

"Train a child in the way he should go, and when he is old he will not turn from it."
Proverbs 22:6



ALEXANDRIA CHRISTIAN ACADEMY

*Our Vision is to train and disciple young people to be able to respond, with influence from the foundation of a Biblical World View.
Our Goal is to Instill Wonder, Spark Discovery and Fuel Passion*

Application Form

Pupil's Name: Grade to enter

Child's age today: Child's age when entering:

Year to enter: Term to enter: Gender: M / F

Home Language:.....

Date of Application: Admission No:

Person who has permission to pick my child up from school:

Tel Nr:

ALEXANDRIA CHRISTIAN ACADEMY

Biblically it is the parent's responsibility to train up and educate the child. As a school we form a partnership with parents in training and educating their children in Biblical principles. The School is owned by the Parent Body.

The application is to be returned to:

The Principal
Alexandria Christian Academy
P.O. Box 294
Alexandria 6185

For more information please phone (046) 653-0651.

Your application will be processed and an interview may be granted on the strength of your application. Both parents and the child (ren) need to attend the interview.

Please attach to this application:

1. copies of your child's latest two reports
2. a copy of your child's birth certificate
3. administration/admin fee

We will contact your child's previous school for a reference.

FOR OFFICE USE ONLY:

Dates:

Received: ___/___/___ Interviewed: ___/___/___

Child

Interviewed: _____

Comment: _____

Accepted / Declined

Signed: _____

Date: ___/___/___

Date letter sent: ___/___/___

A STUDENT:

Name: _____
Surname First Middle

Residential Address: _____
_____ Postal Code: _____

Postal Address: _____
_____ Postal Code: _____

Home Telephone Number: (____) _____ Date of Birth: ____/____/____

ID Nr: _____

School presently attending: _____

Telephone No: _____

B Children in family of school age:

Name: _____ Age: _____ B/date: __/__/__

Name: _____ Age: _____ B/date: __/__/__

Name: _____ Age: _____ B/date: __/__/__

Christian Church currently attending: _____

Address: _____
_____ Postal Code: _____

Pastor: _____ Telephone Number: (____) _____

Father Christian? Yes / No

Mother Christian? Yes / No

Has the applicant ever made a profession of faith in the Lord Jesus Christ?

Yes / No

C SCHOLASTIC INFORMATION:

Please list the schools and their location which your child has attended.

Has a school or clinical psychologist ever tested the child? Yes / No

Has the child ever used Ritalin? Yes / No

Has the student ever repeated a grade in school? Yes / No

If so, please give more information: _____

Has the child ever been expelled, dismissed, suspended or refused

admission to another school? Yes / No If so, please specify:

Has the child ever had any disciplinary difficulties? Yes / No

If so, please specify: _____

Has the child ever been in trouble with the law, arrested, etc.? Yes / No

If so, please specify: _____

Has the child ever used tobacco or drugs of any kind? Yes / No

If so, please specify: _____

D MEDICAL INFORMATION

Doctor: _____ Telephone Number: (____) _____

Medical Aid _____ Number _____ Main member _____

Does the child have any physical defects, allergies or is the child on long term medication?

Yes / No If so please specify: _____

Is the child's immunization as prescribed by the Department of Health, up to date?

Yes / No (An immunization certificate may be required.)

Do you give permission for the supervisor to take the necessary steps in the case of an accident, or illness at school or when on an outing? Do you undertake to cover the costs thereof? Yes / No

E GENERAL INFORMATION:

How did you hear about this school? _____

Reason for selecting this school: _____

F STATEMENT OF FAITH AND PRACTICE

1. We believe in:

- 1.1 The inspiration of the Bible in all parts and without error in its origin;
- 1.2 The one God, eternally existent Father, Son and Holy Spirit, who created man by a direct immediate act;
- 1.3 The pre-existence, incarnation, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to Heaven and the second coming of the Lord Jesus Christ.:
- 1.4 The fall of man, the need of regeneration by the operation of the Holy Spirit on the basis of grace alone, and the resurrection of all; to life or damnation;
- 1.5 The spiritual relationship of all believers in the Lord Jesus Christ, living a life of righteous works, separated from the world, witnessing of His saving grace through the ministry of the Holy Spirit.

I have read and agree with the *Alexandria Christian Academy Statement of Faith and Practice*.

YES NO

Father's signature

Mothers signature

Date

G BIBLICAL CORRECTION NOTIFICATION

Dear Parents/Guardians

It is an honour that you have entrusted to our staff to assist you in training in Biblical character. Our total program is designed to develop the spiritual and academic qualities that characterize your child. We appreciate your confidence in our program. To carry out your wishes for total character development, we believe it is necessary to follow Biblical admonition to correct a child when his behaviour is in violation of proper or reasonable rules and procedures.

I (We), _____
Name of father and mother

agree to support the school in its policy of Biblical correction without reservation and personally pledge my (our) support to this Biblical approach to discipline.

Date

Signature of Father

Signature of Mother

GOVERNING BOARD

ALEXANDRIA CHRISTIAN ACADEMY

P.O.BOX 294 ALEXANDRIA 6185 TEL:046 6530651

I

ACCEPTANCE FORM

FULL NAME OF CHILD: _____

1. I, _____ the responsible Parent/Guardian of the aforementioned child, do hereby accept the offer of place at *Alexandria Christian Academy* from date: _____

2. I accept responsibility for payment of school fees on the following basis:
School fees are payable to the Governing Board monthly between the 1st and 5th day of the month. Fees are payable for twelve months of a specific calendar year. School fees are subject to change by the Governing Board. New fees effective from April

3. I shall give **one full term's** written notice to the Governing Board prior to withdrawing my child from the school, failing which I accept liability for payment of an amount equal to the remainder of the current **and** the next full term's school fees in lieu of such notice, from the first day of the next new term, following the first day of continuous absenteeism from school. I understand that notice must be given on the first day of a new term for the student to be released at the end of that term, and that no transfer or release forms or any administration will be forwarded to any other school or academic institution before **all** fees are paid in full.

4. The Principal is hereby authorized to act on my behalf (in loco parentis) in all matters affecting my child while he or she is attending or during official school excursions off school grounds.

5. The Principal is hereby authorized to give consent on my behalf where an emergency operation or treatment is required and my consent cannot be obtained without causing undue delay.

6. I shall abide by all the school rules and regulations as laid down from time to time.

7. I accept that failure by my child to obey school rules or failure by myself to pay school fees punctually, may lead to expulsion of my child. Should the Governing Board be required to instruct an attorney to institute legal proceedings against me for payment of school fees or to enforce any provision of this acceptance, I accept full liability for legal costs including costs between attorney and client and including collection commission the attorney is entitled to recover.

SIGNED: 1 _____ (Parent\Guardian) Father Date: _____

PRINT NAME: _____ (Parent\Guardian)

SIGNED: 2 _____ (Parent\Guardian) Mother Date: _____

PRINT NAME: _____ (Parent\Guardian)

WITNESS: _____ PRINT NAME: _____ Date: _____

J PARENT INVOLVEMENT AT SCHOOL

You are encouraged to take ownership of your child's school and set yourselves available to be a part of your child's schooling career. Please mark where you would like to serve in the school (Scheduling your priorities to fit the desires of others) *Mat 9:9 "And as Jesus passed forth from thence, he saw a man, named Matthew, sitting at the receipt of custom: and he (Jesus) saith unto him. Follow me. And he arose, and followed him."*

Sport Coaching _____

Fundraising _____

Serving on the GB _____

School Paper/ Newsletter _____

Maintenance _____

Transport _____

Education _____

Outreach _____

Drama Coaching _____

Any Extra Mural Activities (specify) _____

Any other areas _____

K REFERENCE LETTER FROM PREVIOUS SCHOOL

It is the parent's responsibility to ensure that this letter is forwarded by previous school to Alexandria C/A :

"Train a child in the way he should go, and when he is old he will not turn from it." Proverbs 22:6



P.O. Box 294
ALEXANDRIA
6185
Tel 046-6530651
Fax 086 504 36 21
e-mail aca@vodamail.co.za
Emis nr. 601176

ALEXANDRIA CHRISTIAN ACADEMY

Dear Colleague

CONFIDENTIAL REFERENCE

Alexandria Christian Academy is an independent community school, which was born out of the vision to give access to the children of the community of Alexandria to excellent individual education, by means of the Accelerated Christian Education system of Bible based learning. Our Christian views dictate that we want to welcome new applications from other schools, with the Blessing and on good terms of their previous school.

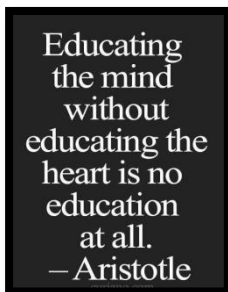
In order to do this, we request that families provide us with a reference from the learner's current school. Your knowledge and understanding of the learner will be most helpful to us.

Please complete the Confidential Reference and return it to Alexandria C/A at your earliest convenience. Delivery to the school may be by fax, post, email or by hand. Please do not give this confidential report to the learner or the family. The family's application will only be processed once the completed form has been received at our office.

Thank you for your co-operation in this regard

Yours for Excellence in Christian Education

Mrs. G. Olivier
Principal



CONFIDENTIAL REFERENCE (To be completed by the Principal or relevant Department Head)

Student's first names: _____ Surname: _____

Name of current School: _____ Current Grade: _____

1. Year and grade in which the student first enroll at your school? _____
2. Please provide details below that relate to any instance where the student has been the subject of any Disciplinary hearings or received any disciplinary sanction (e.g. detention, community service, suspension or expulsion) at your school or any of the schools that have been attended previously.

3. Has the student been assessed or consulted with any of the following whilst at your school?

	Yes	No		Yes	No
Speech Therapist/Audiologist					
Psychologist (Clinical/educational)					
Family Counselor/Therapist					

Where professionally permissible, please provide details below:

4. Please make a brief comment on the following facets of the learner's involvement in school life:

CATEGORY	COMMENTS
Academic Aptitude	
Appearance & Manners	
Attitude towards Staff	
Behavior in Class	
Christian Values & Examples	
Clubs and Societies	
Community Outreach	
Cultural Activities	
Emotional Maturity/ EQ	
Homework	
Leadership & influence	
Learning Barriers	
Musical Ability	
Parental Involvement	
Peer Relationships	
Responsibility	
Self-Discipline	
Sport	

5. Are the School Fees paid regularly and are they up to date? _____

Name: _____ Signature: _____

Designation: _____ School Stamp: