



# Jabulane Christian Academy



## ADMISSION APPLICATION

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### Application Procedure:

#### 1. **Submission of Application Forms:**

The Application will only be considered once all the documentation has been submitted. Complete this application form and submit it together with the following documents:

##### Learner documents:

- A copy of the birth certificate.
- A copy of immunisations.
- Two recent ID photos.
- Most recent school progress report from the learner's previous School.
- Transfer card/letter from the previous School.
- A copy of any reports that will assist the school in understanding the educational needs of the learner (reports from a speech therapist, occupational therapist, psychologist, etc.).

##### Parent/Legal Guardian documents:

- Certified copies of the ID documents of both parents & person responsible for fees
- Copy of both sides of the Medical Aid card, if applicable.
- A recent salary slip or last three months' bank statements of the person responsible for payment.
- A reference letter from a Christian Church/pastor stating that the parents are members or involved at the church (*if at all possible*).
- Parents need to subscribe to: The Vision and Mission Statement, the Statement of Faith, the Discipline Procedure and the Code of Conduct (See Prospectus & Parent Handbook).
- Agreement of Tuition (See Schedule of Fees and Terms).

##### Foreign learners:

- A temporary / permanent residence permit from the Department of Home Affairs.
- Proof of a study permit.

#### 2. **Placement Test and Interview:**

A test for grade placement and/or school readiness may be requested. An interview with the Principal will be arranged after the test to discuss the results.

#### 3. **Confirmation of Application:**

You will be notified in writing about the success of the application.

#### 4. **Payment of Registration Fee:**

Successful applicants will be required to pay a non-refundable registration fee which includes the cost of textbooks in order to secure the applicant's place in the school. All fees must be paid before the learner may attend any classes. Should the registration fee not be paid within *fourteen days* after confirmation of acceptance, the school reserves the right to withdraw the application and give the space to another applicant.



# Jabulane Christian Academy

## School Fees & Terms for 2022



### New Learners

The following fees are applicable for Grade R – 7:

- School Fees: R 2 000 / month** for 11 months (January – November)  
*Incentive: If the year's fees are paid in full by the end of February, a 5% discount (R 1 100) will be credited to your school fee account.*
- New Learner Registration Fee:**  
The registration fee should be paid immediately after notification of acceptance. Please note that your child's space in the school is only confirmed upon receipt of the registration fee. If the school does not receive your registration fee **within 14 days**, the school reserves the right to accept a learner on the waiting list in your child's space. No learner will be accepted without the registration fee paid in full.  
  
Standard new registration fee: **R 2 500**  
  
*The registration fee includes all learner textbooks.*
- Placement Test:** R100 is charged for all new learners requiring a placement test (Grade 1 - 7).
- Stationery:** Parents must provide for and pay for all stationery and learner supplies (i.e. glue, pencils, crayons, etc.) A list of stationery requirements is available from the JCA office.
- Travel Expenses and Outings:** Transport arrangements to sporting events and field trips are organised by the Teacher accompanying the learners. Costs will differ according to the event and will be payable by cash only, prior to the trip.

#### Statements

The monthly Invoice/Statement is distributed by the 26th of each month. The statement will summarise the payments received and monies due.

#### Payment of Fees

Fees are due by the first working day of each month (January to November) and any payments made after the 10<sup>th</sup> of the month will attract a R100 late payment penalty fee.

- Direct Deposit: Parents are strongly urged to pay the monthly fees directly into the school's bank account by means of Internet banking (EFT). Payments can also be made at the bank.
- Speed point: Card facilities are available at the Bethesda Administration office.
- Cash: Parents/Guardians must please hand deliver the cash to the Bethesda Administration office.

#### Banking Details:

Bank: Standard Bank  
Branch: Brooklyn (011245)  
Account Name: Temba Bethesda Outreach  
Account Number: 011818743



### **Reference for payments:**

Your child's full name + surname; or  
Your child's unique account number that will be assigned to you on your 1<sup>st</sup> statement (e.g. JEF006).

### A. LEARNER DETAILS

*Required for statistical and operational purposes, and will be made available to the Dept of Education.*

1. Surname (as on Birth Certificate) \_\_\_\_\_

2. First names in full \_\_\_\_\_

3. Preferred name \_\_\_\_\_

4. Date of application \_\_\_\_\_

5. Date of Birth 

Y	Y	Y	Y	M	M	D	D
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6. Nationality \_\_\_\_\_ 7. ID number \_\_\_\_\_

8. Gender 

Male	Female
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9. Study Permit number: \_\_\_\_\_ Expiry date: \_\_\_\_\_ (Foreign learners only)

10. Ethnic Background 

African	Colored	Indian/Asian	White	Other
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11. Home Language

Afrikaans	English	IsiNdebele	SiSwati	IsiXhosa	Sesotho	SePedi	SeTswana	TshiVenda	XiTsonga	Zulu
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12. Does the applicant currently have a brother or sister in the school? \_\_\_\_\_

If yes, name and grade of sibling \_\_\_\_\_

13. Dexterity 

Right	Left	Ambidextrous
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### B. SCHOOLING DETAILS

*Required for statistical and operational purposes, and will be made available to the Dept. of Education.*

1. Present grade of applicant 

R	1	2	3	4	5	6	7
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2. Grade for which you are applying 

R	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

 (Please submit previous school report)

3. Has the applicant repeated any grades? 

Yes	No
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 4. Reason: \_\_\_\_\_

5. Pre-primary education attended: 

Formal	Non-formal	Not attended
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6. Previous schools attended:

Name of School:	Province/Country:	Period:	Grades:

7. Has the applicant ever been expelled, suspended or refused admission to another school?

If so, please specify. \_\_\_\_\_

8. Has the learner ever had any disciplinary difficulties? \_\_\_\_\_

### C. LEARNER'S MEDICAL DETAILS & HISTORY

Required for medical emergencies, especially when the school cannot reach a parent/legal guardian and need to take life or health saving action to ensure the physical health of the child. The information will also help the school to have a better holistic understanding of the child and their needs.

1. Name and phone number of Doctor \_\_\_\_\_
2. Has the learner been immunised against all normal diseases? (Please submit proof) 

Yes	No
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3. Allergies (if any): \_\_\_\_\_ 4. Medication: \_\_\_\_\_
5. Chronic illnesses (if any): \_\_\_\_\_ 6. Medication: \_\_\_\_\_
7. Has the learner ever had any occupational, speech, or remedial therapy? 

Yes	No
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- Please specify & submit copies of reports \_\_\_\_\_
8. Have the learner's eyes been tested? 

Yes	No
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 9. Must learner wear his/her glasses? 

Yes	No
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10. Medical aid name and number (if any) \_\_\_\_\_
11. Next of kin (If we cannot reach parents) Name: \_\_\_\_\_
- Contact number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### D. PARENT DETAILS (Legal Guardians or Parents)

Required for statistical, operational and legitimate business purposes. Will be made available to the Dept of Education.

#### **PARENT / LEGAL GUARDIAN 1 (Main Contact)**

1. Please select relation to learner 

Father	Step father	Mother	Step mother	Foster parent	Other
--------	-------------	--------	-------------	---------------	-------
2. If other, please specify \_\_\_\_\_ 3. Lives with learner 

Yes	No
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4. Title \_\_\_\_\_ 5. Full names (according to ID) \_\_\_\_\_
6. Preferred name \_\_\_\_\_
7. Surname (according to ID) \_\_\_\_\_
8. Marital status 

Single	Married	Widowed	Divorced	Separated
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9. Nationality \_\_\_\_\_ 10. ID number \_\_\_\_\_
11. Passport number (if not a South African citizen) \_\_\_\_\_
12. Ethnic group 

African	Colored	Indian/Asian	White	Other
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13. Home language
- |           |         |            |         |          |         |        |          |           |          |      |
|-----------|---------|------------|---------|----------|---------|--------|----------|-----------|----------|------|
| Afrikaans | English | IsiNdebele | SiSwati | IsiXhosa | Sesotho | SePedi | SeTswana | TshiVenda | XiTsonga | Zulu |
|-----------|---------|------------|---------|----------|---------|--------|----------|-----------|----------|------|
14. Mobile number \_\_\_\_\_ 15. Home number \_\_\_\_\_
16. Email address (Please Print) \_\_\_\_\_
17. Residential address \_\_\_\_\_
18. Postal address \_\_\_\_\_
19. Occupation & Employer \_\_\_\_\_

## **PARENT / GUARDIAN 2 (Second Contact)**

1. Please select relation to learner 

Father	Step father	Mother	Step mother	Foster parent	Other
--------	-------------	--------	-------------	---------------	-------
2. If other, please specify \_\_\_\_\_ 3. Lives with learner 

Yes	No
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4. Must this parent receive communication from the school?  
(Access to school communication app, learner details, etc.) 

Yes	No
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5. Title \_\_\_\_\_
6. Full names (according to ID) \_\_\_\_\_
7. Preferred name \_\_\_\_\_
8. Surname (according to ID) \_\_\_\_\_
9. Marital status 

Single	Married	Widowed	Divorced	Separated
--------	---------	---------	----------	-----------
10. Nationality \_\_\_\_\_ 11. ID number \_\_\_\_\_
12. Passport number (if not a South African citizen) \_\_\_\_\_
13. Ethnic group 

African	Colored	Indian/Asian	White	Other
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14. Home language 

Afrikaans	English	IsiNdebele	SiSwati	IsiXhosa	Sesotho	SePedi	SeTswana	TshiVenda	XiTsonga	Zulu
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15. Mobile number \_\_\_\_\_ 16. Home number \_\_\_\_\_
17. Email address (Please Print) \_\_\_\_\_
18. Residential address \_\_\_\_\_
19. Postal address \_\_\_\_\_
20. Occupation & Employer \_\_\_\_\_

## **PERSON RESPONSIBLE FOR PAYING SCHOOL FEES**

1. Please select relationship to learner 

Father	Step father	Mother	Step mother	Foster parent	Other
--------	-------------	--------	-------------	---------------	-------
- If other, please specify \_\_\_\_\_
2. Title \_\_\_\_\_
3. Full names & Surname (according to ID) \_\_\_\_\_
4. ID Number: \_\_\_\_\_
6. Mobile number \_\_\_\_\_ 7. Home number \_\_\_\_\_
8. Email Address: \_\_\_\_\_
9. Occupation and employer: \_\_\_\_\_
10. Monthly Salary Date: \_\_\_\_\_

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## E. CHRISTIAN BELIEFS

*It is important for Parents/Legal guardians to understand Statement of Faith of Jabulane Christian Academy and Bethesda Outreach. By applying at Jabulane Christian Academy, the parent/guardian agrees to the school teaching your child from a Biblical worldview according to our Statement of Faith. By providing information about your religious background, the school to have a better understanding of your family's background and beliefs.*

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1. Have you read the JCA Statement of Faith? 

Yes	No
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2. Do you disagree with any of the 10 statements in the JCA Statement of Faith? 

Yes	No
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3. If yes, state which, and state alternative belief: \_\_\_\_\_  
\_\_\_\_\_
4. Do either you or your spouse profess to be a born-again Christian? 

Yes	No
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5. If yes, describe how you became a Christian: \_\_\_\_\_  
\_\_\_\_\_
6. Are you or your spouse a member in good standing with a local church? (Optional) 

Yes	No
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- 6.1 If yes, state the church name: \_\_\_\_\_
- 6.2 If yes, denomination: \_\_\_\_\_
- 6.3 Phone number of church: \_\_\_\_\_

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## F. PARENT UNDERTAKING:

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I/We, the parent/s of \_\_\_\_\_ undertake to fulfill the following requirements:

1. School Fees:

- I agree to pay the annual school fees by the first day of each month, for 11 months of the year (January – November).
- I understand that if school fees are not paid by the 10<sup>th</sup> of the month, a R100 late payment penalty fee will be charged.
- I agree that no learner will be permitted to begin any new year and/or term if there are any outstanding fees.
- I understand that no progress reports will be released if there are outstanding fees.
- I agree to pay a non-refundable registration fee which includes a textbook amount, per learner, upon acceptance at the school, and thereafter to pay an annual non-refundable re-registration fee.
- I agree to the conditions of payment as set out in the Parent Learner Handbook and the School Fees and Terms.
- I agree to allow the school to use debt collectors to take action against me for failing to pay school fees and that any legal costs will be debited to my account.
- I agree to give 30 days' written notice of withdrawal of a learner, failing which I understand that I will be liable to pay one month's school fees.

2. Discipline:

- I will make every effort to discipline my child at home and to support the teacher and Principal in their efforts to train and educate my child in the manner outlined in the Parent Learner Handbook.
- I will adhere to the school rules/Code of Conduct and teach my child to adhere to these rules.

3. Tuition of Learners:

I agree to support the school and its staff in their task of teaching and training my child(ren), both academically and spiritually as set out in the Handbook and the Statement of Faith.

4. School Prospectus

I have read the School Prospectus and agree to support the school in its philosophies and applications as set out in this document.

5. Contact Details

I undertake to notify the school office in writing should any of the details listed in this application (phone numbers, email addresses, etc.) change.

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**G. PARENT INVOLVEMENT**

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We believe that the education of children is primarily the parent's God-given responsibility. We as a school exist to assist parents in this task. We therefore encourage our parents to be involved in whatever way possible. With this in mind, please list any particular area in which you would like to be involved:

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**H. INDEMNITIES**

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The parent/legal guardian undertakes to:

1. Indemnify the school, its employees and officials, against any injury, harm, or other loss caused to any learner of the school.
2. Exempt the school, its employees and officials, from liabilities incurred on account of injuries to or illness of the learner, and agrees and consents that the school or any of its teachers may consent to any operation or medical treatment of the learner should such consent be required for medical reasons on an urgent basis, and should it not be possible for the parent of the learner to be contacted immediately.
3. Exempt the school from any liability for loss or damage suffered due to the loss or damage of articles brought onto the school property.
4. Indemnify the school, its employees and officials, against any injury, harm or other loss caused to any learner of the school whilst on school outings and trips, provided the school endeavors to take adequate steps within its power to provide for the safety of the learners.

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**I. SCHOOL UNDERTAKING**

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1. The school shall provide the learners with tuition in accordance with the core curriculum and core syllabus, evaluating learners according to their particular educational phase. It is intended that the prescribed curriculum will enable learners to write a recognized Grade 12 examination in order to qualify for local tertiary institutions.
2. The school shall make every effort to fulfill its mission policy as stated here: "By God's grace and for His glory, Jabulane Christian Academy exists to guide learners in the discovery of God's Truth."

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**J. STATEMENT OF DECLARATION**

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**I/We hereby declare that all of the information given in this document is true and correct.**

Full name (Contact 1): \_\_\_\_\_ Full name (Contact 2): \_\_\_\_\_

Signature (Contact 1): \_\_\_\_\_ Signature (Contact 2): \_\_\_\_\_

**Person Responsible for account:**

Full name & Surname : \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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PARENT/LEGAL GUARDIAN CONSENT FORM

**GENERAL**

"Personal Information" (PI) shall mean the race, gender, sex, pregnancy, marital status, national or ethnic origin, colour, sexual orientation, age, physical or mental health, disability, religion, conscience, belief, culture, language and birth of a person (whether a learner, or parent): information relating to the education or the medical, financial, criminal or employment history of the person; any identifying number, symbol, email address, physical address, telephone number, location information, online identifier or other particular assignment to the person; the biometric information of the person: the personal opinions, views or preferences of the person; correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence; the views or opinions of another individual about the person whether the information is recorded electronically or otherwise.

Should a parent/legal guardian wish to revoke consent for any of the optional items below, a letter is to be delivered to the school office or emailed to [accounts@boi.org](mailto:accounts@boi.org).

Should a parent/legal guardian be of the opinion that any of their rights under the Protection of Personal Information Act (POPIA) have been infringed upon, they are to contact Bethesda Outreach and the organisation will address all complaints in accordance with proper procedure. Where the complainant is not satisfied with the solutions to the complaint, the complainant has the right to lay a complaint with the Information Regulator.

**SECTION 1 – COMPULSORY**

I, the Parent(s)/Legal Guardian(s) of \_\_\_\_\_ (Name of learner) hereby consent to the following:

**1.1 CONSENT FOR USE OF PERSONAL INFORMATION**

I authorise Jabulane Christian Academy (a Ministry of Bethesda Outreach) to use Personal Information of the **learner** and **parent** inside or outside of the Republic of South Africa for any **legitimate business and/or educational purpose** of the Organisation. The Organisation undertakes not to transfer or disclose Personal Information unless it is required for its legitimate business and/or educational requirements and shall comply strictly with legislative stipulations in this regard.

**1.2 ELECTRONIC COMMUNICATION CONSENT**

Parent-Teacher partnerships are key to successful learning. The school relies on effective parent communication, and more especially when Remote Learning has to be implemented. Currently we use three main methods of electronic communication for distribution of general communication, important notices, newsletters, calendars, etc. 1) D6 App 2) Email and 3) Instant Messaging (WhatsApp, SMS, etc.)

When the learner has been accepted, I hereby give consent for Jabulane Christian Academy (JCA) to send communication regarding my child via the **D6 App** (when downloaded on my phone) and/or per **email** using my designated email address. I further consent for the JCA office to send communication via **WhatsApp** and/or **SMS** when necessary.

**1.3 CCTV SECURITY CAMERAS CONSENT**

Jabulane Christian Academy and Bethesda Outreach uses CCTV cameras to monitor the welfare, and safety of all learners, staff and visitors. Cameras will be utilised in a way that respects the privacy of every affected person as far as possible. Footage will not be published online and will only be used should the school need to investigate an allegation made against a learner or staff member.

I consent to my child's movements being filmed at school.

Initial Here: \_\_\_\_\_  
(Parent Consent Pg. 1 of 3)

I/We hereby give consent to the use of personal information (1.1), electronic communication (1.2) and the use of CCTV cameras (1.3) -

<b>Signed: Parent / Legal Guardian (1<sup>st</sup> Contact):</b>	
Full Name	
Signature	
Date	
<b>Signed: Parent / Legal Guardian (2<sup>nd</sup> Contact):</b>	
Full Name	
Signature	
Date	
<b>Signed: School Principal</b>	
Full Name	
Signature	
Date	

## **SECTION 2 - OPTIONAL**

### **2.1 ELECTRONIC COMMUNICATION**

From time to time, the school or a teacher may make use of a WhatsApp group to circulate information. Typically, only the group admins may send messages. However, as the cell phone number appears under the group information, it is not compulsory to be part of a school, class and/or grade WhatsApp group. Please signify your preference below:

<i>The <b>JCA Parent WhatsApp</b> group provides one-way communication where the School office sends out important information.</i>	
	Choose with <b>X</b>
<b>Yes</b> , I consent to being added to the JCA Parents group; OR	
<b>No</b> , I do <b>not</b> consent to being added to the JCA Parents group.	
<i>The <b>Register Class / Grade WhatsApp</b> group provides one-way communication where the Register Teacher / Subject Teacher sends out important information.</i>	
	Choose with <b>X</b>
<b>Yes</b> , I consent to being added to the Register Class/Grade group; OR	
<b>No</b> , I do <b>not</b> consent to being added to the Register Class/Grade group	
<b>Signed: Parent / Legal Guardian (1<sup>st</sup> Contact):</b>	
Full Name	
Signature	
Date	

The **JCA Parent WhatsApp** group provides one-way communication where the School office sends out important information.

	Choose with <b>X</b>
<b>Yes</b> , I consent to being added to the JCA Parents group; OR	
<b>No</b> , I do <b>not</b> consent to being added to the JCA Parents group.	

The **Register Class / Grade WhatsApp** group provides one-way communication where the Register Teacher / Subject Teacher sends out important information.

	Choose with <b>X</b>
<b>Yes</b> , I consent to being added to the Register Class/Grade group; OR	
<b>No</b> , I do <b>not</b> consent to being added to the Register Class/Grade group.	

**Signed: Parent / Legal Guardian (2<sup>nd</sup> Contact):**

Full Name	
Signature	
Date	

**2.2 PHOTO/VIDEO CONSENT**

As we are all aware, there are potential dangers associated with the posting of personally identifiable information on a website or other electronic media since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we, as your school, do want to be able to celebrate your child and his/her work or participation in events.

We therefore ask your permission to use your child's picture/image/video on our website, newsletters, video presentations or any other publication associated with Bethesda Outreach Ministries and/or Jabulane Christian Academy.

Please select one of the following:

- I grant permission for a photo/image/video that includes my child/children to be posted to any website or included in any publication associated with Bethesda Outreach Ministries or Jabulane Christian Academy.
- I do **not** grant permission for a photo/image/video to be used in any website or publication associated with Bethesda Outreach Ministries or Jabulane Christian Academy.

**Signed: Parent / Legal Guardian (1<sup>st</sup> Contact):**

Full Name	
Signature	
Date	

**Signed: Parent / Legal Guardian (2<sup>nd</sup> Contact):**

Full Name	
Signature	
Date	

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# Jabulane Christian Academy



## Medical Emergency Waiver Form

Learner's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent / Legal Guardian full name \_\_\_\_\_

Parent / Legal Guardian phone number \_\_\_\_\_

Name of secondary person to call \_\_\_\_\_

Phone Number of secondary person \_\_\_\_\_

In the event of a **medical emergency**, I \_\_\_\_\_ agree to allow Jabulane Christian Academy to take life or health-saving action to ensure the physical health of my child. I understand that they will make every attempt to notify me on the phone/cell numbers that I have provided before giving any medication.

Does your child have a known emergency problem (such as asthma; an allergy to peanuts or to a bee sting)? Give as much information as possible to help us help your child better.

### Problem

### Treatment/ Procedure to be taken / Medicine

1. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Full Name & Surname

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian signature