

## PLG SCHOOLS APPLICATION

PLG Sanrock Academy, Old Naboomspruit Road, Modimolle Tel: 014 001 7030 Email: sanrock@plgschools.co.za

Name of Academy applying for:

Date of Proposed Entry \_\_\_

## PLEASE PRINT CLEARLY IN BLOCK LETTERS, USING A BLACK PEN

The following documents MUST accompany this application:

Applicant's most recent term report

Applicant's birth certificateApplicant's latest year-end report

Is there any family or other association with PLG Schools?

□ Study visa /permanent residence permit (if pupil not born in SA)

		Copy of vaccination card Copies of ID documents of both pa Concent form to do Credit Check Proof of Residence Proof of Payment Administration F		Year Grade: Age upon Entry:			
	Personal Details of Prospective Pupil:						
Surnar	me:		First Names:	(UNDERLINE NAME USED AT HOME)			
Date of	of Birth: Place of Birth: Male / Female: Day Scholar/Boarder:						
Nation	ality:	Home Language:	Present School:	Tel:			
ID No o	on Birth Certificate:		Religious Affiliation &		_		
Sibling	lings at the school 1 Grade  Yes / No						
		Personal Detail	ls of Father/Mother/Guard	lian(s):			
Name:			Name:		_		
ID No:		(FATHER / GUARDIAN)	ID No:	(MOTHER / GUARDIAN)			
Home .	Address:	-	Home Address:		_		
					_		
	Phone No:	=	Home Phone No:				
Home Cell No	Fax No:		Home Fax No: Cell No:		_		
E-Mail:			E-Mail:		_		
	Address:		Postal Address:		_		
					_		
		-			_		
Send o	correspondence to:	□ Postal □ E-Mail	Send correspondence to:	□ Postal □ E-Mail			
Occupa	ation:		Occupation:				
Compa	any Name:		Company Name:				
Work A	Address:		Work Address:				
					_		
	Phone No:		Work Phone No:		_		
Work F	Fax No:		Work Fax No:		_		
Paren	its Marital Status:	Married □ Divorced □ Widowed □ Single □	With whom does the applicant live?		_		

Parent's Remarks (Special requests or information):								
How and where did you find ou	ut about PLG Schools? Please circle:							
1. Friends/family/colleague 2	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:						
		-						
<ul> <li>Please take careful note of payment and cancellation terms and conditions on all applicable forms.</li> <li>Debit-order payment monthly in advance on or before the 1st day of each month X 12 months.</li> <li>Internet payment monthly in advance on or before the 1st day of each month X 12 months.</li> <li>DEBIT-ORDER FORM COMPLETION</li> <li>Please complete a debit-order form and deliver it by hand to the school admin office, this is our preferred method of payment.</li> <li>PLEASE USE YOUR PUPIL CODE AS REFERENCE FOR ALL PAYMENTS.</li> </ul>								
		ear-end report, their latest interim report, their birth certificate,						
copy of immunisatio	n card and copies of parents ID docur	nents are attached.						
BANKING DETAILS		Emergency Contact Details / Medical Aid Details						
Account Name	PLG Sanrock Academy	Name of Person						
Bank	Absa Bank	Contact Number						
Branch Code	632005	Medical Aid						
Account Number	409-285-8437	Medical Aid #						
For Office Use Only								
Admission Checks		DATA CAPTURED:						
Admission Form Academic Acceptance		-H						
Finance Check		<u>-H</u>						
Notes								