



# KARSTVELD ACADEMY (PTY) LTD

Rhino Drive | Grootfontein | PO Box 830 | reception@karstveldacademy.com | +264 81 730 8417

## APPLICATION FOR ENROLMENT

Learners Name:

Grade

Application Received on:

Signature of Principal:

**Checklist:** Childs latest report  
Certified copy of full birth certificate  
Certified copies of parents ID  
2 passport photos  
Passport & Study Permit  
Copy of Medical Aid Card  
Signed Indemnity


Application will not be considered if above documents are not included with the application form, or any other information asked for is not submitted.

### Entrance Requirements:

- Discipline and the maintaining of academic standard enjoy highest priority.
- Learners who have to leave other schools as a result of disciplinary problems will not be considered.
- Enrolment in the school does not qualify you for hostel accommodation.
- No learner will be enrolled without the physical presence of his/her parents or legal guardian.
- This application does not guarantee a place at this school or hostel.
- Grade RR - Grade 3: Afrikaans as medium of instruction.
- Grade 4 – AS level: English as medium of instruction.

## A DETAILS OF STUDENT

Surname				
Full Name				
Date of Birth	(yyyy/mm/dd)	Gender:	Boy	Girl
Citizenship		Home language:		
Grade applied for		Year:		
Student mobile nr		Hostel accommodation	YES	NO

## B MEDICAL/EMERGENCIES

Allergies		Blood Group	
Family Doctor		Dr Tel Number	
Medical Aid		Aid Number	
Contact persons in case of an emergency:			
Person 1		Tel Number	
Person 2		Tel Number	

## C FINANCES

***Person responsible for paying account***

Surname: \_\_\_\_\_ Title: Mr. / Miss/ Mrs.

Initials : \_\_\_\_\_

Postal Address: \_\_\_\_\_

Place: \_\_\_\_\_

Contact Details: \_\_\_\_\_

E-mail: \_\_\_\_\_

**School fees are paid monthly in advance on or before the 7<sup>th</sup> of each month.**

## D DETAILS OF FATHER/GUARDIAN

Surname: \_\_\_\_\_ Title: Mr. / Dr/ .....

First Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Contact Details:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Place: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

## E DETAILS OF MOTHER/GUARDIAN

Surname: \_\_\_\_\_ Title: Mr. / Miss/ Mrs.

First Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Contact Details:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Place: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

## F ACADEMICS

Present School:

Email Address

Telephone no

Curriculum at Present School

Grades Failed

Current Grade


**G SUBJECT CHOICES (GRADE 8 & 9)**

Afrikaans 1 <sup>st</sup> Language	<input type="checkbox"/>	Choose only one (1)
Afrikaans 2 <sup>nd</sup> Language	<input type="checkbox"/>	
German foreign language	<input type="checkbox"/>	
English 1 <sup>st</sup> Language	<input type="checkbox"/>	Choose only one (1)
English 2 <sup>nd</sup> Language	<input type="checkbox"/>	
Mathematics	Compulsory Subjects (4)	
Physical Science		
Life Science		
Geography		
Design & Technology	<input type="checkbox"/>	Choose any two (2)
Office Practice	<input type="checkbox"/>	
Agriculture	<input type="checkbox"/>	
Accounting	<input type="checkbox"/>	

**H DECLARATION**

I, \_\_\_\_\_ (parent/guardian) accept responsibility with regard to the payment of funds into the school account.

I agree that my child will adhere to all rules, norms, policies, and instructions as issued or required by the school.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

(signature)

I, .....(learner) will adhere to all rules, norms, policies and instructions as issued by the school.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

(learner signature)

# I HOSTEL APPLICATION

## Student Details:

Surname:

First Names:

Date of Birth:

yy/mm/dd

Gender

male

female

Grade:

Year

## Medical Emergencies:

Allergies:

Family Doctor:

Dr Contact  
no

## **Contact person in case of emergencies:**

Person 1		Cell no:	
Person 2		Cell no:	

## Financial Details:

Parent Details:

Town:

Street:

P.O. Box

ID No:

Employer:

Town:

Tel. Number:

Reason why learner is applying for hostel accommodation:

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Residence distance from Karstveld Academy:

km

*Parents must take note that boarders can lose their place in the hostel due to payment in arrears.*

Signature of accountable parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Declaration:**

I, \_\_\_\_\_, ID no \_\_\_\_\_,

herewith acknowledge receipt of the Karstveld Academy Hostel Rules and undertake to adhere to the rules and regulations as set out in the rules guiding the Karstveld Academy Hostel.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Boarder 1

\_\_\_\_\_

Date

\_\_\_\_\_

Boarder 2

\_\_\_\_\_

Date

\_\_\_\_\_

Boarder 3

\_\_\_\_\_

Date