

# UMDONI CHRISTIAN ACADEMY APPLICATION FORM

**Please complete the following application form and return to UCA at: 1 Ken Scott link ,Abram’s Crest, Kelso  
Tel: 039 975 1944**

Each Child in the family needs to complete a separate application form.

Date of application: \_\_\_\_\_ Child’s Age: \_\_\_\_\_  
Grade to enter: \_\_\_\_\_ in 20\_\_\_\_\_

## PERSONAL INFORMATION

Name of child: \_\_\_\_\_  
Surname First Name Middle name

Child’s age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Sex: M F Nationality: \_\_\_\_\_

Name of Parents/Guardian Dad: \_\_\_\_\_  
Mom: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***Please notify of any changes to your contact details***

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work phone/Father: \_\_\_\_\_ Cell: \_\_\_\_\_

Work phone/Mother: \_\_\_\_\_ Cell: \_\_\_\_\_

Which church does the child attend: \_\_\_\_\_

Pastor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child resides with: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

If child is not living with both natural parents, please describe the custody and visitation rights:

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

FOR OFFICE USE ONLY			
APPLICATION FEE		DIAGNOSTIC FEE	
PAID	RECEIPT NO _____	PAID	RECEIPT NO _____
COPY OF BIRTHCERTIFICATE			
YES		NO	
Financial Screening Bank statement / Pay slips			
YES		N?A	
STD OF CONDUCT			
YES		NO	

**Dear Parents:** Our commitment extends to further the spiritual, mental and emotional growth of your child. In order to assist us in meeting these needs, please comment on the following: *(Information not necessarily disclosed to staff)*

Favourite activities/ Strengths: \_\_\_\_\_

Least favourite activities/  
Weaknesses: \_\_\_\_\_

Personality & temperament: \_\_\_\_\_

Interaction with other children: \_\_\_\_\_

Interaction with adults: \_\_\_\_\_

Behavior problems and your method of dealing with them:

\_\_\_\_\_

Fears: \_\_\_\_\_

Spiritual awareness of God: \_\_\_\_\_

**GENERAL INFORMATION**

How did you hear about this school?

\_\_\_\_\_

Reason for selecting this school?

**INFORMATION ON FEMALE PARENT/GUARDIAN LIVING AT HOME:**

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

Work schedule: \_\_\_\_\_

**INFORMATION ON MALE PARENT/GUARDIAN LIVING AT HOME:**

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work schedule: \_\_\_\_\_

Are both guardians following a Christian lifestyle?

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

**INFORMATION ON OTHERS LIVING IN THE HOUSEHOLD**

Name:	Age:	Relationship to Child:
_____	_____	_____
_____	_____	_____

**FINANCIAL SCREENING**

Joint family Income ( Please tick the appropriate category )

R 0 - R 5,000.00	<input type="checkbox"/>	R 15,000 - R 20,000	<input type="checkbox"/>
R 5,000.00 - R10,000	<input type="checkbox"/>	R 20,000 - R 25,000	<input type="checkbox"/>
R 10,000 - R 15,000	<input type="checkbox"/>	R 25,000.00 +	<input type="checkbox"/>

Due the nature of this school, financial screening is required. Please would you attach your latest pay slips and/or bank statement if **requested to by the principal**.

*❖ Please note that your child’s previous school will need to confirm that your account is paid up and closed before enrollment at Umdoni Christian Academy.*

**AGREEMENT REGARDING PAYMENT OF SCHOOL FEES**

I/We, the undersigned, hereby agree to be personally liable for the school fees applicable. I/We agree to the regulations regarding to payment of school fees as stated in the Umdoni Christian Academy Information manual and school fee agreement I/We further agree that any failure by the student to attend school will not reduce my/our liability for the amount outstanding. I/We understand that this contract may not be cancelled except at the discretion of Umdoni Christian Academy.

. I/We hereby assume absolute responsibility for the payment of any fees as a result of the learner(s) attending Umdoni Christian Academy.

- . I/we acknowledge that School fees are payable in advance and that facilities exist for monthly and annual payments.
- . I/we acknowledge that should any one installment payable in terms hereof not be paid in full on due date, then the whole balance outstanding shall immediately become due and payable by me/us and that no indulgence or grant of time by Umdoni Christian Academy shall be deemed a waiver of its rights hereunder.
- . I/we hereby agree in terms of section 45 of the Magistrates' Courts Act No 32 of 1944 that the School shall, at its option, be entitled to institute any legal proceedings for the recovery of any monies owing by me/us to the School in any Magistrate's Court having jurisdiction in respect of such proceedings in terms of Section 28 of that Act.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Signature of male guardian/parent \_\_\_\_\_

Signature of female guardian/parent \_\_\_\_\_

**AGREEMENT REGARDING CONDUCT AND DISCIPLINE**

I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonour to the Godhead and the word of God or disrespect to the personnel of the school. I/We agree to code of conduct and discipline measures outlined in the Umdoni Christian Academy Information Manual. It is our intention to support all Godly discipline of the administration. I authorize the school to employ discipline as it deems wise and expedient for the training of my child.

I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline.

Signature of male guardian/parent: \_\_\_\_\_

Signature of female guardian/parent: \_\_\_\_\_

Date: \_\_\_\_\_

**MINISTRY OF THE SCHOOL**

I understand that the educational program is an integral part of the Living Rivers Family Church ministry, which I am expected to support.

I agree to uphold and support the high academic standard of the School by providing a place at home for my child to study and by encouraging my child in the completion of any homework or assignments.

I appreciate the code of conduct of the educational ministry and will not tolerate profanity, obscenity in word or action, any behaviour unbecoming a Christian and contrary to the Word of God, dishonour to the Godhead or the Word of God, or disrespect to the staff of the School.

**MEDICAL HISTORY**

Does your child have any medical concerns that we must be aware of:

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

**MEDICAL AGREEMENT FORM**

- 1) U.C.A. is not responsible for any problems arising from administering medication to my child. This applies to medication prescribed by a doctor that needs to be administered while the child is at school.
- 2) In case my child should contract a fever during school hours, I give permission for the school to administer Panado (after I have been contacted by phone first).

\_\_\_\_\_ Yes \_\_\_\_\_ No

3) In case of any emergency my preference in doctor is:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

4) In case of any emergency where I or my doctor cannot be reached I give U.C.A. permission to take my child to the nearest doctor or emergency room. I/we will be solely responsible for any and all medical costs, ambulance fees, or other costs that may be incurred.

5) My child may go on field trips with U.C.A. during the year. (I understand that I will be informed prior to each trip and that field trips are optional.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

6) In case of emergencies where a parent or guardian cannot be reached, the following person may be called:

Name	Phone(h)	Phone (w)	Relationship
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7) Besides the parent(s)/guardian(s), the following person(s) may also pick up the child:

Name	Phone(h)	Phone (w)	Relationship
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If person (s) not mentioned, a signed letter must accompany the child to school bearing either of the signatures below.

\_\_\_\_\_

Male Parent/Guardian

Female Parent / Guardian

**UCA COMMITMENT**

The School undertakes to ensure that all reasonable foreseeable measures and actions are taken to keep the student out of harm and free from loss. In all other cases, the limitation of the School’s right to exclude liability in terms of Section 103 of the Education Act No 6 of 1995 (KZN Province) applies. In accordance with this legislation, both parents jointly and severally indemnify the School, its employee’s and agents (from whom the School may be forced to be vicariously liable) against any claim of the student in respect of the event in question.

**DISCLAIMER**

The School does not take any responsibility for any theft or loss of, or damage or destruction to any property of whatever nature (including School clothing, sporting equipment, books, or any other personal possessions) brought onto the School premises.

**UMDONI CHRISTIAN ACADEMY INDEMNITY FORM**

We, the undersigned, being the parents/ legal guardians of

\_\_\_\_\_

(Child’s/Children’s full names)

Hereby give permission for my child to take part in any school related activities while he/she is a student at Umdoni Christian Academy.

I/we absolve Umdoni Christian Academy and Living Rivers Church from liability to me/us, or my child/children, because of injury to my child/children or loss or damage to their property/belongings at school activities or school related activities.

I/we further acknowledge that I/we are sending the said child/children to Umdoni Christian Academy entirely at our own risk.

**Signatures**

1. \_\_\_\_\_  
Male Parent / Legal Guardian

2. \_\_\_\_\_  
Female Parent / Legal Guardian

Date: \_\_\_\_\_