



**MARANATHA  
CHRISTIAN SCHOOL**

cnr Dann & Veld Street, Glen Marais, Kempton Park, 1619

PO Box 1348, Glen Balad, 1630

Website : <http://www.maranathaschool.co.za>

# APPLICATION FORM

**Date** \_\_\_\_\_ **Applying For Grade** \_\_\_\_\_ **Year** \_\_\_\_\_

NOTE : Withholding or false declaration of information will nullify any decision of admission to this school. If we cannot contact you at the address / telephone numbers supplied, this application will be cancelled.

## LEARNER DETAILS :

Learner's Surname							
Learners Full Names (as per Birth Certificate)							
Learner Resides with	Mother		Father		Guardian		Both Parents
Physical Address (where learner resides)							
Postal Address							
Telephone Number							
Current Age				Date of Birth			
Gender				Race			
ID Number							
Home Language				Other Language			
South African Citizen	YES			If NO – Country of birth			
	NO				Immigration Date		
Siblings already enrolled at Maranatha Christian School	1.						
	2.						
	3.						
Position in family							

## INFORMATION OF PREVIOUS SCHOOL :

Present Grade			
Name of School			
School Address			
School Tel No.		School Fax No.	

## PARENT INFORMATION :

### BIOLOGICAL MOTHER :

Surname		Full Names	
Title : Mrs/Dr/Prof		ID Number	
Residential Address		Postal Address	
	Postal Code		Postal Code
Cell No.		Phone (h)	
Employer		Occupation	
Tel (w)		Fax (w)	
e-mail address			

Email : [mcschool@maranathaschool.co.za](mailto:mcschool@maranathaschool.co.za)

Telephone for Grade R - 3 : (011) 391-0092 Fax : (086) 232-9836

Telephone for Grade 4-12 : (011) 972-2920 or (011) 972-4187 Fax : (011) 972-4778 or (086) 751-4875



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Marital Status (Married / Widowed / Divorced / Separated / Single)	
Name / Address and Tel No. of a Relative or Friend :	

**PARENT INFORMATION :**

**BIOLOGICAL FATHER :**

Surname		Full Names	
Mr / Dr / Prof		ID Number	
Residential Address		Postal Address	
	Postal Code		Postal Code
Cell No.		Phone (h)	
Employer		Occupation	
Tel (w)		Fax (w)	
e-mail address			
Marital Status (Married / Widowed / Divorced / Separated / Single)			
Name / Address and Tel No. of a Relative or Friend :			

**GUARDIAN INFORMATION :**

Surname		Full Names	
Title : Mr/Dr/Prof		ID Number	
Residential Address		Postal Address	
	Postal Code		Postal Code
Cell No.		Phone (h)	
Employer		Occupation	
Tel (w)		Fax (w)	
e-mail address			
Reason why learner resides with guardian			



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**MEDICAL AID DETAILS :**

Name of Medical Aid		Medical Aid No.	
Main Member Details			
Name of Doctor		Tel. No. of Dr.	
Allergies		Disability	
Emergency Contact other than parents	Name		
	Tel / Cell No.		
Relationship to Learner			

**CHURCH AFFILIATION :**

Name of Church / Religion		Pastor	
Address		Tel No.	
Is the Father a committed Christian?		Is the Mother a committed Christian?	
Has applicant (child) ever made a profession of faith in Christ?			
Give details			

**SCHOLASTIC INFORMATION :**

Has child ever been expelled, dismissed, suspended or refused admission to another school?			
Has child ever had any disciplinary difficulties?			
If yes, give details.			
Has child ever failed a grade?		Give particulars	
Reason for selecting this school			

**SUBJECT CHOICE**

Grade 8 and 9 – All subjects compulsory  
Grade 10 – 12 (only)

**NOTE : As per subject grouping pertaining to our school**



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English (First Language)	Afrikaans (Second Language)	Mathematics	Maths Literacy
Physical Science	Life Sciences	Geography	Visual Art
Business Economics	Economics	Accounting	EGD
Computer Applied Technology	Life Orientation		

Areas in which parents can offer assistance	
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**PLEASE NOTE :**

SCHOOL FEES ARE PAYABLE IN ADVANCE AND THAT THE SCHOOL LOOKS TO BOTH BIOLOGICAL PARENTS FOR PAYMENT OF SCHOOL FEES, IRRESPECTIVE IF PARENTS ARE SINGLE, MARRIED, SEPARATED, DIVORCED, REMARRIED, MARRIED CUSTOMARY LAW ETC.

**If there are no biological parents – Please give details of who is responsible for school fees**

Surname	Full Names		
Title : Mr/Dr/Prof	ID Number		
Residential Address	Postal Address		
Postal Code	Postal Code		
Cell No.	Phone (h)		
Employer	Occupation		
Tel (w)	Fax (w)		
e-mail address			
Relationship to Learner			
Parents deceased?	Mother		Father
Fees paid by Trust	Yes		No
Name of Trust			
Contact Person			
Tel No.			

Please note that the school has the right to carry out credit checks.



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**THE FOLLOWING DOCUMENTS ARE TO BE HANDED IN WITH YOUR APPLICATION**

- |  |  |
|--|--|
| • 1 x Recent Photograph  | • Copy of Learner Last Year End Report |
| • Copy of Learner Birth Certificate                                  | • Copy of Learner Last Term Report     |
| • Copy of Immunization Card  | • Copies of Any Relevant Assessments   |
| • Proof of Residence - either telephone /<br>municipal rates account | • Copies of both parents ID documents  |
| • Copy of up to date School Account                                  |  |

**AGREEMENT :**

- I/We accept full responsibility for the payment of school fees monthly in advance for the year.
- Should my child / children leave the school for any reason whatsoever, I will give a full calendar month notice, failing which I will be liable for the school fees for the notice period.
- I agree that my child adheres to the academic, Christian and disciplinary regulations of the school and accept that as a Christian school, Maranatha Christian School has no obligation to other religions, festivals, holidays or practices.
- By signing this agreement you agree to the Maranatha Christian School Financial Policy.

<b>Signature of Father</b>	<b>Signature of Mother</b>	<b>Guardian Signature</b>	<b>Date</b>
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I/We declare that the above particulars are true and correct, and that I have read and understood the contents.

<b>Signature of Father</b>	<b>Signature of Mother</b>	<b>Guardian Signature</b>	<b>Date</b>
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**OFFICE USE ONLY :**

**DATE :**

Accepted  YES

Accepted  NO

Assessment Done  Appointment with parents \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Financial Check done

Accepted by : \_\_\_\_\_

Into Grade : \_\_\_\_\_

Starting Date \_\_\_\_\_

Signature \_\_\_\_\_