHORISED SCHOOL REPRESENTATIVE:	DATE:

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SECTION 10: FINANCIAL TERMS AND CONDITIONS

1. ACCEPTANCE OF LIABILITY

1.1 The person responsible for the Account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) herewith assumes liability for the account, alternatively binds him-/herself as co-debtor and surety for payment of all fees to the School.

1.2 The legal guardian, as described in the Application, binds him-/herself as surety and co-debtor for the payment of all fees by the Account Holder or any other payments that may arise from this Agreement.

2. JURISDICTION

This Agreement is subject to Mozambican law.

3. DOMICILIUM

The parties choose as their domicilia citandi et executandi the addresses set out in the Application.

4. CANCELLATION

4.1 The Account Holder undertakes to give 30 (thirty) calendar days written notice of termination of the enrolment of a learner, failing which the liability be incurred for the full amount of the following term's fees.

4.2 The School shall be entitled to terminate the enrolment of any learner under the following circumstances:

Summarily, and with immediate effect, if the learner is guilty of an offence which, in the sole opinion of the School, renders his / her continued enrolment at the School impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the School, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such learner.

4.3 In the event of emigration, which is a long process, the School requires 1 (one) full term's written notice in advance.

SIGNATURE OF ACCOUNT HOLDER:	DATE:

SECTION 12: PERMISSION TO USE PHOTOGRAPHS

I understand and acknowledge that, from time to time, photographs are taken of the School's learners, and that, insofar as these photographs are placed in the possession or control of the School and / or **Rocha Firme Academy**, these photographs might be used by the School and / or **Rocha Firme Academy** in the electronic and / or printed media, including, but not limited to, the **Rocha Firme Academy** website, social media, newspaper advertisements and articles, magazine advertisements and articles, brochures, flyers, posters, billboards, banners, flippers and signage on buildings and vehicles. The School and / or **Rocha Firme Academy** will at all times, insofar as the use and publication of photographs are placed in the control of the School and / or **Rocha Firme Academy**, ensure that these photographs portray excellence and are used in good taste.



SIGNATURE OF PARENT / LEGAL GUARDIAN:	
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