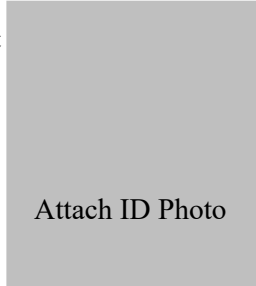


<b>DATE OF APPLICATION:</b>			<b>SCHOOL: VISTA JUNIOR ACADEMY</b>		
<b>NOT APPROVED</b>		<b>APPROVED</b>		<b>DATE APPROVED:</b>	

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION FORM:



1. Copy of clinic card
2. Resent passport sized photo
3. Copy of learner's ID/Birth certificate
4. Copy of both parents/Guardian's ID
5. Proof of payment for non-refundable application fee.
6. Foreign National's Work Permit
7. Latest salary advance
8. Three months bank statements
9. Latest report or transfer letter



## LEARNER DETAILS

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

Surname: \_\_\_\_\_ Date of Birth: 

day	month	year
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Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ ID or Passport no: \_\_\_\_\_

Nationality \_\_\_\_\_ Home Language: \_\_\_\_\_

Grade applied for: \_\_\_\_\_ Starting date: \_\_\_\_\_

Religion: \_\_\_\_\_ Dexterity of learner: 

Right-Handed	Left-Handed
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Please indicate with an x if either of the learner's biological parents is deceased: 

mother	father
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<b>Previous Education</b>	Schools/Institutions:	Contact detail:	From:	To:
	Achievements:			

### Learner Medical Information

Medical Aid Number: \_\_\_\_\_ Medical Aid Name: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

<b>Siblings</b>	Name	School	Grade

**Please complete the information below if the learner is not living at home during school terms:**

Term address: \_\_\_\_\_ Guardian name: \_\_\_\_\_

\_\_\_\_\_ Contact number: \_\_\_\_\_

YES		NO	
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**Immigrant:** Country of origin: \_\_\_\_\_

Date of entry into South Africa: 

day	month	year
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## DETAILS OF PARENTS/ GUARDIANS

	Parent/ Guardian 1			Parent/ Guardian 2		
Relationship status to applicant						
Marital status (Indicate with an X)	Married	Divorced	Other	Married	Divorced	Other
Title   Surname						
First Name/s						
ID/ Passport number						
Nationality						
Residential Address						
Postal Address						
Occupation						
Business/ Employer						
Home Telephone number						
Business Telephone number						
Cell phone number						
E-mail address						
Alternative contact person:						
Name and Surname						
Relationship to learner						
Contact number						

I/We the parents/ Legal Guardians of \_\_\_\_\_  
 (full name and surname of learner), hereby apply for his/her admission to Vista Junior Academy.

I/We confirm that the information contained in this application is complete and accurate.

Should this application be successful:

- I/We acknowledge and accept a non-refundable enrolment fee as per fee structure, will be required on completion of the “Registration to Vista Junior Academy”.
- I/We acknowledge and accept that the school fees are payable over 12 months (January – December).

I/We agree that Vista Junior Academy’s acceptance of this application is conditional on my/our timeous completion of the “registration to Vista Junior Academy” documentation.

Parent/ Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VJA Principal: Mrs. Lizandra Wessels: \_\_\_\_\_ Date: \_\_\_\_\_