



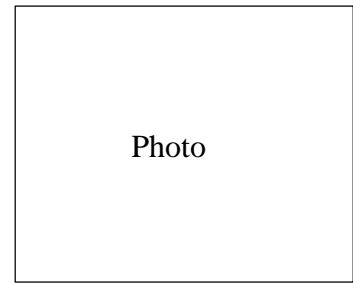
# Mtuba Christian Academy

(Non-Profitable Organization: 026-126-NPO)

Postnet Suite 50, Private Bag X013, Mtubatuba, 3935

Tel: 035-550 1372 Fax: 035-550 1750

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## APPLICATION FORM - 2018

**\*\*Please ensure that the following documents are submitted along with this application form.**

OFFICE USE ONLY (Administration)	**DOCUMENTS WITH APPLICATION FORM:
Application and Test Fees Paid (Receipt No.)	1. Photo (ID size) of learner <input type="checkbox"/>
Placement Test Date:	2. Copy of Child's Birth Certificate <input type="checkbox"/>
Tester's Scores: Math=      Engl=      Afrk=	3. Copy of Parent's ID Book <input type="checkbox"/>
Enrolment Interview Date:	4. Copy of Learner's last Report <input type="checkbox"/>
Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> Probation <input type="checkbox"/>	5. Copy of Clinic Card (compulsory for Primary school) <input type="checkbox"/>
Accession / Account No:	6. Copy of Payslip AND Bank Statement (2 months) <input type="checkbox"/>
<b>Remarks:</b>	

### A. LEARNER INFORMATION

Full name of learner:	
Commonly called:	Gender:                      Left/Right Handed:
Date of Birth:                      Age:	ID/Passport Number:
Country of Birth:	Place of Birth:
Home Language:	Other Language/s:
Grade currently doing:	Grade applying for in 2018:

### B. FAMILY/GUARDIAN INFORMATION

1. Father's full name:	
ID Number:	Living with child? YES / NO
Address (Postal):	
Address (Physical):	
Employer's Name:	
Employer's address:	
Position at work:	Employee Number:
Work Telephone Number:	Cell. No:
Email address of Father:	
2. Mother's full name:	
ID Number:	Living with child? YES / NO
Address (Postal):	
Address (Physical):	
Employer's Name:	
Employer's address:	
Position at work:	Employee Number:
Work Telephone Number:	Cell. No:
Email address of Mother:	
Marital Status:      Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
If Divorced or Single, who has custody of the child?:	
Who is responsible for the payment of school fees?	
<i>Please supply names / ages / schools of brothers &amp; sisters</i>	
Name:	Age:      School:
Name:	Age:      School:
Name:	Age:      School:

**GUARDIAN INFORMATION** (fill in if child does not stay with Mother or Father)

GUARDIANS FULL NAME:

ID Number:

Relationship to the Child:

Physical address (where the child stays):

Employer's Name:

Employer's Address:

Work Telephone Number:

Cell. Number:

**C. ACADEMIC INFORMATION**

1. List of student's last two schools (please include most recent report card)

Grade	Name of School	Place	Date of Attendance	School's Contact Number

2. Please describe any academic or social difficulties your child may have: (e.g. shyness, Maths, concessions, etc.)

3. Which grade has the student repeated?

**D. GENERAL INFORMATION**

1. ARE SCHOOL FEES PAID FROM A GRANT / SPONSOR or TRUST FUND? YES / NO

Name of the Grant/Trust:

When is the pay out made?

Name of Sponsor / Grant Administrator:

2. ADDITIONAL INFORMATION

Why would you like your child / children to attend Mtuba Christian Academy?

Will your child be able to participate in Physical Education? Yes  No   
(If No, Please explain – medical proof may be required)

Signature: Father/Guardian

Date

Signature: Mother/Guardian

Date

Full Name

Full Name

**FOR OFFICE USE ONLY (Principal)**  
**INTERVIEW / OBSERVATIONS / COMMENTS**

Accepted  Accepted with Conditions  Not Accepted  (specify reason above)

Signed: Principal

Date



# Mtuba Christian Academy

## HEALTH QUESTIONNAIRE

Learners Name: .....

Date of Birth: .....

1. Please give us your Medical Aid Details:

Name of Medical Aid:.....

Option:.....

Medical Aid Number:.....

Dependant No:.....

Tel No. of Medical Aid.....

Main Member Name:.....

I.D No:.....

**[Please remember to update the Medical Aid details if they change while your child is schooling at MCA]**

2. Does your child have a hearing problem? YES  NO

If YES, please specify: .....

3. Has your child ever had his/her eyes tested? YES  NO

4. Does your child need or wear prescription glasses? YES  NO

If YES, please specify: .....

5. Does your child suffer from a physical impairment? YES  NO

If YES, please specify:.....

6. Is your child taking medicine on a regular basis? YES  NO

If YES, please specify: .....

7. Is your child presently on any short term medication? YES  NO

If YES, please specify: .....

8. Is your child allergic to any medicine / ointment / bee sting, etc that the school should be aware of ? YES  NO

If YES, please specify: .....

9. a) Has your child, at any time, had a convulsion or fit? YES  NO

b) Does your child have epilepsy? YES  NO

c) Does your child suffer from any heart problems? YES  NO

d) Does your child have asthma? YES  NO

e) Has your child been fully immunised? YES  NO

CHICKEN POX YES  NO

MUMPS YES  NO

MEASLES YES  NO

RUBELLA / GERMAN MEASLES YES  NO

10. Has your child had any previous surgery? YES  NO   
If YES, please specify: .....

11. Was your child born **FULL TERM** OR **PREMATURE?** (please tick one option)  
If premature, please specify number of weeks: .....

12. Was there any birth trauma (e.g. oxygen deprivation, breech birth, emergency caesarean, excessive bleeding, etc) YES  NO   
If YES, please specify: .....

13. Is there any other medical condition or concern that you would like the school to be aware of, with regard to your child? YES  NO   
If YES, please specify: .....

14. Does your child have any form of learning impairment? YES  NO   
If YES, please specify and submit a copy of the assessment in order to assist us in assisting your child:  
.....  
.....

.....  
Signature: Father/Guardian

.....  
Date

.....  
Signature: Mother/Guardian

.....  
Date