



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' pay slips
- 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: _____

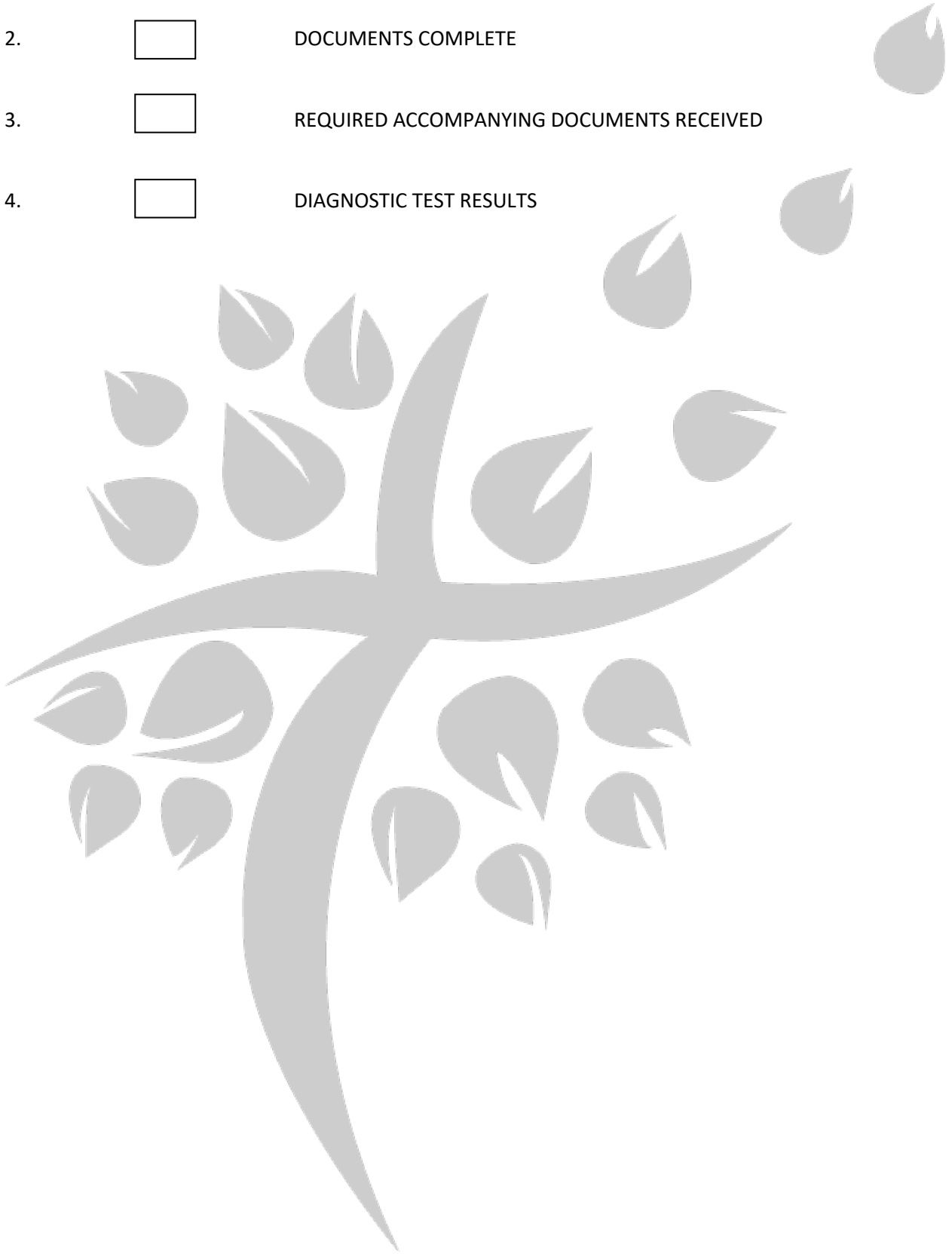
MOTHER'S SIGNATURE: _____ DATE: _____

**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)