Word of Life Christian School

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1935

WORD OF LIFE
CHRISTIAN SCHOOL

Tel: 016 428 5114
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Student Application Form

Section A: **Student** Information

Child's names as on Birth Certificate or ID / Passport Document:

First Name:
Second Name:
Third Name:
Surname:
Date of Birth: Y Y Y Y M M D D
ID/Passport No:
Sex: Male ☐ Female ☐

Home Address:

Street:
Suburb:
City /Town: Code:
Home Tel No:

Postal address:

Box No:
City/Town: Postal Code:

History of Schools attended

Name of school attended	Grades

Applying for Grade: ☐

Does this learner have siblings at Word of Life School? Yes ☐ No ☐

Date of application: _____

Section B: Family Information

Father

First Name:																		
Surname:																		
ID No:																		
Occupation:																		
Employer:																		
Work Address:																		
Work Tel No:																		
Cell No:																		
Email:																		
If deceased, please give date:	Y	Y	Y	Y	M	M	D	D										

Mother

First Name:																		
Surname:																		
ID No:																		
Occupation:																		
Employer:																		
Work Address:																		
Work Tel No:																		
Cell No:																		
Email:																		
If deceased, please give date:	Y	Y	Y	Y	M	M	D	D										

Marital Status

Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Single ☐

Section C: Name and Address of Legal Guardian

Only to be completed if parents are deceased OR child was placed under legal guardianship

First Name:																		
Surname:																		
Home address:																		
Street:																		
Suburb:																		
City\Town:														Code:				
Home Tel No:																		
Cell Number:																		
Work Tel No:																		

Section D: Medical Aid Scheme Information

Do you belong to a medical aid scheme? Yes ☐ No ☐

If yes please state name of Medical Aid	
Main members name:	
Medical Aid number:	
Name of family doctor	
Doctor's Tel. no	
Name of person to contact in an emergency:	
(other than parents)	
Tel no of such person:	

Does student suffer from:	*Please Tick*	Yes	No		Yes	No
Asthma		☐	☐	Emotional problems	☐	☐
Epilepsy		☐	☐	Psychiatric disorder	☐	☐
Diabetes		☐	☐	*If yes please give details:*		
Heart disease		☐	☐			
Kidney disease		☐	☐			
Liver disease		☐	☐			
Any allergies		☐	☐			

If yes please give details:

Medication child is using:

Section E: Scholastic Information

Has your child ever been expelled from another school?

Yes ☐ No ☐

If yes, please give details:

had any disciplinary difficulties? Yes ☐ No ☐

If yes, please give details:

used tobacco/drug related substances? Yes ☐ No ☐

If yes, please give details:

has your child repeated a grade ? Yes ☐ No ☐

Grade repeated:_____

Section F: Church Affiliation

Name of church:								

Are you an active member	Yes	
	No	

Section G : General Information

Population group	Black	White	Indian	Coloured	Other	(mark with X)

Home language	
Citizenship of learner	

Original Province	Gauteng	Free State	Limpopo	North West	
	Western Cape	Northern Cape	Mpumalanga	Kwazulu-Natal	Eastern Cape

NB! E mail address for account: *please print:* ***NO HOT MAIL addresses***	
Contact person for accounts: *please print*	
Child's mode of transport to school and back	

Dexterity of learner (right or left handed)	right		left	

No of children in family	
Position in family e.g.First = 1	

I hereby certify that the answers to the above questions are to the best of my knowledge true and correct. The onus is on the signee to inform the school of any changes to the above information.

Parent/guardian signature: _____

Date _____