



CANAAN COLLEGE

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REQUIRED SUPPORTING DOCUMENTS			
Learner Transfer Document		Copy of Parents' / Legal Guardians IDs	TWO RECENT (ID SIZE) COLOUR PHOTOS OF LEARNER
Copy of Learner's Birth Certificate or ID		Completed and Signed Debit Order Form	
Copy of Learner's latest Report		Signed General Indemnity	
A utility bill stipulating proof of address		Proof of payment for Administration Fee	
Completion of the Financial Report Section I		Proof of payment of Enrolment Fee	
Copy of Learner's Vaccination Records		Subject Choice Form [Grade 10-Grade12]	
Copy of Learner's Study Permit, if foreign		Sections A-N completed and signed	
Understanding that acceptance is dependent on the results of a personal interview, academic qualifications and space availability			

SECTION A: LEARNER PERSONAL DETAILS													
LURITS No								Home Language					
Surname								Gender	Male				Female
Full Names								Cell No					
Initials								Religion					
ID NO								Current School					
Passport No								Contact number of current school					
Nationality								Repeated Grades, if applicable					
Date of Birth								Last Grade Passed					
Grade Applying for	R	1	2	3	4	5	6	7	8	9	10	Enrolment Year	2020

SECTION B: LEARNER ADDITIONAL DETAILS

Pre-Primary Education	None	Formal	Non-Formal			Academic achievement level	1	2	3	4	5	6	7
First Time Enrolment Province	Yes		No			Sport Achievement	Participant			Provincial Colours			
Inclusion Status	Mainstream		LSEN Mainstream			Cultural Achievement							
List any Barriers to Learning here													
Language of Instruction						Siblings in this School (include the Grade of Sibling)							
Ethnic Group	A	B	C	I	W								
Transport to/from School	Motor	Taxi	Bus	Walk									
Receiving Social Grant	Yes	No	Social Grant Number										
Learner resides with	Parent – Father			Parent - Mother			Guardian						

SECTION C: LEARNER MEDICAL DETAILS

Medical Conditions											Doctors Name			
Allergies											Doctors Tel No			
Blood Type	O+	O-	A+	A-	AB+	AB-	B+	B-	Unknown		Doctors Address			
Special Needs														
Medical Aid Name														
Medical Aid Option											Does the learner have any special medical needs? Give details.			
Medical Aid No														
Medical Aid Primary Member											Has the learner had any operations? Give details.			
Main Member ID Number														

SECTION D: LEARNER'S MEDICAL CONSENT

In a critical medical situation, please bear in mind that there may not be time to refer to the learner's records. The school therefore reserves the right to utilise the quickest medical service available.

I, _____, being the parent/legal guardian of _____, hereby agree that a medical practitioner may provide emergency medical treatment as may be necessary.

Signature of parent/legal guardian _____

SECTION E: LEARNERS FATHER/GUARDIAN DETAILS

Title				Nationality	
Surname				Total No of Children	
First Name				No of Children at School	
Initials				Employer	
ID No				Employer Address	
Passport No					
Home Language					
Email					
Cell No					
Tel No					
Marital Status				Employer Tel No	
Does Learner reside with parent?	YES	NO		Employer Fax No	
Financial Responsibility of Account	YES	NO		Occupation	
Parental Status	Learner living with parents	Learner's legal guardian	Access rights to learner	Access rights in an emergency only	
Residential Address				Monthly Income	
				Postal Address	

SECTION F: LEARNERS MOTHER/GUARDIAN DETAILS

Title				Nationality	
Surname				Total No of Children	
First Name				No of Children at School	
Initials				Employer	
ID No				Employer Address	
Passport No					
Home Language					
Email					
Cell No					
Tel No					
Marital Status				Employer Tel No	
Does Learner reside with parent?	YES	NO		Employer Fax No	
Financial Responsibility of Account	YES	NO		Occupation	
Parental Status	Learner living with parents	Learner's legal guardian	Access rights to learner	Access rights in an emergency only	
Residential Address				Monthly Income	
				Postal Address	

SECTION G: DIVORCED OR SEPARATED PARENTS ONLY

	FATHER	MOTHER	GUARDIAN
Person (s) with whom applicant lives			
Person (s) to whom correspondence and reports should be sent			
Person (s) responsible for financial responsibility to the school			

SECTION H: DETAILS OF ANOTHER CONTACT IN CASE OF AN EMERGENCY

Title		Initials		Cell No			
Surname				Telephone No (Work)			
First Name				Telephone No (Home)			
ID No						Relation to Learner	
Email							
Home Address							

SECTION I: FINANCIAL INFORMATION INCOME AND EXPENSE REPORT

INCOME	AMOUNT	EXPENSES	AMOUNT
Salary (Father/Guardian)	R	Rent or Bond	R
Salary (Mother/Guardian)	R	General Utilities	R
Salary (Other)	R	Food and Groceries	R
Other Income	R	Cellular and Telephone	R
	R	Transport Costs	R
	R	Healthcare	R
	R	Entertainment	R
	R	Education	R
	R	Other	R
TOTAL INCOME	R	TOTAL EXPENSES	R

SECTION J: DETAILS OF ACCOUNT HOLDER

Title				Nationality	
Surname				Total No of Children	
First Name				No of Children at School	
Initials				Employer	
ID No				Employer Address	
Passport No					
Email					
Cell No					
Tel No					
Marital Status				Employer Tel No	
Does Learner reside with account holder?	YES	NO		Employer Fax No	
Financial Responsibility of Account	YES	NO		Occupation	
Payment Option	MONTHLY DEBIT ORDER			FULL YEAR SCHOOL FEES PAYABLE IN ADVANCE	

SECTION K: DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

Name				Grade	
Name				Grade	
Name				Grade	
Residential Address				Postal Address	

SECTION L: SIGNATURE OF PARENTS/LEGAL GUARDIAN AND/OR ACCOUNT HOLDER

We, the undersigned, _____, hereby certify that the information in this Application for Admission is complete and accurate. We acknowledge that enrolment is subject to, inter alia, signing a Learner Admission Contract that contains the detailed terms and conditions and requirements for admission.

We hereby authorise the School and/or any of its associates to conduct any credit enquiries on us as may be necessary from time to time.

We acknowledge that we have read the School Specific Policies and School Rules and will accept an offer of placement for our child at the School in accordance with the terms and conditions as set out therein.

NB! THE SIGNATURE OF THE ACCOUNT HOLDER AND BOTH PARENTS AND / OR LEGAL GUARDIANS ARE REQUIRED WHERE APPLICABLE.

Signature of account holder		Date	
Signature of father/stepfather/legal guardian		Date	
Signature of mother/stepmother/legal guardian		Date	

**2 X REFERENCES FOR ACCOUNT APPLICANT REQUIRED
[Details of persons other than the parents]**

I, the undersigned, (reference 1)

FULL NAMES & SURNAME _____

RELATIONSHIP TO APPLICANT _____

ADDRESS _____

CONTACT NO. _____

Acting as reference for the Account Applicant, hereby confirm and verify that the information provided on this application according to my knowledge is true and correct.

I, the undersigned, (reference 2)

FULL NAMES & SURNAME _____

RELATIONSHIP TO APPLICANT _____

ADDRESS _____

CONTACT NO. _____

Acting as reference for the Account Applicant, hereby confirm and verify that the information provided on this application according to my knowledge is true and correct.

SECTION M: SCHOOL FEES (2020)

GRADES	APPLICATION FEE (NON-REFUNDABLE)	REGISTRATION FEE (NON-REFUNDABLE)	SCHOOLS FEES		
			PER ANNUM	PER TERM	PER MONTH (10 MONTHS)
Grade R	R500	R1,500	R25,000	R6,250	R2,500
Grade 1 – Grade 7	R500	R1,500	R28,500	R7,125	R2,850
Grade 8 – Grade 9	R500	R1,500	R29,500	R7,375	R2,950
Grade 10 (2020)	R500	R1,500	R30,000	R7,500	R3,000

Please Note:

- Included in the school fees is basic stationary, text books and 1 extra mural subject (to choose one from Robotics or App Development)
- The application fee is payable on submission of the admission form.
- Completed admission form, along with supporting documents and proof of payment to be emailed to admission@canaancollege.co.za
- Registration fee is payable on acceptance to Canaan College.
- **Banking Details:**
 - o Account Name: Edinvest Schools OPCO
 - o Name of Bank: Standard Bank of SA
 - o Account Number: **051 722 860**
 - o Name of Branch: Bluff
 - o Branch Code: 043 326
 - o Reference: Use your child's Name and Surname for payment of the application fee

SECTION N: CONDITIONS OF ACCEPTANCE

This is to certify that should my son / daughter _____ be accepted for entry at Canaan College as a learner in grade _____ for the _____ Term of 20_____, I hereby accept the following terms and conditions:

- I. All learners without exemption will comply with all school rules.
- II. Agree to wear full school uniform as per our school requirements.
- III. That in the event of an emergency arising, medical or otherwise, relating to the learner details in section A, where it is not reasonably possible in the opinion of the Executive Head, acting Head or any staff members who duly designated by the Executive Head to effectively communicate or establish communication with the parent or guardian, the Executive Head, acting Head or any staff members shall have the authority, in loco parentis, to make a, cause and is allowed to carry out any decision they consider necessary in the interest and welfare of the said learner.
- IV. The Executive Head has the right in his/her absolute discretion, to suspend a learner from school, or require his/her withdrawal for any reason considered within the best interest of the school.
- V. Any learner found in possession, carrying onto school premises and or using any banned substance such as drugs, alcohol, cigarette or undesirable literature, will be expelled from the school.
- VI. Any learner who absents themselves without reasons can be suspended and in extreme circumstances after an official hearing be expelled.

- VII. The school is not liable for any loss or damage, however caused to any property belonging to a learner or any member who is or may be deemed to be in the custody of the school.
- VIII. The school's rules and regulations are amended from time to time and therefore shall be binding and be observed by the learners as well as parents or guardians where it may concern them.

We the undersigned, hereby certify that we have read, understand and accept the conditions stated in section I.

Full Name of Father/ Legal Guardian

Signature of Father/ Legal Guardian

DATE

Full Name of Mother / Legal Guardian

Signature of Mother/ Legal Guardian

DATE

FOR OFFICE USE ONLY		
INTERVIEW DATE:	APPROVED BY:	FAMILY CODE:
COMMENTS:	APPROVED DATE:	SIBLINGS AT THE SCHOOL:
		1.
	COMMENCEMENT DATE:	2.
		3.
	GRADE:	4.
		5.