

APPLICATION FORM FOR YEAR 2026

Dear Parent/Guardian,

When applying at Sediba Academy please take note of the following important aspects:

- All required documents must be attached before the application will be accepted.
- Please make sure to sign the applicable areas and include ID copies of all involved.
- Only Legal Guardians may make an application for admission - Attach proof.
- Submit the completed application at the front desk.
- Completing and signing the Contract does not guarantee enrolment at Sediba Academy.
- The Admission Committee has the final say about the outcome of the application.
- The Contract activates after acceptance by both parties and payment of registration fee.
- We will contact parents/guardians to confirm whether the application was successful or not.
- The registration fee is payable within 7 days from notification of acceptance, or the space can be forfeited.

| REQUIRED DOCUMENTS | | SUBMITTED? | |
|--|--|------------|---|
| DOCUMENT | | ✓ | X |
| 1. COPY OF BOTH PARENT'S / GUARDIAN ID'S. | | | |
| 2. IF A LEGAL GUARDIAN, PROOF OF GUARDIANSHIP. | | | |
| 3. PAYSLIP OF ACCOUNT PAYER. | | | |
| 4. THREE-MONTH BANK STATEMENTS OF ACCOUNT PAYER. | | | |
| 5. COPY OF PROOF OF RESIDENCE. | | | |
| 6. COPY OF MEDICAL AID CARD. | | | |
| 7. COPY OF CHILD'S BIRTH CERTIFICATE. | | | |
| 8. PROVISIONAL TRANSFER LETTER FROM CURRENT OR PREVIOUS SCHOOL. | | | |
| 9. STATEMENT OF PREVIOUS SCHOOL FEE ACCOUNT NOT OLDER THAN 3 MONTHS. | | | |
| 10. TWO (2) ID SIZE COLOUR PHOTOS OF THE CHILD. | | | |
| 11. COPY OF CHILD'S LATEST SCHOOL REPORT. | | | |
| 12. FOR ALL NON-SA LEARNERS A VALID STUDY PERMIT IS REQUIRED. | | | |
| 13. DISCIPLINARY RECORD FROM PREVIOUS SCHOOL. | | | |
| RECEIVED & CHECKED BY: | | | |

APPLICATION FORM FOR ADMISSION

We, the PARENTS/GUARDIANS of the child below, undertake and bind ourselves contractually to Sediba Academy to pay school fees upfront, monthly and in full until we give 30 days' written notice for the child to leave. We will abide under the academic discipline, Christian values and school fee structure of Sediba Academy and will accept any changes that need to be made during unforeseen circumstances or yearly increases.

Note: This form must be completed in full. All changes to be initialled or signed by the parent/guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

LEARNER INFORMATION

| | | | | | |
|---|--|---------------------------------|--------------|----------------|---------------|
| Learner's Full Name and Surname | | For Grade: | | Academic Year: | |
| | | | | | |
| Grade Applied for: | | Highest Grade Passed: | | Year Passed: | |
| First Name to use in class: | | Other names: | | | Gender: (M/F) |
| Date of Birth: YYYY/MM/DD | | Identification/Passport Number: | | | |
| Street Address: | | Home Telephone: | | | |
| Suburb/Town: | | Emergency Number: | | | |
| Postal code: | | Parent Cell phone: | | | |
| Home Language: | | Mode Of Transport | | | |
| Deceased Parent: | | Religion: | | | |
| Previous School: Name & Telephone number: | | | | | |
| Previous Principal: Name & Telephone number: | | | | | |
| Dexterity of learner: | | Left-Handed | Right-Handed | | |
| Any Medical Conditions (i.e., Allergies / Asthma etc.) and / or Disabilities: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Has your child received any therapy (like Occupational, Psychologist etc) | | | | | Yes |
| If yes, give details the period and reason or add report. | | | | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| Is your child's immunizations up to date: (If no, state the reason) | | Yes | | | No |
| | | | | | |
| | | | | | |
| Any other information the school needs to know: | | | | | |
| | | | | | |
| | | | | | |

PARENT/ GUARDIAN INFORMATION

Personal details of mother or a legal guardian

| | | | | | | | | | | | | |
|--|---------------|--|--|--|-------------|-----------------|--|--|--|--|--|--|
| Title: | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | |
| Full Name: | | | | | | | | | | | | |
| ID number: | | | | | | | | | | | | |
| Home Language: | | | | | Occupation: | | | | | | | |
| Marital Status: | | | | | Employer: | | | | | | | |
| Residential Address: | Work Address: | | | | | Postal Address: | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Tel. Home: | Tel. Work: | | | | Cell: | | | | | | | |
| Email address: | | | | | | | | | | | | |
| <input type="checkbox"/> Account Payer: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

Personal details of father or a legal guardian

| | | | | | | | | | | | | |
|--|---------------|--|--|--|-------------|-----------------|--|--|--|--|--|--|
| Title: | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | |
| Full Name: | | | | | | | | | | | | |
| ID number: | | | | | | | | | | | | |
| Home Language: | | | | | Occupation: | | | | | | | |
| Marital Status: | | | | | Employer: | | | | | | | |
| Residential Address: | Work Address: | | | | | Postal Address: | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Tel. Home: | Tel. Work: | | | | Cell: | | | | | | | |
| Email address: | | | | | | | | | | | | |
| <input type="checkbox"/> Account Payer: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

Learner Resides with:

Contact Details if learner resides with someone else:

Financial Information

Parent/Guardian responsible for paying the school fees:

Only complete if account payer is not a parent or guardian.

Name of account payer:

Contact number:

ID Number:

Include a copy of the account payer's identification document if not a parent/guardian.

Type (Trust or Fund etc.)

Do you already have a family code (account number) with us?

Do you want to include this child in the mentioned account?

If yes to the above questions, please provide the family code

Mark the option you prefer.

Once Off amount option:

Qualifies for 5% discount on Debit order total if settled by March - the account must still be kept up to date on a monthly basis until full settlement takes place.

Trust Fund/Master's Office option: (provide proof - compulsory)

School fee payments remain the responsibility of the parent until the Trust settles the account. All claims must be handled by the parent/guardian. Accounts will be invoiced on the 12-month option.

12 Month Debit order option:

Debit orders start the month following registration with the last deduction on 1 December. Invoices will be booked monthly. The last instalment must be settled by 1st of December each year. (Compulsory to complete Stratcol debit order form)

12 Month Other Payment option:

First school fee payment is to be made on the 1st of the month following registration and the last instalment paid by 1st December always in advance. Invoices will be booked monthly. Payments can be Cash / Swipe or Bank deposit OR Karri app. Please note that choosing this option will attract an administration fee.

If other payment option is selected indicate which method is going to be used mainly:

Cash / Swipe or Bank deposit

Karri app

I/WE UNDERSTAND, AGREE TO AND UNDERTAKE AS FOLLOWS:

1. This application will still be approved before my/our child can be accepted at Sediba Academy.
2. I / We will make myself/ourselves aware and abide under all the financial and disciplinary policies of Sediba Academy on a yearly basis.
3. By signing the contract both of us take responsibility and are liable for paying school fees.
4. I/we am/are aware that interest, extra charges and legal cost can be booked to my/our account if I/we fail in my/our commitment.
5. I / We also agree that this child may be financially expelled from class in the event of the account being in arrears for 60 days or longer and that invoices will still be added to the account until I/we give 30 days' notice that my/our child is leaving Sediba Academy.
6. I / We will give 30 day's written notice should my/our child have to leave the academy.
7. I / We am/are enrolling my/our child into a Christian school, as parent/s/guardian together with my/our child, we will both abide to the Christian ethos of the school.
8. I / We are aware that all sport or cultural activities my child participate in will be at our own expense.
9. I/We understand that my/our child is expected to participate in school activities including physical education and sponsored trips away from the educational facility and I/we, the Parent/s hereby indemnify and agree to hold harmless, Sediba Academy, Executive Board, Principals and Staff, against any and all claims, costs or expenses, howsoever arising, including legal costs, arising out of injury, loss or damage suffered as a result of any activities during the enrolment of my child at the school.
10. I/We are aware that the contract is on a yearly basis and that the learner needs to be re-enrolled each year according to the school's acceptance of the learner taking into consideration his/her financial and disciplinary record. The enrolment will include an enrolment fee that will be decided upon annually, this fee will be due on a specified date. Failure to pay this fee, the school will regard this as a cancellation of the contract with the school.
11. I/we understand that it is my/our responsibility to ensure that I/we are familiar with the policies of the school
12. Information as supplied is accurate and correct.

***If you are the legal guardian signing – please attach a copy of your legal appointment ***

Name of Mother /Guardian: _____

Signature: _____ ID No: _____ Date: _____

Name of Father/Guardian: _____

Signature: _____ ID No: _____ Date: _____

Surety (Needed for single parent/guardian)

Name of Surety: _____

ID no/Passport no of Surety: _____ (Include copy)

Physical Address of Surety: _____

Relationship to the learner: _____

Signature of Surety: _____ Date: _____