

SOUTHCITY CHRISTIAN SCHOOLS

COLLEGE



PROCEDURE FOR ENROLMENT

Please note that only application forms that are completed in full and have all required documents attached will be processed.

1. Application Forms are completed and returned to College Reception with the necessary attachments (as per the Check List).
2. A Non-refundable Application Fee of R500 (per applicant) needs to be paid via EFT or at the Finance Office – please attach receipt.
3. The Child will write Entrance Exams (English, Afrikaans/isiZulu & Maths. EGD/Visual Arts/Phys Science/Life Science may be required for FET applications if the subject is chosen) in full school uniform (current school uniform) relevant to the Grade in which he/she is applying for.
4. Based on the results of the Entrance Exams, an interview may/may not be requested by the College Head.
5. Parents/Guardians of the applicant will be informed in writing whether or not the application is successful and if conditions are attached.
6. On Acceptance, R1000 (per applicant) is payable to the Finance Office to secure the Child's place at Southcity Christian College – please email Proof of Payment to collegereception@southcity.org.za
7. All necessary documents (Stationery Lists etc) will be given in due course.
8. NB: Indemnity Forms, Obligations, Social Media & POPIA consent forms are done annually.

Banking Details:

Southcity Christian College
FNB Margate
Branch Code: 220128
Account Number: 52960343137
Cheque Account
Ref: Child's Name & Grade

APPLICATION DOCUMENT CHECK LIST

NAME: _____

GRADE: ____ YEAR: ____

FORMS TO BE COMPLETED & RETURNED TO SOUTHCITY		✓
1.	Pupil & Parents' Personal Details & General Information (Pages 2-8)	
2.	Subject Choices (Page 9)	
3.	Sport & Culture (Page 10)	
4.	Fee Agreement & Debit Order Form, signed by parents	
5.	Addendum A: Acknowledgement of Receipt of Rules Booklet, signed by parent & pupil	
6.	POPI Act Reply Slip, signed by parent	
7.	Indemnity Form, signed by legal guardian	
8.	Obligations, signed by parent	
9.	Social Media Policy, signed by parent & pupil	
DOCUMENTS TO BE ATTACHED		
10.	Photograph of Pupil	
11.	Copy of pupil's Birth Certificate	
12.	Copy of ID of person(s) who signed the Fee Agreement	
13.	Copy of ID of Medical Aid Main Member	
14.	Copy of child's clinic card indicating vaccinations are up to date	
15.	Child's latest School Report	
16.	Copy of Assessments (if applicable) – EG Remedial, OT, Counselling	
17.	Copy of Study Permit, Permanent Residence, Refugee Status (Foreigners)	
18.	Receipt for R500 Non-Refundable Application Fee	
19.	Transfer Card (on first day at Southcity)	
OFFICE USE ONLY		
1.	Confidential Report from Child's Current School	
2.	Entrance Exams	
3.	Interview	
4.	Registration Fee R1000	
5.	Siblings/Cousins in SCS? If yes, details:	

APPLICATION FORM

Pupil's photo

- NB:**
- 1) It is the responsibility of the parent/guardian to keep all information/telephone numbers fully updated
 - 2) All information is password protected. Hard copy documents & information are stored in locked cabinets and offices in the respective schools.

PUPIL'S PERSONAL DETAILS

Surname: _____

First Names: _____

(according to Birth Certificate/ID/Passport if foreign)

Gender: _____ Date of Birth: _____ (YYYY/MM/DD)

Age: _____ Home Language: _____

ID Number/Passport Number (if foreigner): _____

Nationality: _____ Citizenship: _____

Religion: _____ Race: _____

SA Citizen: YES / NO

If not SA Citizen, attach copy of Study Permit/Permanent Residency/Refugee Status document/Passport

Is child an immigrant? _____ Country from: _____

Date of Arrival in South Africa: _____

PARENT/GUARDIANS' DETAILS

Father's Details (Please indicate if Step-Father/Guardian)

Surname: _____ Title: _____ Initials: _____

First Names: _____

ID Number: _____ Marital Status: _____

(Or Passport number, if not SA citizen)

Name of Employer: _____

(If Self-Employed, state name of Business)

Occupation: _____ Cell No: _____

Email: _____ Work Phone: _____

Mother's Details (Please indicate if Step-Mother/Guardian)

Surname: _____ Title: _____ Initials: _____

First Names: _____

ID Number: _____ Marital Status: _____

(Or Passport number, if not SA citizen)

Name of Employer: _____

(If Self-Employed, state name of Business)

Occupation: _____ Cell No: _____

Email: _____ Work Phone: _____

Do you have other children attending this school? YES / NO

Please state their name(s) and grade(s):

Are you currently applying for any siblings at Southcity? YES / NO

Please state their name(s) and grade(s):

Who will supervise your child's homework? _____

How will your child get home after school? _____

Please supply contact name & number of transport (driver) – if applicable

PREVIOUS SCHOOL INFORMATION

Previous School: _____

Contact Telephone: _____ Province: _____

School's Email Address: _____

Has your child ever been expelled, dismissed, suspended or refused admission to another school? YES / NO

If yes, explain:

Has your child ever had any disciplinary difficulties? YES / NO

If yes, explain:

Has your child ever had to repeat a grade at school? YES / NO

If yes, which grade? _____ Reason: _____

Has your child ever experienced learning difficulties of any kind? YES / NO

If yes, explain: _____

Has your child been academically/psychologically assessed by a professional? YES / NO
If yes, explain:

If yes, year of assessment: _____ (Please attach copies of assessment reports)

According to my knowledge, the information supplied above is correct.

Signature of Parent: _____

PARENTS' MISSION STATEMENT

As parents at Southcity Christian Schools, we accept that:

- We hold primary responsibility for the development and encouragement of an ethical Christian value system.
- We are a full partner in our son/daughter's education.
- We have a responsibility to encourage our child to apply himself/herself to his/her studies, extra-mural activities and most importantly, the development of Godly character.
- We will liaise with the relevant teachers where necessary.
- We acknowledge the rules of the school and will participate in disciplinary procedures where required.
- We will endeavour to conform to the school calendar and attend parent meetings.

PUPIL'S MISSION STATEMENT

As a pupil at Southcity Christian Schools, I undertake to:

- Co-operate with teachers and staff, with the objective of becoming a well-rounded individual with life skills and Godly character, who may become a future leader in our society.
- Recognise and respect the values and ethics promoted in the school.
- Diligently apply myself to academic and extra-mural activities (sport & cultural).
- Endeavour to submit to the rules and policies of the school.

Sign below as an indication that you have accepted the above:

PARENT'S SIGNATURE

PUPIL'S SIGNATURE

MEDICAL**Medical Aid Details:**

Medical Aid Name: _____ Option: _____

Medical Aid Number: _____

Main Member: _____ Pupil Dependent Code: _____

- Attach copy of ID of main member

Local Relative or Friend in case parent is not contactable in an emergency:

Surname: _____ Name: _____

Relationship to pupil: _____

Telephone: Cell: _____ Home/Work: _____

Which hospital would you like your child to be taken to should there be a medical emergency & we are unable to contact the parent/guardian? (**NB** The parent/guardian is responsible for all costs involved)

Name of Hospital:

MEDICAL HISTORY

Family GP: _____ Phone Number: _____

Childhood Diseases: Please circle if the pupil has had any of the following:

Mumps, Measles, German measles (Rubella), Chicken pox, other _____

Medical Conditions: Please circle if pupil suffers from or experiences any of the following:

Migraine, Epilepsy, Asthma, Allergic Rhinitis (hay fever), Diabetes, Travel Sickness, Heart Condition, Dizzy Spells, Fits of any type, Nose Bleeds, Insomnia, Bed wetting, Sleep walking, Sleep talking, Colour blindness, Anxiety, Depression, Phobias, Mood Disorder, Autism Spectrum Disorder e.g. Aspergers, Deafness, Poor eyesight, Physical disability, Bowel disorders, Malaria, Other: _____

Please give details:

Previous Surgery: Please give details of previous operations:

Medication: Does the pupil take any regular medication? _____

Name and dosage of medication:

If children need to bring medication to school, it must be handed in at the office, clearly marked with child's name, name of medication & reason for medication.

Allergies: Please give details of medication, food, environmental or bites/stings allergies:

How severe is the allergic reaction?

Medical Consent:

I _____, Parent/Guardian of _____ agree that in the event that I am not contactable and/or not present at the time of a medical, dental or surgical emergency involving my child, I authorise the Head of Southcity Christian Schools, or a member of staff designated by the Head, to sign legal consent for said emergency treatment in order to avoid dangerous delays in the treatment of my child.

In the case of a medical emergency, Southcity Christian Schools will ensure that your child is transported to the hospital of doctor if you are unavailable. Please bear in mind that you will be responsible for all hospital, ambulance and Doctors' accounts.

PLEASE NOTE: It is the responsibility of the parent/guardian to keep all information/telephone numbers & emails fully updated in case of emergency.

Parent must show proof that the pupil has been immunized against the following communicable diseases: polio, measles, tuberculosis, diphtheria, tetanus and hepatitis B.

By signing below, parent confirms that the pupil has been immunized against the above communicable diseases.

Signature: _____ Date: _____

SUBJECT CHOICES

Grade 8 & 9

FIRST ADDITIONAL LANGUAGE: Afrikaans OR isiZulu

Grade 10 – 11

Choose one subject from each column.

NB. If pupil chooses Physical Sciences, he/she must take Mathematics.

P	Q	R	MATHEMATICS	FIRST ADDITIONAL LANGUAGE
Physical Sciences	Engineering, Graphics & Design	Business Studies	Mathematics	Afrikaans
Life Sciences	Life Sciences	Geography	Mathematical Literacy	isiZulu
Business Studies	Dramatic Arts	Accounting		
Computer Applications Technology	Computer Applications Technology	Visual Arts		

- ***NB: English Home Language & Life Orientation, including Physical Education (PET) are compulsory for all pupils***
- ***OPTIONAL EXTRAS (Grade 10-12) Enquire at Interview – please see Academic Policy***
 - *Further Studies English*
 - *Further Studies Mathematics*
 - *8th Subject may be taken (Computer Applications Technology / Business Studies)*
- ***CAT: NB! A Microsoft Windows compatible PC or laptop is required, with Microsoft Office 2016 (Word, Power Point, Excel, Access) for Grade 10-12.***
- ***EGD & Visual Arts: Laptop is a compulsory item for Grade 10-12.***

SPORT & CULTURE

Has the applicant participated in school sport in the last three (3) years? YES / NO
If yes, please stipulate which sports were participated in (e.g. Cricket):

Sport Achievements (e.g. Captain, Merits, Colours, UGU, SKZN, KZN Teams etc):
(Please attach supporting documents)

Has the applicant participated in school cultural activities in the last three (3) years?
YES / NO

E.g. School plays, SCA, Eistedfodds, etc. If yes, please elaborate:

Leadership roles (e.g. Monitor, prefect etc)

Community Involvement:

Additional Comments:

