



## APPLICATION TO REGISTER A LEARNER

### OFFICE USE ONLY

DATE RECEIVED	D	D	M	M	Y	Y	Y	Y	Admin No.										
Copy of Learner's Birth Certificate																			
Copy of Parent's/ Legal Guardian's ID																			
Proof of Address									Year Applying For										
Copy of ID of Person Responsible for the Account									Grade Applied For										
Proof of Income/ 3 Months Bank Statement									Starting Date	D	D	M	M	Y	Y				
Proof Application Fee Payment									Ending Date	D	D	M	M	Y	Y				
Learner's Latest Progress Report									Assessment Date	D	D	M	M	Y	Y				
Learner's Transfer Letter (or equivalent)									Status of Application	Approved		Declined							
Learner's Disciplinary Record (Previous School)	Academy Stamp																		
Copy of Learner's Study Permit																			
Signed Learner Code of Conduct																			
Completed Indemnity & Waiver Form																			

### SECTION A: Learner's Personal Details

Surname																									
First Name(s)																									
Preferred Name							Gender	Female		Male															
Place of Birth	Town									Country															
Nationality																			Date of Birth	D	D	M	M	Y	Y
Identity Number/ Passport Number																									
Home Language							Other Languages																		
Religion/ Denomination																									
Learner Resides With	Both Parents			Father			Mother			Other (Specify)															
Residential Address	Street																								
	City																	Postal Code							

**SECTION B: Particulars of Parents/ Legal Guardians**

Relationship	Father	Mother
Surname		
First Name(s)		
Title		
ID/ Passport No.		
Phone Number		
Mobile Number		
Work Number		
Email Address		
Residential Address		
Postal Code		
Marital Status		
Employer		
Occupation		
Employer Contact		

**SECTION C: Learner Medical Information**

Name of Medical Aid		Medical Aid Number	
Medical Aid Contact No.		Learner Dependent Code	
Principal Member Name		Principal Member ID No.	
Family Doctor's Name		Family Doctor's Contact	
<b>Special Medical Condition(s)</b>	<b>Yes</b>	<b>No</b>	<b>If yes, specify details</b>
Chronic Illness(es)			
Allergies to Medicine(s)			
Allergies to Food(s)			
Recent Operation(s)			
Recent Hospitalisation(s)			





**SECTION H: Declarations**

**Declaration by Parents / Legal Guardians**

I/We, the undersigned, hereby certify that the information furnished by me/us in this Application for Admission is complete and accurate. We also agree to the conditions as set out herein. I/We understand and accept that the school is based on Christian principles and undertake that this will not be undermined.

\_\_\_\_\_  
SIGNATURE OF FATHER/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MOTHER/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**Declaration by Account Payer**

I, the undersigned, hereby certify that the information furnished by me in this Application for Admission is complete and accurate. Upon acceptance of this application, I accept liability to Aurum Adventist Academy for the due and punctual payment of fees as provided in the fees schedule, including but not limited to, the registration fee, the school fees, photocopy fees, school development fees, and any other amounts which may become due and payable to the school or in respect of participation in or attendance of any extracurricular activity.

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
DATE