

Enrolment Document



SUNWARD CHRISTIAN ACADEMY
EXCELLENCE WITHOUT COMPROMISE



New Enrolment

***This form must be completed in full.
Both parents are expected to sign this document.
Please initial at the bottom right on all the pages.***

1. Learner Name and Surname: _____
2. Grade Applied for: _____

WHERE DID YOU HEAR ABOUT SUNWARD CHRISTIAN ACADEMY?

- | | | | |
|---------------------|--------------------------|--------------------|--------------------------|
| Advertising Boards | <input type="checkbox"/> | Instagram | <input type="checkbox"/> |
| Drove by the School | <input type="checkbox"/> | TikTok | <input type="checkbox"/> |
| Facebook | <input type="checkbox"/> | Word of Mouth | <input type="checkbox"/> |
| Google | <input type="checkbox"/> | Referred by: _____ | |

Enrolment information checked:

	Received:	Sign:	Date:
1. Birth Certificate/ ID of learner			
2. Copies of Parents' /Guardian's ID			
3. Copy of the learner's residence/study permit, if foreign			
4. Proof of Residence			
5. Latest financial statement of Previous school			
6. Last 2 Reports of the Previous School			
7. Immunisation Details			
8. Recent ID Sized Photo			
9. Copy of Medical Aid Card (front & back)			
11. Latest 3 payslips and 3 months' bank statements (of both parents)			

I have received a copy of the price list for the grade I am applying for. I was explained all fees due and will be able to pay the R_____ monthly and all additional fees for my child.

Parent / Guardian signature: _____ Date: _____

APPLICATION INSTRUCTIONS:

STEP 1: Carefully read through the full application folder.

STEP 2: Complete all pages in full and initial the bottom right corner.

STEP 3: The following documents are to be submitted with your application to the office:

- A recent photo of the Applicant is attached to the Application for Admission (ID size).
- Include the applicant student's past two (2) school reports or nursery school reports.
- Financial statement from the previous school.
- Copy of Learner's ID or Birth Certificate, as well as BOTH parents'/guardians' ID.
- Copy of Medical Aid card (front and back).
- Proof of residence.
- Immunisation details.
- 3 Months Payslips and the latest 3 months Bank statements. (Of both parents)

STEP 4: A formal ITC credit check will be initiated, if successful; you will be informed by the School.

STEP 5: Your successful application will now require you to pay the **non-refundable "once off"** Registration Fee as per the price list and e-mail notification received. You will also be liable for the **1st month's School Fee (by the 3rd of January 2026) and Textbook fee (by the 15th of November 2025).**

STEP 6: The Administrator may book a final interview with the parents and a date for the evaluation test will be communicated.

STEP 7: Arrange for your child's transport to and from school. Transport arrangements must conform to our school hours. Sunward Christian Academy does not take any responsibility for the arrangement for or transportation of your children. Sunward Christian Academy is not responsible for the early/late arrival/collection of children by any form of transportation. Should a child not be collected later than 30 minutes after school, he/she will be waiting without supervision and the school cannot be held responsible for his/her well-being.

STEP 8: The school expects the learners and parents to respect the rules, **All learners must wear the full school uniform as prescribed**, even more strictly when off the school grounds. Any queries regarding our uniform can be directed to the following WhatsApp Number: 078 981 6043. We also remind parents that we have our uniform shop at our High School premises.

STEP 9: Because prayer is so important in this ministry, please immediately start praying for the school and your child's progress and Christian growth.

DISCLAIMER:

Sunward Christian Academy admits children from every race and nationality to all the rights, privileges, programs, and activities generally made available to students enrolled in the school. Sunward Christian Academy accepts learners from different religions, however, will not allow any learner to be excluded from our Christian Activities. By enrolling your child in Sunward Christian Academy, you accept all Christian values and practices.

Immigrant: YES NO

Country of Origin: _____

Arrival date: yyyy mm dd

Citizenship: YES NO

This learner is living with: Both parents Mother Father Grandparents Guardian

Number of children in the family: 1 2 3 4 5

Is any parent deceased: YES NO

If yes: Mother Father Both

My child is: Left-Handed Right-Handed

LEARNING BARRIERS:

None		Hard of Hearing	
ADD		Language Difficulties	
ADDWH		Numeric Difficulties	
ADHD		Partially Sighted	
Autistic Spectrum Disorder		Reading Difficulties	
Behavioral Disorder		Other:	
Epilepsy			

Special problems requiring counseling:

LEARNER'S TRANSPORT / AFTERCARE DETAILS

Travel arrangements: Bicycle Bus Foot Motorcar Motorcycle Taxi

Approximate distance to travel to school: _____ km

Name of Transport or Aftercare: _____

Contact Person: _____

Telephone Number: _____

PARENTAL / GUARDIAN PERSONAL INFORMATION:

FATHER'S NAME AND SURNAME: _____

ID NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Occupation: _____

Name of Employer _____

Telephone Number: (h) _____ (w) _____

Cell Number: _____

E-Mail Address _____

Marital status: (Tick appropriate box) Married Single Divorced Widow

MOTHER'S NAME AND SURNAME: _____

ID NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Occupation: _____

Name of Employer: _____

Telephone Number: (h) _____ (w) _____

Cell Number: _____

E-Mail Address _____

Marital status: (Tick appropriate box) Married Single Divorced Widow

IF PARENTS ARE DIVORCED, PLEASE GIVE DETAILS OF PARENT THE CHILD IS NOT LIVING WITH.

Parent's Name and Surname _____

Tel: (h) _____ (w) _____ (Cell) _____

E-Mail Address: _____

Employer _____ Occupation _____

Marital status: (Tick appropriate box) Married Single Divorced Widow

NAMES OF BROTHERS AND SISTERS AT SUNWARD CHRISTIAN ACADEMY

1. _____ GRADE _____

2. _____ GRADE _____

3. _____ GRADE _____

ANY OTHER COMMENTS THAT WOULD BE OF IMPORTANCE TO THE SCHOOL:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION GIVEN ON THIS APPLICATION FORM IS COMPLETE AND ACCURATE

Father's Signature: _____

Mother's Signature: _____

Legal Guardian's Signature: _____

Date: _____

NEXT OF KIN – (family or friend NOT staying at the same address)

Name: _____ Surname: _____

Address: _____

Tel. No.:(h) _____ (w) _____

Cel. No.: _____

Relationship to student: _____

EMERGENCY MEDICAL DETAILS:

Child's name: _____

In case of a medical emergency our procedure will be to contact the parent/guardian at home or work. Should we be unable to make contact and depending on the degree of severity, your child will be transported to the nearest hospital either by a staff member or by an ambulance summoned for this purpose.

If you cannot be contacted, please make adequate arrangements for the proper care of your child in the event of an emergency caused by illness or accident.

1. The school office will attempt to contact you or your emergency contact.
2. Please be sure that the designated person has your medical aid card/number ready as this will ensure prompt treatment of the child in the event of an emergency.

Details of the emergency contact, should we be unable to contact you:

Name: _____

Address: _____

Tel. No.:(h) _____ (w) _____

Relationship to student: _____

Family Doctor: _____ Tel No.: _____

Dentist: _____ Tel No.: _____

Closest hospital you prefer: _____

Medical Aid Name: _____

Medical Aid Number: _____

RELEASE OF AFTER HOUR STAFF RESPONSIBILITIES:

The administration and staff of Sunward Christian Academy take the delegated responsibility of your child in a serious light – not only for their academic and spiritual development but also for the physical and emotional wellbeing and safety of your child.

Although it is often possible that staff members come to school as early as one hour before school and remain after school for one or two hours, they primarily use that for preparation and personal prayer and intercession for their students. Staff members of this school are naturally inclined to take care of all children because of their love for children and their servant’s attitudes. It is unfortunately not possible for them to take on any additional responsibilities for those students or to be accountable for the children’s involvement outside school hours.

Be assured that the educators are, however, available and accountable for the student’s academic, spiritual, emotional and physical wellbeing during school hours which extend from thirty minutes before the start of school in the morning until thirty minutes after school closes in the afternoon when the gates will be locked.

You are most welcome to make use of the school’s aftercare service. Alternatively, we suggest that you make sensible and safe arrangements for your child/ren in the meantime.

Parents are responsible for the transport of their children before and after school hours. However, it is possible that you are not able to transport your child/ren at times and you might have to arrange other transport. In such cases, it is of paramount importance that you inform the school in writing. Please state the name and relationship of those persons who will then be responsible for your child’s transport. This also applies to lift clubs etc.

Please ensure that children are dropped off and collected at the school gate or assisted to cross the road should it be necessary. Failing to do so will put your child’s life in danger and irreparable damage can be caused by an accident. Preferably, parents are to collect from inside the school grounds, as children are not permitted to wait outside the school. Ensure that when authorised people other than yourself collect your children, it should be as soon as possible after their school day ends.

All documents and letters to this effect will be placed on file for future reference.

I have read the content and understand my responsibilities set out in the above document.

Father / Legal guardian	Mother / Legal guardian	Date

PARENT’S COMMITMENT TO SUNWARD CHRISTIAN ACADEMY

1. I realise that Parents Evenings are compulsory and undertake to attend to show interest in my child.
2. We will attend school functions regularly (only a valuable written apology will be accepted) and will assist in publicising and promoting the school and its programs among friends and family.
3. Phone calls from the school will be answered promptly.
4. THE SCHOOL WILL BE NOTIFIED IMMEDIATELY WHEN OUR ADDRESS OR PHONE NUMBERS CHANGE.
5. **WE UNDERTAKE TO PAY OUR CHILD’S SCHOOL FEES REGULARLY AND UNDERSTAND THAT THE SCHOOL RESERVES THE RIGHT TO EDUCATE HIM/HER FURTHER.**

6. I understand and accept the contractual obligation to fully meet my financial responsibilities in respect of registration, monthly fee payments, supplies, or other charges before the 3rd of every month of the year (**Including December**), and that we as a family need to support the school in all its activities and fundraising programs in order for my child to benefit from the total program presented by Sunward Christian Academy.
7. I agree to authorise the school and/or any of its associates to conduct any credit enquiries on us, as may be necessary from time to time.

Please remember that your child's education can only be effective if the school and the parents are working together. The educators commit themselves to doing whatever they can during school hours. Certain things such as helping children to learn their tables, spelling words, reading, monitoring homework, learning for a test, doing an assessment, motivating them etc. require more than the time spent at school to accomplish. In such cases we expect you to co-operate with the school for the sake of your children.

8. We will continuously take notice of our child's progress and will communicate with the school on a continuous basis. I will read all letters, newsletters, and messages on WhatsApp and WhatsApp groups.
9. We will have a healthy relationship with the school and undertake that we will under all circumstances protect our school from any negative remarks.
10. We undertake to settle our account when our child leaves the school.
11. We agree that the school may conduct random drug tests and search the learner's school bag without prior notice.
12. **Important:** *Should my child be absent for more than one day; a doctor's note will be requested by the school. If my child is absent for 1 day, we undertake to write a letter explaining why my child was absent.*
13. **Important:** *Should my child be absent on a day when a test or exam is written, we will hand in a doctor's certificate. Should my child fail to hand in a doctor's certificate, my child will receive zero marks.*
14. I realise that it is not my duty to call a parent meeting, should anything happen that upset me. I realise that this behaviour will not be tolerated by Sunward Christian Academy's Governing Body. I will make an appointment with the principal to discuss the issue.
15. I accept and honour the school policy; textbook and code of conduct of Sunward Christian Academy and wholeheartedly agree for my child to submit to the policies and rules and to co-operate with respect to and authority of the principal, staff, other administrative staff, and prefects. I personally pledge my support of the school's constitution and policies without reservation.
16. I will encourage my child to uphold the school's standard of conduct and morality code, whether at school or at home.
17. Should my child at any stage indulge in negativity regarding the school or any staff member, I will not support the criticism. I will correct my child, support the school's staff and call the school for full details (on appointment) should I have questions concerning an incident. I will cooperate with the staff in discipline, accepting their judgement in such matters, and follow through with any work assignments or slips to be signed and returned to school.
18. I will see to it that my child reaches school on time and send written reasons for absence or tardiness.
19. I will see to it that my child's appearance conforms to school regulations.
20. I will cooperate in teaching my child to respect school property and undertake to pay for any abuse of the same.
21. I realise that for my child/children to attend Sunward Christian Academy is **A PRIVILEGE AND NOT A RIGHT**. In so doing I herewith request that your staff assist me in training my child for leadership. I fully support your program designed to develop the academic, social, emotional, and physical qualities of my child. To carry out my wishes for total character development, I believe it is necessary to follow Biblical admonition to correct a child when his/her behaviour is in constant violation of proper reasonable rules and procedures.
22. I acknowledge that enrolment is subject to, inter alia, signing a learner admission contract that contains the detailed terms, conditions, and requirements for admission.
23. **I undertake to check that my child does his/her homework regularly and will make sure that he/she studies for tests and exams.**
24. It is my intention to abide by the decisions and support the discretion and discipline of the school staff.
25. Sunward Christian Academy has my permission to use my or my child's photograph publicly to promote the school. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.
26. Sunward Christian Academy collects and uses the Personal Information of the individuals and corporate entities with whom it works in order to operate and carry out the business of education effectively. Sunward Christian Academy regards the lawful and appropriate processing of all Personal Information as crucial to successful service delivery and essential to maintaining confidence between Sunward Christian Academy and those individuals and entities who deal

with it. The school will endeavour to comply with the law and follow good practice in respect of the data it holds about individuals. The school will endeavour to protect its employees and Data Subjects connected to the school whilst protecting the school from the consequences of a breach of its responsibilities.

27. For a detailed explanation of Sunward Christian Academy's POPI Policy, please refer to our website.
28. I acknowledge that Sunward Christian Academy is a Christian school and teaches Christian Values and ethics. My child will participate in all the activities Sunward Christian Academy has to offer.

We commit ourselves to the above commitments and acknowledge that we have received a copy of this document

Signed at Boksburg on this _____ day of _____ 20_____

Father/Legal guardian's _____

Mother/ Legal guardian's _____

FINANCIAL OBLIGATION AGREEMENT:

1. I understand and accept the fact that Sunward Christian Academy operates on an annual budget and is dependent upon tuition fees, gifts, and fund-raising projects to meet operating expenses. The School Board employs staff members for **12 months** of the year and each is under contract for a stipulated monthly salary.
2. I understand and accept that the fee structure is as low as can be sustained without seriously affecting tuition and that the School Administration retains the right to **change fees when necessary.**
3. I understand and accept that all required school fees and payments are compulsory and must be paid on time, monthly before the 3rd of each month. **(School Fees are payable in ADVANCE for the next month!)**
The Governing Board appointed a debt collecting company to deal with any financial arrears and you can be blacklisted. Rather be safe and pay your fees promptly.
4. I understand and accept that late payments will incur **2% interest** on all outstanding amounts 30 days and over and will lead to the debtor being handed over for legal action. The debtor will be liable for all additional costs.
5. Payment of monthly fees is not subject to the presentation of a statement. Electronic communication (WhatsApp/email) will be sent after the 7th of each month. Payments are made in accordance with the applicable fee structure of the school.
6. **Late payments will result in an R200 administration fine.**
7. It is recommended that you pay school fees via electronic bank transfer as this will create a safer situation at school.
8. I understand and accept that payments in arrears for three (3) months could result in the **suspension** of the learner concerned and could lead to legal action being taken against the party indebted to the school.
9. I understand and accept that should any financial difficulty arise in my family situation that will affect the payment of required school fees, I must approach the financial administrator immediately to make appropriate arrangements.
10. I understand and accept that during any time of the year, I am obliged to provide the school **ONE FULL CALENDAR MONTH'S** written notice of termination of attendance of the learner during the year. If for some reason beyond my control, I cannot comply with this, a written motivation must be submitted to the school requesting deferment and release of the student. I understand and accept that one month's additional tuition will be charged if such notification is not made in time. Educational material already purchased by the school on behalf of the learner will also be charged for. Should the learner leave school with an outstanding account, it will immediately be forwarded to our debt collectors 25% collection fee (interest) on that account. Which will result in additional costs incurred by the Debt collecting agency.
11. **BREACH OF CONTRACT**
In the event where the undersigned surety, Account Holder of legal guardian commits a breach of contract of any of the terms of this Agreement or avoids contact with a finance officer the School may in its sole discretion:
 - 11.1 Refuse the learner entry to the School's premises until the breach has been remedied, or
 - 11.2 Claim damages from the Account Holder and/or the surety and legal guardian; or
 - 11.3 Take whatever legal steps that may be necessary.
12. Should a parent pay school fees in advance and in the event of an accident where the school is no longer able to

ADMINISTRATION OF MEDICINE AT SCHOOL:

PLEASE NOTE THAT WHEN YOUR CHILD IS SICK – YOU HAVE TO KEEP HIM/HER AT HOME.

According to school policy when missing a task/test your child must submit a valid doctor's certificate. Without a doctor's letter, he/she will receive 0% for the missed assessment.

Please complete the following to ensure the well-being of your child.

I _____ (parents name), parent/guardian of

_____ (child's name)

ID No. of Child

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

give my consent to the school to administer the following basic medicines to my child in emergencies for minor illnesses.

In the event that your child gets sick at school, we will with your consent give your child the following medication so that your child is comfortable. If the problem persists, we will contact you to fetch your child from school.

Medication	For the treatment of	Dosage	Yes	No
Panado syrup or tablet	Panado contains paracetamol to treat headaches, pain, fever and toothache.			
Valoid syrup or tablet	Valoid is indicated for the prevention and treatment of nausea and vomiting.			
Immodium syrup or tablet or Pectrolite syrup	Immodium is a medication that's used to relieve diarrhea.			
Allergex syrup or tablets	Treatment of symptoms of seasonal allergic rhinitis such as a runny nose, itchy nose, sneezing, itchy or red throat, and itchy and watery eyes.			
Buscopan or Hyospasmol	Relieves abdominal pain.			
Venteze Asthma Pump	Is indicated as a bronchodilator: in the treatment of bronchospasm associated with bronchial asthma, emphysema & chronic obstructive bronchitis.			
Prospan	Cough Syrup is used for the relief of cough, and throat irritation and reducing phlegm.			
Rescue Remedy	Is a five-flower combination remedy, designed to be used during times of sudden stress or upset. It's said to help stabilise your emotions or at least let you cope with what's happening more effectively.			
Nurofen (Period Pain)	is indicated for the relief of menstrual pain.			

This will be filed on my child's portfolio to ensure safety at all times. It gives permission to basic medicine for the time my child is enrolled in Sunward Christian Academy.

A record will be kept of dates and dosages in the office.

Should the child have long-term problems, the school will inform me in such case and I agree to get professional medical advice. The doctor will also send a copy of the advice to the school for proper records thereof.

My child has the following (Food etc) allergies: _____

My child is allergic to the following medicine:

Signed (parent/guardian) _____ Date _____

HEALTH HISTORY:

Childs Name: _____ Class: _____

1. Indicate the type of disease (please tick all appropriate box(es) below)

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Other lung diseases (e.g., TB)
<input type="checkbox"/>	ADD (Attention Deficit Disorder)	<input type="checkbox"/>	Otitis media (chronic inner ear infection)
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Other convulsive disorders
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Congenital defect(s)
<input type="checkbox"/>	Drug (medication) sensitivity/allergy	<input type="checkbox"/>	Other allergies/sensitivities
<input type="checkbox"/>	Chronic Hepatitis B or C	<input type="checkbox"/>	Heart diseases
<input type="checkbox"/>	Neurological disorders	<input type="checkbox"/>	Neuromuscular diseases
<input type="checkbox"/>	Muscular diseases	<input type="checkbox"/>	Any other conditions

2. If "yes" to any of the abovementioned conditions, please provide full details:

3. Is your child taking permanent chronic medication at present? YES NO

4. What is the daily dosage? _____

5. What is the reason for taking this medication?

6. Is it necessary to take the medication during school hours? YES NO

7. Has the medication/treatment been prescribed by a registered medical doctor? YES NO

8. If "yes", please provide the name and telephone number of the doctor:
Doctor: _____ Tel no: _____

9. Does your child have any communicable (contagious) health disorder(s) or disease (s)?

YES	NO
-----	----

If "yes", please list the disorder(s)/disease(s): _____

10. Has the child previously undergone any operations or sustained any serious injuries?

If "yes", please provide full details: _____

Year (s) _____

11. What was the date of the child's last complete medical examination by a medical practitioner?

Please note: Pupils are not to have in their possession any medication of any sort without a written note of permission from the regular family doctor and countersigned by the student's parents. The note should include clear instructions regarding the time and the dosage of such medicines. Such medicines are to be brought to the school office immediately upon arrival at school and will be dispensed to the student under adult supervision, from there.

IMMUNIZATION DETAILS:

Please note:

Health legislation requires that all children attending school must be immunized against certain diseases preventable by vaccination. These requirements apply to all students – old and new. A student CANNOT attend class UNLESS the immunization card has been submitted as a record of vaccinations already received.

I _____ parent of _____ hereby attach a copy of his/her immunization card as record of all vaccinations already complied with.

Parent/Legal guardian signature: _____ Date: _____