



CHAZON TEKNA

INDEPENDENT CHRISTIAN SCHOOL

Non-Profit Registration: 201-468 NPO

20-22 Taute Street, Machadodorp, 1170
P.O. Box 601, Machadodorp, 1170
Tel: (013) 256 0230; Fax: 0864350246
E-mail: chazontekna@gmail.com
Website: www.chazontekna.co.za

APPLICATION FOR ADMISSION OF A LEARNER

THIS APPLICATION FORM MUST BE ACCOMPANIED BY:

- A certified copy of the learners birth certificate.
- A copy of the learner's latest school report.
- A copy of any professional report e.g. occupational therapy, IQ evaluation, speech therapy, etc. (*if applicable*).
- A copy of the learners vaccination record (*not for High School*).
- A certified copy of the parents' identity documents
- A copy of parents/guardians Marriage certificate (*if applicable*).
- Non S.A. residents MUST supply a copy of their passports, study visa, temporary or permanent residence permits and those of the learner.
- A letter of commendation from the pastor of the church the parent/guardian is currently attending.
- A non-refundable application fee (*paid prior to testing*).
- One recent I.D. size photograph of the learner.

FOR OFFICE USE ONLY

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

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

- Acceptance of this form by Chazon Tekna 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.
- School fees are paid in advance over 11 months.

APPLICATION DATE:		GRADE TO ENTER:		DATE TO ENTER:	
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LEARNER'S PERSONAL INFORMATION:

SURNAME:					
FIRST NAME(S):			PREFERRED NAME:		
BIRTH DATE:		AGE:		HOME LANGUAGE:	
IDENTITY NUMBER:					
PASSPORT NO. (non R.S.A. citizens):			COUNTRY OF BIRTH:		
RACE (GDE requirement):			GENDER: Male/Female:		
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:					
HAS ANY GRADE BEEN REPEATED?			IF YES, WHICH GRADE(S)?		
POSSIBLE REASON:					

PARENT/GUARDIAN INFORMATION:

	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:		
Race:		
Non SA residents: Country of birth:		
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	Cell:	Landline:	
Postal Address:			
Chazon Tekna 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 TUITION AND/OR FROM RECEIVING THEIR REPORTS IN THE EVENT THAT ANY AMOUNT WHICH IS OWED TO THE SCHOOL REMAINS UNPAID.			

SCHOOL FEES:

REGISTRATION FEES	
ALL NEW STUDENTS	R1000
RE-REGISTRATION FEE (should the student leave for longer than 6 months)	R500
BASIC SCHOOL FEE (paid in advance for 11 months of the year)	
GRADE 00 - STEP BY STEP (Includes Workbooks)	R800
GRADE 0 - PRESCHOOL (Includes PACEs)	R1500
GRADE 1 - ABC (Includes PACEs)	R1900
GRADE 2 – 7 (Includes PACEs)	R2400
GRADE 8 – 12 (Includes PACEs)	R2700
DIAGNOSTIC TESTING FEES:	
DIAGNOSTIC TESTING (Compulsory for all new Learners)	R250
PARENT ORIENTATION FEE (Compulsory for all new parents)	R200
ADDITIONAL FEES BILLED AS THEY OCCUR:	
Playball, Uniforms, Stationery, Re-do PACEs, OBEST & C-FAM tests, Field Trips, Honor Roll, Athletic Events, Fund Raising, Skills Pro.	

Monthly Tuition Fee

1. The school fees are payable in advance before the 7th day of each month.
2. The school fees are payable for 11 months of the year (January to November).
3. Stationery, Uniform and other additional fees are payable for 12 months of the year (January to December).

In the event of default payment:

- a reminder sms will be sent on the 1st day of the month.
- another reminder sms will be sent on the 7th day of the month.
- another sms or e-mail will be sent on the 12th day of the month.
- a letter will be sent home with the learner on the 15th day of the month and R200 will be added to your arrear account for administration fees. The learner will not have access to any teaching or learning materials until all outstanding fees are paid in full.

Notice Period

In the event of a parent withdrawing a learner from the school a one (1) month written notice must be given. Failure to do so will result in a penalty of 1 month's tuition being added onto the account.

I, (parent's name) _____

have read and understand the Tuition Fee Policy as above and agree to abide by these procedures.

Parent signature

Banking Details

Account name: Chazon Tekna
Bank: FNB
Branch #: 270 451
Account #: 62017310707
Type: Cheque
Reference: Student Number

*Card payments accepted at school.
No cash will be taken at school.*

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?

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?	

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 will result in the immediate termination of the application process, or immediate deregistration of the learner.	
Signature Parent/Guardian 1:	
Signature Parent/Guardian 2:	
Date:	