

Application Form



Student Name: _____

Student Age: _____ DOB: _____

Father's Name: _____

Mother's Name: _____

Contact Numbers: (Mr) _____

Contact Numbers: (Mrs) _____

Date of Application: _____



Email: admin@caritascollege.co.za
principal@caritascollege.co.za

PO Box 1237
Bethlehem
9700
Tel: 058 303 1238
Fax: 086 550 0493

Dear Parent/s

Welcome to our wonderful school, in the name of our Lord Jesus Christ.

"What makes Caritas College different from other schools?" Caritas College – Caring through Christ. Our team of educators has a passion for Christian Education and we are dedicated to the learners of our school.

We are a school founded on strong Biblical principles. At Caritas College, our aim is not only to protect the children but to also raise them up as young men and women of God, with values and morals based on the Bible. To educate the future generations, academically, spiritually, emotionally and physically, so that they will leave the school well equipped.

The Father's Heart refers to the attitude that we have when dealing with the children at Caritas College. It is expressed in the way we measure discipline, the way we handle academics and the way we deal with the children on a day-to-day basis.

Our heart is to guide the learners in their decision making so that they can mature into upstanding young adults. Building character and preparing children, so we won't have to repair adults later.

Yours in Christ.

Mrs Suné Labuschagne – Principal

PROSPECTUS

VISION

The Vision of the School is to be the extension of the Christian home through excellence in Christian education. (Gen 18:19).

MISSION

The Mission of the School is to teach the way of the Lord through righteousness and justice. To equip each child with sound Biblical based education, Godly wisdom, discernment, character and life skills. Assisting learners to identify their purpose and release them into their destiny.

IRREVOCABLE STATEMENT OF FAITH

Caritas College believes in:

The inspiration of the Bible, equally in all parts and without error in its origin.

The One God, eternally existent Father, Son and Holy Spirit, who created man by a direct immediate Act.

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.

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.

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.

APPLICATION FOR ADMISSION

PLEASE NOTE:

- **Completion of this form by the Management Board of the School does not imply acceptance into the School.**
- The child may be required to submit to certain tests. The fee for administering such tests (payable prior to testing) will be advised on application. Children, aged 10 year or older, are required to complete a separate Standard of Conduct form in support of the parents' application.
- An interview with the parents and children will be required before acceptance.
- The Management Board reserves the right to accept or reject any application.

Marital Status:	Married/ Separated/ Divorced/ Widowed/ Single (please circle)
Position of pupil in the family:	Applicant is No. child of children
Religion/Denomination:	

Names, ages and gender of siblings:			
Name		Date of Birth	Gender
1.			
2.			

Next of kin:

Name	Telephone no.	Address
	(H)	
	(C)	

Special needs of child

Sight Impaired		Hearing Impaired		Physically Disabled		Other	
Dexterity:	Left handed / Right handed (Please circle the dominant hand)						
Please give details:							

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION WITH YOUR CHILD'S APPLICATION.

1.	2 x ID size Photos	
2.	Medical History/ Copy of Immunisation Card	
3.	Birth Certificate	
4.	Copy of each parent's ID document	

NSC (IEB) ACADEMIC PROJECTION FORM FULL TIME TUTORED ONLINE GRADES 10, 11 & 12

Please complete this form in full, initial pages 1-4 and sign page 5.

SCHOOL'S NAME: _____

STUDENT'S FULL NAME: _____

GRADE REQUIRED: _____

YEAR REQUIRED: _____

The FET (Grade 10-12) syllabus requires seven subjects for this phase, four of which are compulsory and three electives:

SELECT YOUR SUBJECT/S: (Please tick appropriate boxes)

FOUR COMPULSORY SUBJECTS	
English HL	<input checked="" type="checkbox"/>
Afrikaans FAL OR	<input type="checkbox"/>
IsiZulu FAL	<input type="checkbox"/>
Life Orientation	<input checked="" type="checkbox"/>
Mathematics OR	<input type="checkbox"/>
Mathematical Literacy	<input type="checkbox"/>
CHOOSE THREE ELECTIVES	
Physical Science	<input type="checkbox"/>
Life Sciences (Biology)	<input type="checkbox"/>
Geography	<input type="checkbox"/>
CAT (Computer Applications Technology)	<input type="checkbox"/>
Business Studies	<input type="checkbox"/>

- 7 subjects are required for Matric, but Grade 10 students may consider a 4th elective, (at the cost of a single subject) which can be dropped for Grade 11 and 12.
- Should a student take more than 7 subjects for Matric, there will be an additional IEB exam cost per additional subject.
- Please select either Afrikaans or IsiZulu.
- If IsiZulu is selected, student must have taken IsiZulu up to Grade 9 or have IsiZulu as a home language.
- The selection of Physical Science will be subject to achieving a minimum mark of 50% in Mathematics at the end of Grade 9.
- Mathematics is a requirement for the selection of Physical Science.
- Please make this a considered decision as subject changes after the beginning of Grade 11 are not permitted in the new curriculum.

SCHOOLS ATTENDED

Most Recent (or current) School		Previous	
Date Left		Date Left	
Grade Left		Grade Left	
Reason		Reason	
Address		Address	
Last Grade Passed			

FATHER'S/GUARDIAN'S INFORMATION

Surname	
First Name	
Title	
ID Number	
Home Number	
Work Number	
Home Address	

Preferred Name	
Cell Number	
E-mail Address	
Occupation	
Employer	
Postal Address	
Nature of relationship to the student: (Please circle) Father Guardian	

MOTHER'S/GUARDIAN'S INFORMATION

Surname	
First Name	
Title	
ID Number	
Home Number	
Work Number	
Home Address	

Preferred Name	
Cell Number	
E-mail Address	
Occupation	
Employer	
Postal Address	
Nature of relationship to the student: (Please circle) Mother Guardian	

STUDENT'S INFORMATION

Surname	
First Name	
Preferred Name	
Gender	
ID Number	
Citizenship	
Home Language	
Home Address	

Home Number	
E-mail Address	
Age	
Cell Number	
Race (required by IEB/GDE)	
Who Student Resides With	
Postal Address	

DOES THE STUDENT HAVE ANY OF THE FOLLOWING BARRIERS TO LEARNING:

Attention Deficit Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Partially Sighted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autistic Spectrum Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physically Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioural Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Learning Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cerebral Palsied	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reading Difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deaf/Blind Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Numeric Difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language Difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hard of Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADD with Hyperactivity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mild/Moderately Intellectually Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have replied **YES** to any of the above, kindly give full details:

(AEE Online reserves the right to request an independent report where deemed necessary)

PLEASE FURNISH THE DETAILS OF THE SUPERVISOR – THE PERSON WHO WILL BE PROVIDING ACADEMIC SUPPORT TO THE STUDENT AT YOUR AEE ASSOCIATED SCHOOL

Surname		Preferred Name	
First Name		Work Number	
Title		Cell Number	
School Number		E-mail Address	
School Address		Postal Address	
Nature of relationship to the student			

PLEASE FURNISH THE DETAILS OF THE PRINCIPAL OF YOUR AEE ASSOCIATED SCHOOL

Surname		School Number	
First Name		Cell Number	
Title		E-mail Address	
School Address		Postal Address	

TERMINATION

One term's notice of withdrawal of a student from AEE Online is required in writing on the first day of the new term (or 3 months, if during the term), or fees in lieu of notice will be charged for the following term.

IMPORTANT INFORMATION

Kindly include the following information with your application. Without this documentation, your application will not be processed:

- Copy of student's ID/passport (or birth certificate if no ID or passport)
- Copy of both parents' ID
- Copy of student's latest/last school report
- Copy of accommodations received from the IEB or DBE (if relevant)
- Proof of payment of the application fee

Please note that the acceptance of this Academic Projection is subject to:

- The results of the diagnostic test
- The successful completion of the previous academic year
- Payment of the application fee without the supporting documentation does not guarantee acceptance for AEE Online programme
- Previous year's school fees having been paid in full
- Complete and accurate application

TEXTBOOKS

- Textbooks are not supplied by AEE Online and should be sourced by the AEE associated school or parents.
- A textbook list will be provided once a student's application has been successful.
- Additional charges for exceptions such as online licenses or DVD's for certain subjects do occur and sufficient notice is given to the parents and students on the textbook list.

ACADEMIC PROJECTION PROCESS

1. Complete and return the Academic Projection form with the supporting documentation as listed and proof of payment of the Application Fee to AEE associated school. Please ask your AEE associated school what this fee is.
2. The AEE associated school will receive an acknowledgment of receipt from AEE Online. If this acknowledgement is not received, please follow up with AEE Online online@aeegroup.co.za or 087 820 4858.
3. AEE associated school will have the students' complete diagnostic tests. These are completed at the AEE associated school and returned to AEE Online. Diagnostic tests are then reviewed and are used to determine the suitability of AEE Online for the student.
4. The principal of the AEE associated school will be informed of the outcome of the application and diagnostic test.
5. Post diagnostic test results confirming the suitability of AEE Online for the student, Parents will be required to sign the conditions of enrolment.
6. Upon acceptance of a student, an entrance fee is payable before a student may receive access to the online courses. Please check with your school regarding the amount payable for the Entrance Fee.
7. Upon receipt of the Entrance Fee and signed Terms and Conditions of Enrolment, a student will receive access to the online courses.

SIGNATURES

I, _____ hereby understand that submission of this application form does not automatically guarantee the acceptance of my child for the AEE Online NSC (IEB). I furthermore agree that AEE Online may, at its discretion, ascertain my credit rating status with any Credit Bureau.

Father's Signature

Date of Signature

Mother's Signature

Date of Signature

Guardian's Signature

Date of Signature

NOTE: Both parents must sign the application form, even in the case of divorce. In the event that a parent is not estranged, a letter explaining the details must be attached to this application.

Caritas College

2021

Monthly School Fees paid over 11 months

11 Months	1st child	2nd child	3rd child	4th child	IEB EXAM FEE
Pre-school Full Week	R1 135	R1 080	R930	R850	
Gr R	R1 910	R1 810	R1 565	R1 430	
Gr 1 - 7	R3 200	R3 035	R2 620	R2 395	
Gr 8 -11	R3 540	R3 360	R2 900	R2 650	
Gr 12	R3 605	R3 425	R2 960	R2 705	R7 364
Diagnostic Tests	R320.00		Per child for paces - non-refundable		
Registration Fee	R350.00		Per family with registration - non-refundable		
Deposit	R550.00		Per family - refundable		
Re-enrolment	R150.00		Per family per year - non-refundable		



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PUPIL PROFILE & CREDIT CHECK

THIS FORM IS TO BE COMPLETED BY THE **LEARNER'S PARENTS**

CONFIDENTIAL:
PLEASE RETURN TO SCHOOL AFTER COMPLETION

PUPIL'S SURNAME: _____ PUPIL'S NAME: _____ GRADE: _____

SCHOOL ATTENDED: _____ TERM: _____

YEAR: _____

SPORT: _____

CULTURAL AND CREATIVE ACTIVITIES: _____

ANY KNOWN PROBLEMS: e.g. family, emotional, remedial, medical, etc.:

SOCIAL INTERACTION WITH OTHER CHILDREN: _____

ARE SCHOOL FEES CURRENTLY UP TO DATE? _____

IF NOT, PLEASE ADVISE OUTSTANDING AMOUNT OR HOW MANY MONTHS ARE OUTSTANDING:

ARE YOU/ YOUR CHILDREN SOUTH AFRICAN CITIZENS?

Yes	No
-----	----

IF NOT, PLEASE PROVIDE NECESSARY DOCUMENTATION AND STUDY PERMITS:

ARE YOU DIVORCED?

Yes	No
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IF YES, PLEASE PROVIDE PARENTING PLAN: _____

ANY OTHER RELEVANT REMARKS: _____

AT LEAST ONE PARENT IS REQUIRED TO SIGN, BOTH SIGNATURES WOULD BE PREFERABLE

NAME OF FATHER: _____ SIGNATURE: _____

NAME OF MOTHER: _____ SIGNATURE: _____

DATE: _____



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PUPIL PROFILE & CREDIT CHECK

THIS FORM IS TO BE COMPLETED BY THE **LEARNER'S PRESENT SCHOOL**

CONFIDENTIAL:

PLEASE E-MAIL DIRECTLY TO admin@caritascollege.co.za AFTER COMPLETION

PUPIL'S SURNAME: _____ PUPIL'S NAME: _____ GRADE: _____

SCHOOL ATTENDED: _____ TERM: _____

YEAR: _____

<u>Subject</u>	<u>Learner Average</u>	<u>Class Average</u>
ENGLISH		
AFRIKAANS		
MATHS		

CHARACTER AND LEADERSHIP POTENTIAL:

SPORT: _____

CULTURAL AND CREATIVE ACTIVITIES: _____

ANY KNOWN PROBLEMS: e.g. family, emotional, remedial, medical, etc.:

SOCIAL INTERACTION WITH OTHER CHILDREN: _____

PAYMENT TRENDS: _____

ARE SCHOOL FEES CURRENTLY UP TO DATE? _____

IF NOT, PLEASE ADVISE OUTSTANDING AMOUNT OR HOW MANY MONTHS ARE OUTSTANDING:

REMARKS: _____

NAME OF OFFICIAL: _____ SIGNATURE: _____

DATE: _____

School Stamp