



# OASISChristian

## Learning Centre

166 3<sup>rd</sup> Avenue, Bredell, Kempton Park, 1623  
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## Application for Enrolment

**PLEASE INITIAL ALL PAGES**

### 1. LEARNER INFORMATION

SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_  
NICKNAME: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ IDENTITY NUMBER: \_\_\_\_\_  
RACE: \_\_\_\_\_ HOME LANGUAGE: \_\_\_\_\_  
CITIZENSHIP: \_\_\_\_\_ (If not SA please supply relevant Home Affairs documentation)  
HOME ADD: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_

### 2. FAMILY INFORMATION

2.1. FATHER'S NAME \_\_\_\_\_  
FATHER'S ID NO \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
CURRENT EMPLOYER: \_\_\_\_\_ PERIOD EMPLOYED \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL ADDRESS: (Work) \_\_\_\_\_  
E-MAIL ADDRESS (Private) \_\_\_\_\_  
2.2. MOTHER'S NAME \_\_\_\_\_  
MOTHER'S ID NO \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
CURRENT EMPLOYER: \_\_\_\_\_ PERIOD EMPLOYED \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL ADDRESS: (Work) \_\_\_\_\_  
E-MAIL ADDRESS (Private) \_\_\_\_\_  
2.3. PARENTS' MARITAL STATUS: \_\_\_\_\_  
2.4. BROTHERS & SISTERS: \_\_\_\_\_  
(List names and ages) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (Initial)

**3. PRESENT SCHOOL RECORD**

- 3.1. SCHOOL'S NAME: \_\_\_\_\_ TEL. NO: \_\_\_\_\_
- 3.2. HAS YOUR CHILD BEEN DIAGNOSED WITH ADD OR ADHD?, OR ANY OTHER LEARNING DIFFICULTIES? IF YES, EXPLAIN WHAT COURSE OF ACTION IS BEING FOLLOWED:  
\_\_\_\_\_
- 3.3. WHAT GRADE IS YOUR CHILD CURRENTLY IN? \_\_\_\_\_
- 3.4. HAS YOUR CHILD EVER FAILED A GRADE? \_\_\_\_\_

**4. GENERAL INFORMATION**

HOW DID YOU HEAR ABOUT **Oasis Christian Learning Centre**?

\_\_\_\_\_

WHAT IS YOUR REASON FOR SELECTING **Oasis Christian Learning Centre**?

\_\_\_\_\_

**5. DOCUMENTATION TO BE ATTACHED WITH APPLICATION (Without this documentation, your application will not be processed)**

- Copies of both parents' id's
- Copy of child's birth certificate
- Copy of child's clinic card (Gr. 0-3)
- Completed pastor's recommendation form
- Current passport size photo of child
- Financial clearance certificate (to be completed by current school)
- Copy of last 3 months' payslips
- Copy of last 3 months bank statements
- Copy of a recent city council account (Proof of Residence)
- Latest school report

**6. DIAGNOSTIC TESTING**

DIAGNOSTIC TESTING MAY NEED TO BE COMPLETED BY THE CHILD AT THE SCHOOL AT A COST OF R500  
(THIS IS NON-REFUNDABLE AND DOES NOT GUARANTEE ACCEPTANCE)

**7. CREDIT CHECK**

As part of our application to enroll \_\_\_\_\_ (child's name)  
with Oasis Christian Learning Centre, we hereby give consent for Oasis Christian Learning Centre to complete a full credit and reference check to confirm that all the above details listed are true and correct.

Full name of person responsible for payment of account \_\_\_\_\_

FATHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MOTHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

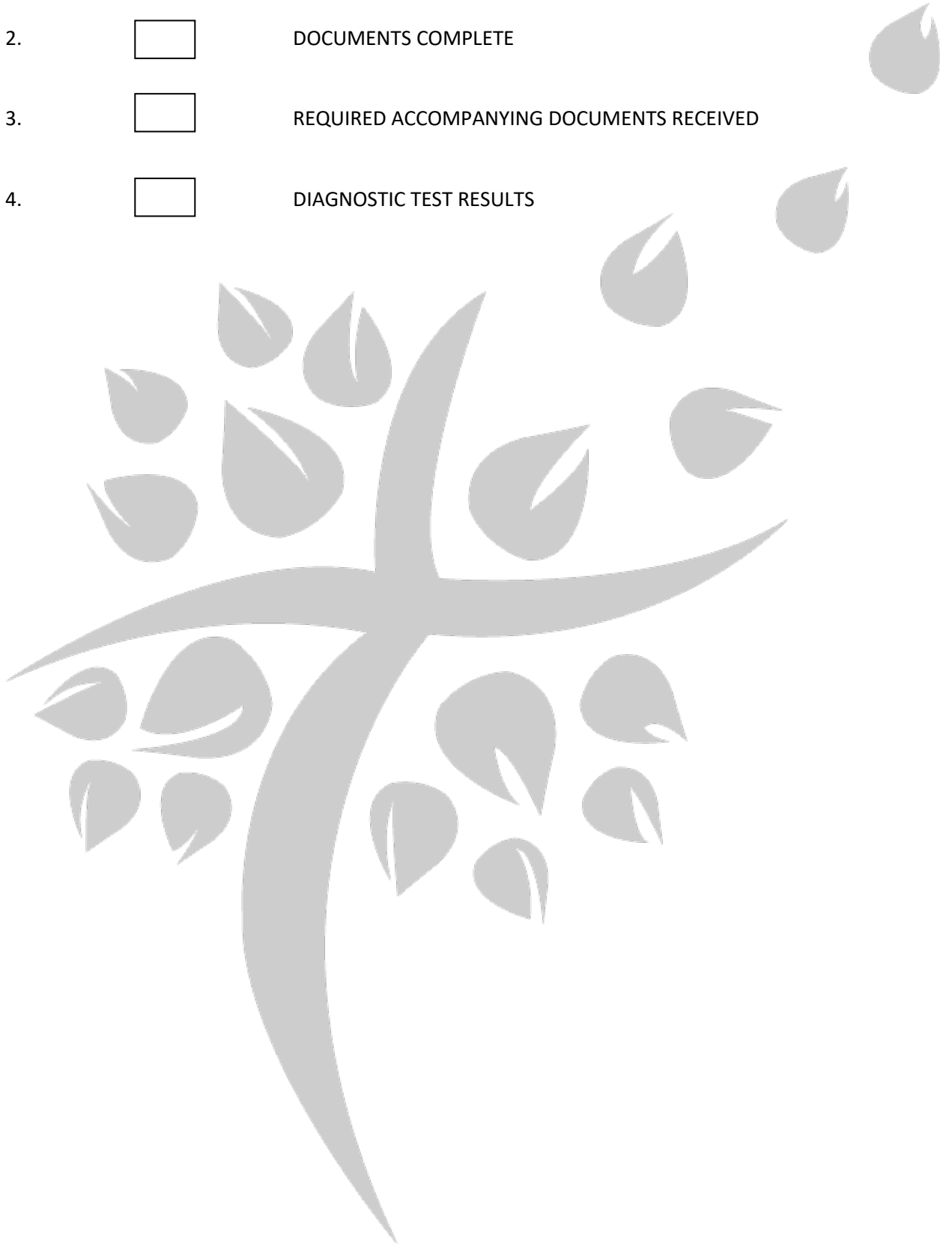
**You will be contacted to schedule an appointment for your child to take the Diagnostic Test as soon as (Items 1 – 3) of the criteria below have been met.  
Pending the results of the diagnostic test, you will be invited to complete the enrolment process.**

\_\_\_\_\_

\_\_\_\_\_ (Initial)

FOR OFFICE USE

1. ☐ CREDIT CHECKS
2. ☐ DOCUMENTS COMPLETE
3. ☐ REQUIRED ACCOMPANYING DOCUMENTS RECEIVED
4. ☐ DIAGNOSTIC TEST RESULTS



\_\_\_\_\_ (Initial)