

SOUTH COAST ACADEMY

304171	CUASI	ACADI	c/viy
APPLICATION F	OR ADMISSIO	N - 2024 GR	k

E HESS

BOARDER

PLEASE COMPLETE II	N BLACK PEN	2023 – GR_		2022 – 0	iR	2021 – GR _	
ACCEPTANCE LETTER DE	CLINED WAITING	G PP ADMIN N	NO	SASAMS	WHATSAPP] FC	OR OFFICE USE ONLY
BIRTH CERTIFICATE REP	ORT Prov TRANS	SFER CONDUCT RE	PORT	ID COPY PO	R POI CL	INIC CARD FINAL	TRANSFER
Highest Grade passed		Year when Grade p	assed:		App rec date:		Holding fee
Application date:		Registration date:			App rec no:		Rec no
FAMILY INFORMATION	I			/o:			
Family Status:	Parents: Both Single	Divorced		r/Sister Nam lany children			Coast Academy of children in family
	Foster Recomp			ther's side:	111 14111.	On Fathers side	
				hildren		Total children	
Are any of the	Father Mot	her Both		ing Grant:	Child supp		Foster care / Dependence
parents deceased:				number:			_
			Gr 1 or	nly: Pre-prima	ry educatior	: Formal	Non Formal
LEARNER INFORMAT	TION (FULL NAI	AES AND SURNA	ME, AS	IT APPEARS	ON BIRTH	CERTIFICATE - N	IO NICK NAMES)
First Name:				Initials			
Surname:				Citizens	ship: SOUTH	AFRICAN OR N	ION SOUTH AFRICAN
Date of Birth:	YYYY M	M DD		ID num	ber:		
Religion: C	HRISTIAN / HIN	IDU / MUSLIM		Popula	tion group:	BLACK WHITE II	NDIAN COLOURED OTH
Citizenship:				GENDE	R:	MALE	FEMALE
Province of Reside	nce:			Home I	anguage:		
Left or Right hande	ed: L	R		Learne	r cell:		
Learning disabilitie	es: ADD ADI	DYSLEXIA		Mode o	of transport	: FOOT P	PUBLIC PRIVATE
Pre-primary educa	tions: FORM	AL NON FORM	1AL	Name o	of driver:	TRANSPORT D	DRIVER NAME
CONTACT IN CASE	OF EMERGENC	/ :		Teleph	one numbe	r of driver:	
Name & contact nu	umber of perso	n learner resides	s with a	uring school	time, inclu	ding address:	
PREVIOUS SCHOOL							
Name of previous							
Previous schools a		ice:					
Tel no of previous							
Email address of pr							
1 st time registration			OR NO				
Did the learner att		year: YES	OR NO				
Reason for leaving	:						
LEARNER MEDICAL -	- COMPLETE PG	4 IF THERE ARE	ANY M	EDICAL CON	DITIONS TO	NOTE	
MEDICAL AID NAM	IE:			Med ai	d number:		
Medical Aid main r	member name:			Doctor	name and i	number:	
Medical Conditions	s: Please	supply doctors	letter fo	r serious co	nditions		
Notes:FOR OFFICE	E USE ONLY						

First Name: FULL NAME AS PER ID		Title: MR/MRS/MS	Initials:
Surname: FULL SURNAME AS PER II		Preferred name:	
Date of Birth: YYYY MN	1 DD	GENDER: MALE	FEMALE
Race: WHITE/INDIAN/BLACK/COLO	URED/OTHER	ID or passport number:	COMPULSORY
Country of Residence:		Citizenship:	
Marital status: Single Married	Divorced Widow(er)	Relationship to learner:	Father Mother
Contact number: 0	Physical Address: E BLOCK LETTER BELOW	Posi	tal address:
Home language: Employer: Occupation:	Name of employer	Tel no:	

SC	HOOL FEES 2024	
<u>Grade</u>	Per month	PER YEAR
Gr 1 – 3	11 x R2000 Jan - Nov	R22 000
Gr 4 – 7	11 x R2100 Jan - Nov	R23 100
Gr 8 – 9	11 x R2200 Jan - Nov	R24 200
Gr 10 – 11	11 x R2200 Jan - Nov	R24 200
Gr 12	11 x R2300 Jan - Nov	R25 300

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Signature person responsible for the account: _

Agreement between SOUTH COAST ACADEMY and (Name and surname of person responsible for the payment of fees) with regards to the payment of school fees.

- Accept responsibility for the payment of fees for above child before or on the fifteenth (15th) (in advance) day of each month and for 11 payments or the yearly fee upfront:
- b. I agree to inform the DIRECTOR in writing if I am unable to pay the fees.
- I understand that the school will take the necessary legal steps to recover any outstanding fees.
- d. I agree to give one (1) calendar month's notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn't serve as a notice month.
- I understand that a monthly fee is payable in advance by no later than the 15th of each month.
- f. I declare that the forms have been completed correctly, and that I am responsible for payment of school fees.

g.	I / We the parents / guardian ofabove.	undertake to honour the agreement as set ou

Date:

Please ensure that all the information is correct and is kept updated with the main office of the school, it is important that we can get hold of the parents in case of an emergency. Please communicate changes to the office on sca@lantic.net or sca@l

First Name:				Title:					Initial	s:					
Surname:					rred r	name									
Date of Birth: YYYY MIN		DD		GENE				IALE				EM/	\LE		
Race: WHITE/INDIAN/BLACK/COLO	URED/C	OTHER			passp		numb	er:	COMP	ULS	ORY	7			
Country of Residence:					enship										
Marital status: Single Married	Divorce	d Wio	dow(er)	Relat	ionshi	ip to	lear	ner:		Fath	er	Mo	ther		
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Whatsapp number:															
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Employer:	Name						ıe	l no:							
Occupation:															
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