



CRESTA COLLEGE

166 Springbok Street, Wierdapark, Centurion
Tel. (012) 654-1565 Fax. (012) 654-1565

P.O. Box 50260, Wierdapark, 0149
eMail: info@crestacollege.co.za

APPLICATION FOR ENROLLMENT

APPLICATION DATE: _____

GRADE APPLIED FOR: _____

YEAR APPLIED FOR: _____

AFTERCARE: YES NO

1. PERSONAL DETAIL: LEARNER

SURNAME _____

FULL NAMES _____

DATE OF BIRTH _____

AGE _____ GENDER: MALE FEMALE

RACE _____

PREFERRED NAME TO BE USED IN SCHOOL _____

NATIONALITY _____

COUNTRY OF ORIGIN _____

PREVIOUS SCHOOL _____

PREVIOUS GRADE PASSED _____

RELIGION _____

BOTH PARENTS FATHER MOTHER
CHILD RESIDES WITH

NUMBER OF CHILDREN IN FAMILY _____

1 2 3 4 5 6 7
POSITION OF CHILD IN THE FAMILY

LEARNER'S IDENTITY NUMBER _____

LEARNER'S CELL PHONE NUMBER _____

HOME LANGUAGE _____

SECOND SPOKEN LANGUAGE _____

2. FATHER'S PARTICULARS (Person responsible for school fees)

SURNAME _____

FULL NAMES _____

MR /MRS/ MS/ DR/ REV/ PROF/ OTHER _____

ID NUMBER _____

RELATIONSHIP (Biological, Step-, Guardian) _____

MARITAL STATUS _____

OCCUPATION _____

EMPLOYER _____

TEL HOME _____

TEL WORK _____

CELL _____

EMAIL ADDRESS (PLEASE PRINT) _____

RESIDENTIAL ADDRESS _____

WORK ADDRESS _____

_____ CODE _____

_____ CODE _____



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3. MOTHER'S PARTICULARS (Person responsible for school fees)

SURNAME

FULL NAMES

MR /MRS/ MS/ DR/ REV/ PROF/ OTHER

ID NUMBER

RELATIONSHIP (Biological, Step-, Guardian)

MARITAL STATUS

OCCUPATION

EMPLOYER

TEL HOME

TEL WORK

CELL

EMAIL ADDRESS (PLEASE PRINT)

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CODE

CODE

4. DETAILS OF PERSON IN THE CASE OF AN EMERGENCY

SURNAME

FULL NAMES

RELATIONSHIP

EMAIL ADDRESS

TEL HOME

TEL WORK

CELL

This application is for students who desire to enroll for the 2019 academic year. Our commitment is to work with the home and not to assume parent responsibilities. Whenever a student does not achieve the academic goals with regard to the annual projections and/or the student does not give his full co-operation as required, the application for enrollment might be unsuccessful. A three month probation period will commence from the starting date of the child/children.

"I hereby commit to assume my financial responsibility to the school."

"I understand that my child is expected to take part in school educational activities, including sport and sponsored trips away from the educational facility."

"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 him/her in completion of any homework or assignments."

"I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonour to the Godhead or the Word of God, or disrespect to the staff of the school. I hereby agree to support regulations published in the school policy on the applicant's behalf and authorize the school to employ discipline as it deems wise and expedient for the training of my child."

"I will support the high moral standard of the school by screening the books, magazines, TV-programs my child is exposed to as well as keeping wise track of the friends and company they spend their time with."

"I understand that the school reserves the right, after parental conference, to dismiss any child who fails to comply with the established regulations and discipline or whose parents do not assume their responsibility to the school."

"I have read the School Policy and agree to attend the Parent Teacher's Forums (P.T.F)."

"I have signed all indemnity forms and agree to the terms stated in this document."

FATHER NAME

SIGNATURE

DATE

MOTHER NAME

SIGNATURE

DATE