



APPLICATION FOR ENROLMENT

Grade

PLEASE INITIAL ALL PAGES

LEARNER INFORMATION

- SURNAME: _____ FIRST NAMES: _____
- MALE/FEMALE: _____
- DATE OF BIRTH: _____ IDENTITY: NUMBER: _____
- PLACE OF BIRTH: _____
- RACE: _____ HOME LANGUAGE: _____
- CITIZENSHIP: _____ (If not SA please supply relevant Home Affairs Documents)
- HOME ADDRESS _____
_____ POSTAL CODE: _____
- PHONE NO: _____

FAMILY INFORMATION

FATHER'S DETAILS:

- FATHER'S NAME: _____ FATHER'S ID _____
- OCCUPATION: _____ CURRENT EMPLOYER: _____ PERIOD PLOYED _____
- WORK PHONE: _____ E-MAIL ADDRESS: (Work) _____
- CELL PHONE: _____ E-MAIL ADDRESS: (private) _____

MOTHER'S DETAILS:

- MOTHER'S NAME: _____ MOTHER'S ID _____
- OCCUPATION: _____ CURRENT EMPLOYER: _____ PERIOD PLOYED _____
- WORK PHONE: _____ E-MAIL ADDRESS: (Work) _____
- CELL PHONE: _____ E-MAIL ADDRESS: (private) _____

PARENT'S MARITAL STATUS: _____

BROTHER'S & SISTER'S :(*List names and ages*)

PERSON RESPONSIBLE FOR ACCOUNT: _____ ID NO: _____

PERSON RESPONSIBLE FOR COLLECTION: _____ CELL NO: _____

PRESENT SCHOOL RECORD

SCHOOL'S NAME: _____

TEL NO: _____ Email ADDRESS: _____

HAS YOUR CHILD BEEN DIAGNOSED WITH (ADD OR ADHD) OR ANY OTHER LEARNING DIFFICULTY, (yes/No) If YES, EXPLAIN WHAT COURSE OF ACTION IS BEING FOLLOWED:

WHAT GRADE IS YOUR CHILD CURRENTLY IN? _____

HAS YOUR CHILD EVER FAILED A GRADE? _____

HOW DID YOU HEAR ABOUT HOPE RESTORATION COLLEGE?

WHAT IS YOUR REASON FOR SELECTING HOPE RESTORATION COLLEGE?

DOCUMENTATION TO BE ATTACHED WITH APPLICATION

- CERTIFIED COPIES OF BOTH PARENTS` IDs
- CERTIFIED COPY OF BIRTH CERTIFICATE
- LATEST COPY OF RATES ACCOUNT/COPY OF YOUR CURRENT SIGNED RESIDENTIAL LEASE AGREEMENT
- LATEST COPY OF ELECTRICITY ACCOUNT
- WRITTEN TESTIMONIAL FROM PREVIOUS SCHOOL
- TWO ID SIZED PHOTOS OF THE CHILD

DIAGNOSTIC TESTING

DIAGNOSTIC TESTING MAY NEED TO BE COMPLETED BY THE STUDENT AT THE SCHOOL AT A COST TO BE DETERMINED BY THE SCHOOL. THE COST IS NON REFUNDABLE AND DOES NOT GUARANTEE ACCEPTANCE

CREDIT CHECK

As part of our application to enroll _____ (Child's Names) with Hope Restoration College, we hereby give consent for Hope Restoration College complete a full credit and reference check to confirm that all the above details listed are all correct.

FATHER'S SIGNATURE: _____ DATE: _____

MOTHER'S SIGNATURE: _____ DATE: _____

LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

You will be contacted to schedule an appointment for your child to take the Diagnostic Test as soon as (items 1-3) of the criteria below have been met. Pending the results of the diagnostic test, you will be invited to complete the Parents Interview with the Senior Administrator & Principal

HOPE RESTORATION COLLEGE IS RUN ON CORPORATE GOVERNANCE PRINCIPLES WHICH INCLUDE STRICT FINANCES

PAYMENT OF FEES

All fees are payable monthly in advance, for 12 months of the year, including holiday months.

- A full calendar months' notice in writing is required if a child is leaving the school – otherwise you will be required to pay that month
- Invoices and statements are sent out for the following month not later than the 27th, or by the last day of a holiday.
- Full payment of all fees is required by the 1st of the month.

LATE PAYMENT OF FEES

Late payment of fees is unacceptable!

- There is a window period for payment until the 5th of the month.
- If your account is not up to date by the 5th of the month you will be notified by telephone/letter/email/sms and immediate settlement is required
- If your account is still not up to date by the 7th of the month, your child is automatically suspended from the school with immediate effect until you have settled in full and have furnished proof of such payment in the office. Any payments made after the 7th carries and Admin fee of R100.
- If by the end of the month (30 days account) you have not settled your full account your child will be suspended and your account may be handed over for collection. 15% interest on arrears will be instituted.
- Should your account be handed over your for collection you will then become liable for the additional legal administrative cost added by the debt collection agency.
- Once your account has been handed over your child is de-registered and will not be permitted to return unless he/she is re-registered and the full registration fee is paid again. The school reserves the right of application for re-registration.

ACCOUNT QUERIES

- If you wish to query your account do not withhold or delay your required regular payments!
- Contact our Bookkeeper on 011 976 0600/1 during school hours or email: ntibim@hrm.org.za/academy@hrm.org.za

ANNUAL PAYMENT DISCOUNTS

- The school will be prepared to offer an 8% discount if full annual fees for tuition, life skills, School Development Levy and estimated use of PACES's is paid in full by 31st December prior to the academic year.
- The amount of this discount will be entered as a credit balance in your account and will be offset against usage through the year. Reconciliation will be done in November of the current year. Please remember that any other expenses that may be invoiced during the year (e.g. Honour Roll, Spelling, etc) must be paid by no later than the 7th of the month, failing which the child will be suspended until the fees due are fully paid.



Dear Parents

Pastor's Recommendation

Thank you for applying to enroll your child in Hope Restoration College. As we are a Christian school for Christian families we would ask you to obtain a Pastor's Recommendation as a precondition for us confirming the enrolment of your child into the school.

There are occasions when a family needs pastoral care and counseling. As a school we become aware of such needs and would like to be able to call on your pastor to assist us should the need arise.

Please give the attached letter and recommendation form to your pastor and ask him to return it directly to the school

If you have recently moved to this area and are not yet affiliated to a local church please phone me and I can suggest some options.

Yours in Christian Education

Private & Confidential

Pastor's Recommendation for Child Enrolment at



- The above family has applied to have their child/ren enrolled at our school and because a child's education is ultimately the Parents' responsibility, it is important to know something about their background. Please answer all the questions accurately and with careful consideration and re-turn it to us at Hope Restoration College. Thank You!

NAME: _____ SURNAME: _____
HOME ADDRESS: _____
_____ POSTAL CODE: _____
CELL NUMBERS: _____ WORK NUMBER: _____
HOME NUMBER: _____ EMAIL ADDRESS: _____
DATE: _____

- How long have you known this family? _____ Years _____ Months _____

- How well do you know them?

<input type="checkbox"/>	Very well	<input type="checkbox"/>	Well	<input type="checkbox"/>	Not so Well	<input type="checkbox"/>	Not at all	<input type="checkbox"/>
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- What do you consider this family's major strengths?

- What do you consider their major weaknesses?

- Are the Parents Born-Again?

Father	Yes	No	Uncertain	Mother	Yes	No	Uncertain
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- What is their commitment and involvement in the Local Church?
 - Are they registered members of your church (Yes/No)
 - Do they attend regularly (Yes/No)
 - Do they attend a Home Cell/Bible Study Group (Yes/No)
 - Do they support the Local congregation financially? (Yes/No)
- What would you say is their motivation for sending their child to our school?

- Recommendation/Comments:

- Your Details: (Please Print Clearly)

Name of Church: _____

Address of Church: _____

Telephone Numbers & Email address: _____

I _____ (full name and Surname) state that I have fully understood this recommendation, and realize that my responsibility is extended to this family. I will further assist the school in any future matter that may require counseling and /or pastoral intervention. I also agree to inform the school should a family crisis occur.

Signature: _____ Date: _____

Church Stamp

FOR OFFICE USE

1. CREDIT CHECKS _____
2. ALL SECTIONS COMPLETE _____
3. REQUIRED ACCOMPANYING DOCUMENTS REQUESTED _____
4. DIAGNOSTIC TEST RESULTS _____