



AMERICAN CHRISTIAN LEADERSHIP ACADEMY

PACE SEATERS

GRADE SCHOOL APPLICATION FORM 2023

THIS FORM MUST BE COMPLETED IN FULL. BOTH PARENTS ARE EXPECTED TO SIGN THIS DOCUMENT.

PLEASE PARAPHRASE AT THE BOTTOM RIGHT ON ALL THE PAGES.

1. LEARNER NAME AND SURNAME: _____
2. GRADE APPLIED FOR: _____

FOR OFFICE USE ONLY

3. REGISTRATION FEE: _____
4. ENROLMENT DATE: _____
5. PAYMENT RECEIVED: _____

ENROLMENT INFORMATION CHECKED:

	RECEIVED:	SIGN:	DATE:
1. BIRTH CERTIFICATE			
2. COPIES OF PARENT'S / GUARDIAN'S ID			
3. COPY OF LEARNER'S RESIDENCE/ STUDY PERMIT, IF FOREIGN			
4. PROOF OF RESIDENCE			
5. LATEST FINANCIAL STATEMENT OF PREVIOUS SCHOOL			
6. LAST 2 REPORTS OF PREVIOUS SCHOOL			
7. IMMUNISATION DETAILS			
8. RECENT ID SIZED PHOTO			

I HAVE RECEIVED A COPY OF THE PRICE LIST FOR THE GRADE I AM APPLYING FOR. I WAS EXPLAINED ALL FEES DUE AND WILL BE ABLE TO PAY R _____ MONTHLY AND ALL ADDITIONAL FEES FOR MY CHILD.

PARENT / GUARDIAN SIGNATURE: _____ DATE

APPLICATION INSTRUCTIONS:

STEP 1: CAREFULLY AND PRAYERFULLY READ THROUGH THE FULL APPLICATION FOLDER.

STEP 2: COMPLETE ALL PAGES IN FULL AND SIGN THE BOTTOM RIGHT CORNER.

STEP 3: THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED WITH YOUR APPLICATION TO THE OFFICE

A recent photo of the applicant attached to the application for admission (id size).

Include the applicant student's past two (2) school reports or nursery school reports.

Financial statement from previous school.

Copy of learner's birth certificate, as well as BOTH parents', guardian.

Proof of residence.

Immunization details.

STEP4: UPON NOTIFICATION THAT YOUR APPLICATION HAS BEEN SUCCESSFUL, PLEASE SETTLE FIRST MONTH'S SCHOOL FEES (PAYABLE IN ADVANCE) PLUS THE REGISTRATION FEE WITHIN 3 DAYS TO SECURE YOUR CHILD'S ENROLMENT.

PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION:

- Registration for 2023 Term 1 closes 15 December 2022.
- Parent will be notified latest 20 December 2022 if student has been accepted.
- NO students will be aloud to join in term 3 if they did not attend a previous school for the same grade.
- NO student will be aloud to join a grade if the student is not the correct age group, please see the age groups below:
- If the student can pass an assessment test done by the teacher, an exception can be made to enter a grade at an earlier age.

Grade	Age
Grade 1	6 turning 7 (born in 2016)
Grade 2	7 turning 8 (born in 2015)
Grade 3	8 turning 9 (born in 2014)

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WHATSAPP CONSENT FORM

ACLA Aims to update our parents regularly as to the activities at school and in the classrooms for this reason, we would like to establish a group chat using the WhatsApp facility. For us to establish this group, we will need to use your phone number(s) to add you to the group. This means that other people in the group can see your contact telephone number. We are committed to ensure that any personal information you provide is handled fairly and confidentially and in accordance with Data protection legislation. We will not share your mobile number with any third party and will only be shared with the WhatsApp group.

Participant Consent form

What is Consent?

Consent is a legal definition that simply means that you are competent and capable to make decision once you have received adequate (or enough) information

Do you wish to join the WhatsApp Group YES/NO

I understand that I can leave the group at any point YES/NO Without giving any notice or reason for leaving.

I have read and understood the rules for participating YES/NO in the WhatsApp Group chat.

I understand that discussion in the group will be monitored YES/NO by ACLA member of staff.

Parent/guardian name: _____

Learner's name: _____

Learner's date of birth: _____

Cell Number: _____

Signature: _____

Date: _____

Personal Information of Learner:

Learner Surname: _____

Full Name/s: _____

Identity Number: _____

Copy of birth certificate / passport included

Birth date: _____

Sex: _____

Religion: _____

AFM	CATHOLIC	ANGLICAN	FULL GOSPEL
INDEPENDENT CHARASMATIC	OTHER		

Church Affiliation:

Church Name: _____

Pastor: _____

Tel. No. _____

Languages:

Home Language: _____

Other languages spoken: _____

Details of previous school attended:

Previous school: _____

Contact person: _____

Tel No. of school: _____

Date left: _____

Last grade completed: _____

Learner attended a pre-primary program: _____

Social grant registered:

Immigrant: _____

Country of Origin: _____

Arrival date: _____

Citizenship: _____

This learner is living with:☐ Both parents☐ Mother☐ Father☐ Grandparents☐ Guardian**Barriers against learning:**

None		Hard of hearing	
ADD (Attention-Deficit disorder)		Language difficulties	
Asthma		Numeric difficulties	
Autism spectrum Disorder		Partially sighted	
Behavioral Disorder		Reading difficulties	
epilepsy		Other:	

Residential address of pupil:

_____ (code)

Postal address:

P.O.Box _____

_____ (code)

Grade applied for:

Learner's transport / aftercare details:

Travel arrangements:

Bicycle	Bus	Foot	Motorcar	Motorcycle	Taxi
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Approximate distance to travel to school: _____ km

Name of Transport: _____

Contact person: _____

Telephone Number: _____

Extra information:

Names of brothers and sisters at American Christian Leadership Academy

1. _____ Grade _____
2. _____ Grade _____
3. _____ Grade _____

ANY OTHER COMMENTS THAT WOULD BE IMPORTANT FOR THE SCHOOL:

Students Health history:

1. Is your child taking permanent chronic medication at present? ☐ YES ☐ NO
2. Indicate the type of disease (please tick all appropriate box (es) below

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Other lung diseases (ex- TB)
<input type="checkbox"/>	ADD (attention deficit disorder)	<input type="checkbox"/>	Otitis media (chronic inner ear infection)
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Other convulsive disorder
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Congenital defect (s)
<input type="checkbox"/>	Drug (medication) sensitivity/ allergy	<input type="checkbox"/>	Other allergies / sensitivities
<input type="checkbox"/>	Chronic Hepatitis B or C	<input type="checkbox"/>	Heart disease
<input type="checkbox"/>	Neurological disorders	<input type="checkbox"/>	Neuromuscular disease
<input type="checkbox"/>	Muscular diseases	<input type="checkbox"/>	Any other condition

3. If yes to any of the above-mentioned conditions, please provide full details: _____

4. What is the daily dosage? _____
5. What is the reason for taking this medication / these medication? _____
6. Is it necessary to take the medication during school hours? ☐ YES ☐ NO

Please note: Pupils are not to have in their possession any medication of any sort without a written note of permission from the regular family doctor and countersigned by the student's parents. The note should include clear instructions regarding the time and the dosage of such medicines. Such medicines are to be bought to the school office immediately upon arrival at school and will be dispensed to the students under adult supervision, from there.

7. Has the medication / treatment been prescribed by a registered medical doctor? ☐ YES ☐ NO
8. If yes, please provide the name and telephone number of the doctor:
Doctor: _____ Tel no: _____
9. Does your child have any communicable (contagious) health disorder (s) or disease (s)?

☐ YES ☐ NO

If yes, please list the disorder (s) / disease (s): _____

10. Has the child previously undergone any operations of sustained any serious injuries?

If yes, please provide full details: _____

11. What was the date of the child's last completed medical examination by a medical practitioner? _____
12. What was the date of the child's last completed medical examination by a medical practitioner? _____

IMMUNIZATION DETAILS:

Please note:

Health legislation requires that all children attending school must be immunized against certain diseases preventable by vaccination. These requirements apply to all students – old and new. A student cannot attend class unless the immunization card has been submitted as a record of vaccinations already received.

I _____ parent of _____ hereby attach a copy of his/her immunization card as record of all vaccinations already complied with.

Parent/ legal guardian signature: _____ date _____ 20____

EMERGENCY MEDICAL DETAILS:

Child's name: _____

In case of a medical emergency our procedure will be contact the parent/guardian at home or work. Should we be unable to make contact and depending on the degree of severity, your child will be transported to the nearest hospital either by a staff member or by an ambulance summoned for this purpose.

If you cannot be contacted, please make adequate arrangements for proper care of your child in the event of an emergency caused by illness or accident.

1. The school office will attempt to contact you, or the person designate.
2. Please be sure that designated person has your medical aid/number ready as this will ensure prompt treatment of the child in the event of an emergency.

Details of the designated person, should we be unable to contact you:

Name: _____

Address: _____

Cell: _____

Relationship to student: _____

Family doctor: _____ Tel No.: _____

Closest hospital you prefer: _____

Medical Aid Name: _____

Medical Aid Number: _____

PARENTAL / GUARDIAN PERSONAL INFORMATION

Father/Legal Guardian:

Name and surname: _____

ID Number:

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Occupation and employer: _____

Telephone Number: (h)_____ (w)_____

Cellphone Number: _____

E-Mail Address: _____

Marital status: _____

Home address: _____

Mother/Legal Guardian

Name and surname: _____

ID Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Occupation and employer: _____

Telephone Number: (h)_____ (w)_____

Cellphone Number: _____

E-Mail Address: _____

Marital status: _____

Home address: _____

Parent's commitment to American Christian Leadership Academy:

1. We will attend school functions regularly (only a valuable written apology will be accepted).
2. Phones

Financial Obligation Agreement

1. I understand and accept the fact that American Christian Leadership Academy operates on an annual budget and is dependent upon tuition fees, gifts and fund-raising projects to meet operating expenses. The School Board employs staff members for 12 months of the year and each is under contract for a stipulated monthly salary.

2. I understand and accept that the fee structure is as low as can be sustained without seriously affecting tuition and that the School Administration retains the right to change fees when necessary.

3. I understand and accept that all required school fees and payments are compulsory and must be paid on time, monthly before the 3rd of each month. (School Fees are payable in ADVANCE for the next month!) The Governing Board appointed a debt collecting company to deal with any financial arrears and you can be blacklisted. Rather be safe and pay your fees promptly.

4. I understand and accept that persistent late payments, without any prior correspondence/ arrangements, will incur 2,5% interest on all outstanding amounts 30 days and over, (without any prior arrangement) and will eventually lead to the debtor being handed over for debt collection.

5. It is recommended that you pay school fees via stop order/electronic bank transfer as this will create a safer situation at school. Please organize this with your bank.

6. I understand and accept that payments in arrears for three (3) months could result in suspension of the learner concerned and could lead to legal action being taken against the party indebted to the school.

7. I understand and accept that should any financial difficulty arise in my family situation that will affect the payment of required school fees, I must approach the principal immediately to make appropriate arrangements.

8. I understand and accept that during any time of the year, I am obliged ONE FULL CALENDAR MONTH'S written notice of termination of attendance of the learner during the year. If for some reason beyond my control, I cannot comply with this, a written motivation must be submitted to the school requesting deferment and release of the student. I understand and accept that one month's additional tuition will be charged if such notification is not made in time. Educational material already purchased by the school on behalf of the learner will also be charged for. Should the learner leave school with an outstanding account, it will immediately be forwarded to our debt collectors with an extra 25% collection fee (interest) on that account.

9. The school will send you an e-mail after the 7th of each month to remind you of your arrears, we regret, but if no reaction is received from your side within seven (7) days, the school will have to hand the matter over to the debt collectors who will deal with the matter further. The school has the right to refuse to educate learners after 1 month's arrears. You will be notified to "fetch" your child with immediate effect until settlement is received.

10. No student records will be forwarded to the new school until all accounts are fully settled and notification is received from the admitting school.

11. Should a parent pay school fees in advance and in the event of an accident where the school no longer will be able to accommodate a learner at all, a full refund will be done. Each situation is unique and will be evaluated accordingly, after conferring with the parents. This will be done to suit both parties.

Signature: _____

12. I REALIZE THAT THE RE-REGISTRATION FEE FOR THE NEXT YEAR WILL BE BILLED AT THE END OF AUGUST EACH YEAR.

THIS GIVES THE SCHOOL THE OPPORTUNITY TO PLAN CLASSES IN ADVANCE.

13. TEXTBOOKS FOR 2024 WILL BE INVOICED BY NO LATER THAN JULY 2023 IN ORDER TO ENSURE DELIVERY BEFORE THE NEW SCHOOL YEAR COMMENCES.

Please note that the school is a "private" organization and therefore does not receive a subsidy from the Education Department. We depend on school fees only to cover all our expenditures, which includes salaries, the rent of the buildings, water & lights, hiring of copy machines and maintenance of the school equipment, etc.

We are prepared to listen and make a special arrangement for one month if you have a serious problem and if you make an appointment to discuss it with the principal beforehand.

The school will send you an e-mail after the 7th of each month to remind you of your arrears. We regret, but if no reaction is received within seven (7) days, the school will have to (according to instructions from the Board) hand the matter over to the Debt Collection Company who will deal with the matter further. The school will notify you that it is not possible to educate your child any further.

The school sincerely hopes that you will understand our position and that you will co-operate in this regard.

I acknowledge the following financial conditions:

1. I am financially fit and can afford the monthly school fees of this private school. I understand that if I am unable to afford these fees, my child will not be enrolled in American Christian Leadership Academy.
2. I also understand that American Christian Leadership Academy reserves the right to dismiss my child without any prior notice, should my account be in arrears (between 30 and 60 days).
3. I agree to authorize the school and/or any of its associated to conduct any credit enquiries on us as may be necessary from time to time.

Name of child (learner):

Name of Person Responsible for the Account:

Contact Details of Person Responsible for the Account:

Cell: _____

Email: _____

Father's name: _____

Father's signature: _____

Father's ID: _____

Mother's name: _____

Mother's signature _____

Mother's ID: _____

Signed at _____ on the _____ day of _____ 20 _____

**I HEREBY CERTIFY THE ABOVE INFORMATION GIVEN ON THIS APPLICATION
FORM IS COMPLETE AND ACCURATE**

Father's Signature: _____

Mother's Signature: _____

Legal Guardian's signature: _____

Date: _____

Next of kin – (family or friend not staying at the same address)

Name: _____ Surname: _____

Address: _____

Cel. No.: _____

Relationship to student: _____

Please keep pages 14 until page 25.

The following pages please do not send it back to the school.

It contains important information to be kept.

FEE STRUCTURE

Registration fee is **R800**

Re-registration fee is **R100** to reassure space

Student will not be selected if we have not received registration or re-registration fee before **15 December 2022**

Grade	Monthly
Grade 1	R 1 470
Grade 2	R 1 550
Grade 3 and up	R 1 650
After care	R 500

IMPORTANT!!!

- School begins at 07:30am all students need to be in class at that time, meaning students must be at school before 7:30 am. Our gates close that time, any late students will not be allowed to come into school. Please contact your teacher beforehand if your child is going to be late for school, then we will make an exception.
- School closes at 14:00 if a student stays after that time it is after care and an extra monthly fee of R 500 will be added.
- The school gates close at 17:00 in the afternoon please be sure to pick your child before that time, please contact the teacher if you are going to be late.

FINANCIAL INFORMATION:

ACCOUNT HOLDER: AMERICAN CHRISTIAN LEADERSHIP T/A ACLA

NAME OF BANK: STANDARD BANK

TYPE OF ACCOUNT: CHEQUE ACCOUNT

ACCOUNT NUMBER: 101 255 36036

BRANCH CODE: 052548

REF: e.g., M. FRANS GR1

E-mail proof: aclasouthafrica@yahoo.com

Rules for WhatsApp group

To ensure we are all well connected and use this facility correctly and safely, we have come up with a few ground rules for using the WhatsApp Group.

1. **Respect others as individuals** - giving the other person our attention, responding politely and not ridiculing what the other people say. Remember- not everyone will have the same opinion and that is perfectly OK!
2. **Respect others culture, race, and background** – realizing that while we are all different, that deep inside we are essentially the same.
3. **Respect others privacy and confidentiality** – You must not share contact numbers of participants in the group to anyone else and remember that anything discussed in the group must be treated confidentially.
4. **No bullying, harassment, or discrimination.**
5. **No use of explicit/sexual language.**
6. **Take turns** – let everyone have a turn and do join the conversation when you can.
7. **Have fun!!** Share exciting news, share your anxieties and worries, share your thoughts and offer support one another.
8. **This is a school group** – Please keep conversations to a minimal, please do not respond to every single message that a parent or teacher may send, only when necessary. Teacher will make the group an ADMIN ONLY- group (only admin can send messages) if the group chats get out of hand. Any personal conversations parents want to have please do not do it on the group. In the group we only talk about school or the students.
9. **No Tolerance Policy** – a member of the ACL team will be part of the group chat to both participate and monitor conversations to help support when required. We may ask you to remove comment or chat that is not appropriate. In rare cases, we may need to remove you from the group.
10. **Make a rule** – If you wish a rule to be added here then get in touch and let us know
11. **Remember** – This facility is NOT a replacement for emergency situations. WhatsApp will not be monitored 24/7 and therefore if you have an emergency, please call any ACLA staff member.
12. **All communication may only take place between 07h00 and 19h00**

GRADE 1 STATIONARY LIST

Please be sure to mark all stationary separately with student's name.

Quantity	Description
2	A4(192pg) Hardcover Book-Feint & Margin covered (Maths and English)
2	A4 (72pg) Exercise Book-Feint & Margin covered. (Afrikaans and Life skills)
1	A4 17mm Feint & Margin(72pg)
1	A4 Blank exercise book covered (Art)
1	A5 hardcover Exercise book- Feint Margin covered (homework book)
1	A5 Exercise book-feint Margin covered (Spelling book)
2	A4 flip file
4	Bantex A4 Quotation Folder
1	Small office folder
1 pack (100)	Plastic sleeves for office folder
1	2 in 1 black and white board 35 x25 cm (growing minds)- crazy store
1	colored set of white board markers
1	Coloring book 240 pages
1 roll	Decifix clear self-adhesive roll
1	A4 500 sheet (80g) White copier paper (Typek)

1 Pack (25)	A4 sheets colored paper
1 Pack (50/25)	A4 sheets bright or pastel colored cardboard
24	Pencils (H Faber –Castel / Steadler)
2 Packs	Colouring pencils (Faber –Castel / Steadler)
1 Box	Medium thickness wax crayons
1	Small kids scissor
2	Pencil sharpener with a lid
2	Ruler (15 cm)
9	Pritt 43g
2	Ponal wood glue
4	Big eraser
1	48-piece puzzle (please put puzzle in good quality plastic container)
1	5l Ice cream container
3	Finger art paint (Red, Yellow and Blue)
1	Apron
2	Paint brushes
1	100-piece stacking counting cubes (please put cubes in a good quality plastic container)

1 box	wooden ice cream sticks
12	White paper plates
1	Soccer ball/volleyball
1	Bean bag
1	Jumping rope
4	150ml Liquid hand soap
1 per term	Box tissues (200)
1	Hand towel
9	Roll toilet paper
1	Headphones for laptop

Please note that the stationary list is for the whole year, some stationary might run out through the year like (pencils, colouring pencils, glue etc) The teacher will keep you informed each term if any other stationary is needed for extra projects, or your child ran out of stationary, or it got lost.

GRADE 2 STATIONARY LIST

Please be sure to mark all stationary separately with student's name

Quantity	Description
1	A4(192pg) Hardcover Book-Feint & Margin covered
6	A4 (72pg) Exercise Book-Feint & Margin covered.
3	A4 (72pg) Math exercise book
1	A4 Blank unruled book covered
2	A5 Exercise book-feint Margin covered
2	A4 flip file (50 pocket)
1	Oxford Bilingual Dictionary
1	Small white board 35 x25 cm crazy store
1	colored set of white board markers
2	A4 500 sheet (80g) White copier paper (Typek)
1 Pack (25)	A4 sheets colored paper
1 Pack (50/25)	A4 sheets bright or pastel colored cardboard
24	Pencils (H Faber –Castel / Steadler)
2 Packs	Colouring pencils (Faber –Castel / Steadler)
1	Small scissor

1	Pencil sharpener with a lid
1	Shatterproof Ruler
3	Pritt 43g
3	Big eraser
1	Apron
1	100-piece stacking counting cubes (please put cubes in a good quality plastic container)
4	150ml Liquid hand soap
1 per term	Box tissues (200)
9	Roll toilet paper
1	Headphones for laptop

Please note that the stationary list is for the whole year, some stationary might run out through the year like (pencils, colouring pencils, glue etc) The teacher will keep you informed each term if any other stationary is needed for extra projects, or your child ran out of stationary, or it got lost.

GRADE 3 AND ABOVE STATIONARY LIST

Please be sure to mark all stationary separately with student's name

Quantity	Description
1	A4(192pg) Hardcover Book-Feint & Margin covered
6	A4 (72pg) Exercise Book-Feint & Margin covered.
3	A4 (72pg) Math exercise book
1	A4 Blank unruled book covered
2	A5 Exercise book-feint Margin covered
2	A4 flip file (50 pocket)
1	Oxford Bilingual Dictionary
1	Small white board 35 x25 cm crazy store
1	colored set of white board markers
2	A4 500 sheet (80g) White copier paper (Typek)
1 Pack (25)	A4 sheets colored paper
1 Pack (50/25)	A4 sheets bright or pastel colored cardboard
24	Pencils (H Faber –Castel / Steadler)
2 Packs	Colouring pencils (Faber –Castel / Steadler)
1	Small scissor

1	Pencil sharpener with a lid
1	Shatterproof Ruler
3	Pritt 43g
3	Big eraser
1	Apron
1	100-piece stacking counting cubes (please put cubes in a good quality plastic container)
4	150ml Liquid hand soap
1 per term	Box tissues (200)
9	Roll toilet paper
1	Headphones for laptop

Please note that the stationary list is for the whole year, some stationary might run out through the year like (pencils, colouring pencils, glue etc) The teacher will keep you informed each term if any other stationary is needed for extra projects, or your child ran out of stationary, or it got lost.

UNIFORM and PRICE LIST

BOYS:

Summer:

White button up shirt (Everyday uniform)	Buy on own
Green shorts (Everyday uniform)	At ACLA = R 150.00
Green pullover (Everyday uniform)	At ACLA = R 200.00
Green Jersey (for cold days)	At ACLA = R 280.00
Grey socks (Everyday uniform)	Buy on own
Black school shoes (Everyday uniform)	Buy on own
ACLA Golf shirt (Fridays)	At ACLA = R 200.00
ACLA Sport short (Fridays)	At ACLA = R 120.00
Any black sport shoes/tekkies (Fridays)	Buy on own

Winter:

ACLA Golf shirt (Everyday uniform)	At ACLA = R 200.00
Tracksuits (Everyday uniform)	At ACLA = R 450.00
Black school shoes (Everyday uniform)	Buy on own
Only Green hats allowed	Buy on own
Only Green mittens allowed	Buy on own

GIRLS:

Summer:

White button up shirt (Everyday uniform)	Buy on own
ACLA Tunic Dress (Everyday uniform)	At ACLA = R 280.00
Green School Jersey (for cold days)	At ACLA = R 280.00
Black stockings (for cold days)	Buy at own
White socks (Everyday uniform)	Buy on own
Black school shoes (Everyday uniform)	Buy on own
ACLA Golf shirt (Fridays)	At ACLA = R 200.00
ACLA Sport short (Fridays)	At ACLA = R 120.00
Any black sport shoes/tekkies (Fridays)	Buy on own

Winter:

ACLA Golf shirt (Everyday uniform)	At ACLA = R 200.00
Tracksuits (Everyday uniform)	At ACLA = R 450.00
Black school shoes (Everyday uniform)	Buy on own
Only Green hats allowed	Buy on own
Only Green mittens allowed	Buy on own