WILLOW VIEW ACADEMY APPLICATION

31R First Road, Bredell, Kempton Park, Gauteng 010 500 6006 0r 064 500 2860 admin.academy@willowview.co.za
www.willowview.co.za

PLEASE PRINT CLEARLY IN BLOCK LETTERS, USING A BLACK PEN

The following documents MUST accompany this application:

NB

- □ **Study visa /permanent residence permit (if pupil not born in SA)**
- □ **Applicant's birth certificate**
- □ **Applicant's latest year-end report**
- □ **Applicant's most recent term report**
- □ **Copy of vaccination card**
- □ **Copies of ID documents of both parents**
- □ **Proof of Payment Fee**

Name of Academy applying for:

_____

Date of Proposed Entry _____

Year_____

Grade: _____

Age upon Entry: _____

Personal Details of Prospective Pupil:

Surname: _____ First Names: _____
(UNDERLINE NAME USED AT HOME)

Date of Birth:_____Place of Birth: _____ Male / Female:_____Day Scholar/Boarder: _____
(DD, MM, YYYY)

Nationality: _____ Home Language:_____ Present School: _____ Tel:_____

ID No on Birth Certificate: _____ Religious Affiliation & Denomination: _____

Siblings at the school Yes / No
1._____Grade_____
2._____Grade _____

Personal Details of Father/Mother/Guardian(s):

Name: _____ (FATHER / GUARDIAN)	Name: _____ (MOTHER / GUARDIAN)
ID No:	ID No:
Home Address:	Home Address:
Home Phone No:	Home Phone No:
Home Fax No:	Home Fax No:
Cell No:	Cell No:
E-Mail:	E-Mail:
Postal Address:	Postal Address:
Send correspondence to: □ Postal □ E-Mail	Send correspondence to: □ Postal □ E-Mail
Occupation:	Occupation:
Company Name:	Company Name:
Work Address:	Work Address:
Work Phone No:	Work Phone No:
Work Fax No:	Work Fax No:

Parents Marital Status: Married □ Divorced □ Widowed □ Single □	With whom does the applicant live?

Is there any family or other association with Willow View Academy? _____

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Parent's Remarks (Special requests or information):

How and where did you find out about Willow View Academy? Please circle:

1. Friends/family/colleague 2. Internet/website/face book 3. Newspaper 4. Child magazine 5. Outdoor signage 6. Other

Details of Person(s) To Be Responsible for Paying School Fees and Supplemental Costs:

I/We have no principle objection to the School contacting our applicant's current school and/or the bank and/or a credit bureau for the purposes of obtaining a financial reference during the admissions process.

Father's Details:		Mother's Details:	
Name:		Name:	
Nationality:		Nationality:	
ID No:		ID No:	
Bank:		Bank:	
Bank Acc No:		Bank Acc No:	
Signed:		Signed:	
Date:		Date:	

- Please take careful note of payment and cancellation terms and conditions on all applicable forms.
- Debit-order payment monthly in advance on or before the 1st day of each month X 12 months.
- Internet payment monthly in advance on or before the 1st day of each month X 12 months.
- DEBIT-ORDER FORM COMPLETION

Please complete a debit-order form and deliver it by hand to the school admin office, this is our preferred method of payment.

- PLEASE USE YOUR PUPIL CODE AS REFERENCE FOR ALL PAYMENTS.

Please ensure that copies of the applicant's most recent year-end report, their latest interim report, Transfer Card, their birth certificate,copy of immunisation card and copies of parents ID documents are attached.

BANKING DETAILS	
Account Name	Willow View Academy
Bank	First National Bank
Branch Code	210835
Account Number	63096396297

Emergency Contact Details / Medical Aid Details

Name of Person

Contact Number

Medical Aid

Medical Aid #

For Office Use Only		
Admission Checks	DATA CAPTURED:	
Admission Form		
Academic Acceptance		
Finance Check		

Notes