

 <p>KINGSWOOD</p> <p>Knowledge Wisdom Understanding</p>	<h1 style="margin: 0;">LIVING WORD KINGSWOOD SCHOOL</h1> <p>EMIS: 700400817</p> <p>BLOCK 2, 4149 MOUNT SHASTA STREET, LENASIA SOUTH</p> <p>TEL: 011 211 0623</p> <p>admin@kingswoodschool.co.za / reception@kingswoodschool.co.za</p>
--	---

APPLICATION FOR ADMISSION AND RE-ADMISSION TO KINGSWOOD CHRISTIAN SCHOOL

APPLICANT'S NAME: _____

GRADE APPLIED FOR:

RR	R	1	2	3	4	5	6	7	8	9	10	11	12
----	---	---	---	---	---	---	---	---	---	---	----	----	----

YEAR:

2024	2025	2026	2027	2028	2029	2030
------	------	------	------	------	------	------

ADMISSION NUMER: _____

CURRENT GRADE: _____

ADMISSION NUMER(NEW APPLICANTS): _____

WAITING LIST NUMBER:(ONLY FOR OFFICE USE) _____

DOCUMENTS REQUIRED WITH THIS APPLICATION FORM(ALL DOCUMENTS MUST BE CERTIFIED)

PLEASE NOTE: APPLICATION FORMS WILL NOT BE ACCEPTED IF THE CRITERIA BELOW IS NOT COMPLETED.

NO.	REQUIREMENTS:	RECEIVED
1	BOTH PARENTS ID COPIES (SINGLE PARENTS TO PROVIDE AN AFFIDAVIT)	
2	CLINIC CARD	
3	LEARNERS BIRTH CERTIFICATE	
4	LAST SCHOOL REPORT	
5	TRANSFER CARD (TO BE PROVIDED ON ACCEPTANCE ON THE FIRST DAY OF THE ACDEMIC YEAR)	
6	PROOF OF RESIDENCE	
7	ID/PASSPORT PHOTO OF LEARNER	
8	REGISTRATIO FEE: (NON-REFUNDABLE)	REC NO:

EMAIL ADDRESS	
---------------	--

CONTACT NUMBER	
----------------	--

 <p>KINGSWOOD</p> <p>Knowledge Wisdom Understanding</p>	<h1 style="margin: 0;">LIVING WORD KINGSWOOD SCHOOL</h1> <p>EMIS: 700400817</p> <p>BLOCK 2, 4149 MOUNT SHASTA STREET, LENASIA SOUTH</p> <p>TEL: 011 211 0623</p> <p>admin@kingswoodschool.co.za/ reception@kingswoodschool.co.za</p>
--	--

PASSPORT/ID
PHOTO

NOTE: THIS FORM MUST BE COMPLETED IN FULL. COMPLETING THE FORM DOES NOT NECESSARILY MEAN THE LEARNER HAS BEEN GARANTEED A PLACE AT THE SCHOOL.

GRADE APPLIED FOR		HIGHEST GRADE PASSED		YEAR WHEN GRADE WAS PASSED		YEAR APPLYING FOR	
-------------------	--	----------------------	--	----------------------------	--	-------------------	--

SURNAME		INITIALS	
FIRST NAME		OTHER NAMES	
IDENTIFICATION NUMBER			
CITIZENSHIP	YES	NO	

PROVINCE OF RESIDENCE	
PHYSICAL ADDRESS	
CITY/SUBURB	
CODE	

HOME TELEPHONE	
CELL NUMBER	
EMERGENCY CONTACT	
HOME LANGUAGE	
RELIGION	

NAME OF PREVIOUS SCHOOL	
PREVIOUS SCHOOL ADDRESS	
CONTACT NUMBER	

MEDICAL AID NAME										
MEDICAL AID NUMBER										
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">MAIN MEMBER NAME</td> <td style="width: 10%;">DEXTERITY OF</td> <td style="width: 10%;">RIGHT</td> <td style="width: 10%;">LEFT</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;">RECEIVING A SOCIAL GRANT</td> <td style="width: 10%;">YES</td> <td style="width: 10%;">NO</td> </tr> </table>	MAIN MEMBER NAME	DEXTERITY OF	RIGHT	LEFT			RECEIVING A SOCIAL GRANT	YES	NO	
MAIN MEMBER NAME	DEXTERITY OF	RIGHT	LEFT			RECEIVING A SOCIAL GRANT	YES	NO		
DOCTOR'S NAME										
DOCTOR'S CONTACT NUMBER										
MEDICAL CONDITION/S										

LEARNER		HANDED		HANDED				
---------	--	--------	--	--------	--	--	--	--

	LIVING WORD KINGSWOOD SCHOOL	
	EMIS: 700400817	
	BLOCK 2, 4149 MOUNT SHASTA STREET, LENASIA SOUTH	
	TEL: 011 211 0623	
	admin@kingswoodschool.co.za/ reception@kingswoodschool.co.za	

NUMBER OF SUBLINGS AT THIS SCHOOL		
GRADES OF SUBLINGS AT THIS SCHOOL	NAME	GRADE

MOTHERS DETAILS							
TITLE		INITIAL/S		SURNAME		NAME	
CONTACT NUMBER							
CELL NUMBER							
IDENTITY NUMBER							
OCCUPATION							
EMPLOYER							
WORK NUMBER							

FATHERS DETAILS							
TITLE		INITIAL/S		SURNAME		NAME	
CONTACT NUMBER							
CELL NUMBER							
IDENTITY NUMBER							
OCCUPATION							
EMPLOYER							
WORK NUMBER							

PERSON RESPONSIBLE FOR THE ACCOUNT		PLEASE NOTE: A CREDIT CHECK WILL BE DONE PRIOR TO ACCERTANCE
CONTACT NUMBER		
RELATIONSHIP TO LEARNER		

I DECLARE TO TE BESTOF MY KNOWLEGDE, THE ABOVE INFORMATION AS SUPPLIED IS ACCURATE AND CORRECT

NAME OF PARENT/ GUARDIAN	
--------------------------	--

SIGNITURE	
-----------	--

DATE	
------	--

EMAIL ADDRESS	
---------------	--

CONTACT NUMBER



LIVING WORD KINGSWOOD SCHOOL

EMIS: 700400817

BLOCK 2, 4149 MOUNT SHASTA STREET, LENASIA SOUTH

TEL: 011 211 0623

admin@kingswoodschool.co.za / reception@kingswoodschool.co.za

GENERAL CONSENT AND IDEMNITY FORM

I, _____ (Full names of parent or legal guardian),

Parent and/or legal guardian of the under- mentioned, over whom I have custody and control, hereby consent to my child/ ward, (full names) _____

Participating in the various activities (including sports activities, camps and educational outings) arranged, organized or offered by the School, and, where relevant, to his being transported to and from the said activities by means of transport made available by the school for that purpose.

I further to the condition that, while **every precaution will be taken for the safety and welfare of my child/ward** and for the care of their possessions, I will hold blameless and indemnify all persons, Kingswood School and all other organizations associated with the activity, should any prejudice, loss, damage, illness or injury occur to my child/ ward during the above activity. This includes an indemnity against recovering of costs resulting from damage, loss and/or medical conditions or hospitalization , unless such loss is caused by the negligence, willfulness or deliberate act of the School or one or more of its employees.

I furthermore appoint the School Staff accompany the tour or group, or supervising the activity, to act in loco parentis in respect of my child/ward should the need therefore arise.

RELEVANT INFORMATION CONCERNING YOUR CHILD/WARD'S CONDITION/ CIRCUMSTANCES

Does your child/ward have any medical conditions or allergy of which the School needs to be aware?

YES		NO	
-----	--	----	--

If so, please provide details:

Should medical/ hospitalization be necessary please indicate (if applicable):

a) Name of your Medical Society: _____

b) Medical Aid No.: _____

c) Name of Principal; member of Medical Aid Society (usually father): _____

d) Contact details of Medical Practitioner to be contacted for medical history if necessary:

e) Emergency contact telephone number/s over the period of the activity/camp/tour:

(work) _____ (home) _____ (cell) _____

Signature of Parent/ Guardian

Date



LIVING WORD KINGSWOOD SCHOOL

EMIS: 700400817

BLOCK 2, 4149 MOUNT SHASTA STREET, LENASIA SOUTH

TEL: 011 211 0623

admin@kingswoodschool.co.za / reception@kingswoodschool.co.za

ADMISSION POLICY

Living Word Kingswood Christian School is an independent School that was established in 2016 for the pleasure of JESUS CHRIST.

The School opened its doors to Learners who had previously not been given the opportunity and privilege of private education.

1. The School is open to all learners, irrespective of race, ethnicity, disability or religion.
2. The admission of pupils is subject to availability of space in the respective grade to which pupils seek admission.
3. Academic competence to cope with the relevant grade. An evaluation may be made on the pupils previous academic results. All learners who wish to proceed to the next grade or the same upon admission shall furnish an original transfer card with an original school rubber stamp, an original school report, an original identity document. The school reserves the right to apply in writing for the profile of the said learner.
4. Any parent or learner who supplies the school with false information or produces fraudulent documents that have been altered shall not be admitted to the School.
5. A Learner who is currently registered at Kingswood Christian School must re-register from the beginning of the registration period announced by the DBE for the next year in which the Learner seeks admission.
6. The pupil must have an unblemished record of behavior from the School previously attended. N.B: a testimonial may be required from the previous School.
7. "The First Come First Serve" principle will be applied.
8. Learners are expected, before admission, to accept that the two official mediums of instruction which are as follows: -English
-Afrikaans

The introduction of another official language shall depend on the economic unit, and if

9. A pupil who seeks admission in Grade ONE must turn 6 years before 30 June of the year in which admission is sought.
10. The Ethos of the School is strongly "Christian" in Character.
11. Respect for Christian Ethos- even if the student does not belong to the Christian Faith.
12. Siblings will only be given preference provided they applied meticulously and meet all admission requirements stated above.
13. All currently admitted Learners must complete this admission form, to re-apply for admittance for the following academic year. The school has the right to refuse admission to any learner it deems necessary according to its admission policy or any other reason that the School sees fit. (BY ORDER OF THE BOARD OF DIRECTORS)
14. While preference shall be given to Learners residing within the allocated zone of the School disadvantage learners living outside the residential areas shall not be discriminated against.
15. Provided that there is availability of SPACE then those learners residing outside the defined feeder area shall be granted admission.
16. The Admission Committee reserves the right to interview any applicant.

17. A registration fee APPLICABLE TO YEAR OF ADMISSION will be charged for new applications. (NON REFUNDABLE)

18. Learners are expected to abide by the requirements of the Bill of Rights, the SA Schools Act and the Code of Conduct of Kingswood Christian School.

 <p>KINGSWOOD Knowledge Wisdom Understanding</p>	<p>LIVING WORD KINGSWOOD SCHOOL EMIS: 700400817 BLOCK 2, 4149 MOUNT SHASTA STREET, LENASIA SOUTH TEL: 011 211 0623 admin@kingswoodschool.co.za / reception@kingswoodschool.co.za</p>
---	---

CONDITIONS OF ACCEPTANCE OF PLACE

1. We are aware that a term's notice must be given before a pupil leaves Kingswood Christian School or a full term's fees must be paid in lieu therefore. In addition to the tuition fees charged by Kingswood Christian School, we agree we shall be liable to pay any increases in such fees or any special levy imposed by Kingswood Christian School.
2. We accept joint and several liabilities to the Kingswood Christian School for the due and punctual payment of ALL FEES, subscriptions, levies or other amounts which may become due or payable to Kingswood Christian School or in-respect of participation or attendance in any extracurricular activity.
3. All Learners are subject to the regulations, rules and routine of the School as laid down by the Head, Parents undertake to co-operate with Kingswood Christian School authority to enforcing them.
4. Should a Learners be removed from the School by reason of breach of school rules, the parents shall remain liable for fees due in full term during which the Learners was removed, and if such fees have been paid, the School shall not be obliged to refund any portion thereof.
5. The School accepts no responsibility for the Insurance of Learners possessions, Parents are urged to ensure that their own policies cover these possessions.
6. One full term's fees are payable in the event of withdrawal between the date of acceptance of a place offered at the beginning of term.
7. In the event of the School having to institute for outstanding fees, the Parents shall be liable to make payment for costs incurred by the School as between attorney and client.
8. Non payment of School Fees will institute a process of DE-registration. Unfortunately if School fees are not paid timeously the School will have no choice but to DE-register the Learner/s.
9. In the event of action being instituted for outstanding fees, the Parents will consent to the Jurisdiction of The Magistrates Court.
10. Fees for each quarter should be payable at the beginning of each term.

Signed at _____ on this _____ day of _____

Parent/ Guardian/ Caregiver

Signature



LIVING WORD KINGSWOOD SCHOOL

EMIS: 700400817

BLOCK 2, 4149 MOUNT SHASTA STREET, LENASIA SOUTH

TEL: 011 211 0623

admin@kingswoodschool.co.za / reception@kingswoodschool.co.za

TO BE COMPLETED BY THE SCHOOL FROM WHERE A LEARNER IS TRANSFERING FROM

NAME OF SCHOOL: _____

NAME OF LEARNER: _____

LAST GRADE ATTENDED: _____

YEAR: _____

OUTSTANDING: LTSM: _____

FEES: _____

THE LEARNER'S PARTICIPATION IN SPORTS ACTIVITIES

Please include below details of the sporting in which the learner is currently involved, as well as details of any sporting achievements of which the learner has accomplished.

**Sporting
Activities and
Achievements**

THE LEARNER'S LEADERSHIP EXPERIENCE

Please include below details of the leadership gained by the learner to date, as well as details of any leadership achievements of which the learner has accomplished.

**Leadership
Experience
and
Achievements**

COMPLETED BY: _____

DESIGNATION: _____

DATE: _____

SIGNATURE: _____

SCHOOL STAMP