

**APPLICATION FORM  
(Full Time Student – Tutored Online)**

*Please complete this form in full, initial pages 1-4 and sign page 5*

STUDENT'S FULL NAME: \_\_\_\_\_

GRADE REQUIRED: \_\_\_\_\_

YEAR REQUIRED: \_\_\_\_\_

**SUBJECT SELECTION: (Please tick the appropriate boxes)**

SELECTION GRADE 10, 11 AND 12		GRADE 8 AND 9	
FOUR COMPULSORY SUBJECTS		ALL SUBJECTS ARE COMPULSORY	
English HL	X	English HL	X
Afrikaans FAL <b>OR</b>	[ ]	*Afrikaans FAL <b>OR</b>	[ ]
*IsiZulu (excluding grade 12)	[ ]	*IsiZulu	[ ]
Life Orientation	X	Mathematics	X
Mathematics <b>OR</b>	[ ]	Creative Art	X
Mathematical Literacy	[ ]	EMS	X
CHOOSE THREE ELECTIVES		IT	X
Physical Science	[ ]	Life Orientation	X
Life Sciences (Biology)	[ ]	Natural Science	X
Geography	[ ]	Social Science	X
CAT (Computer Applications Technology)	[ ]	Technology	X
Business Studies	[ ]		

**INFORMATION REGARDING SUBJECT SELECTION**

- For Grades 8 and 9, students must choose between Afrikaans FAL and IsiZulu FAL. All other subjects are compulsory.
- Only students who speak IsiZulu as their home language, or those who have completed IsiZulu as a First Additional Language in preceding years may select IsiZulu
- Please consider the subject selection for Grade 10 students carefully as changes after the beginning of Grade 11 are not permitted in the new curriculum.
- The FET (Grade 10 - 12) Syllabus requires seven subjects for this phase, four of which are compulsory and three electives.
- Grade 10 students may consider a 4th elective, (at the cost of a single subject) which can be dropped in Grade 11 and 12.

- Should a student take more than 7 subjects for Matric, there will be an additional IEB exam cost per additional subject.
- The selection of Physical Science will be subject to achieving a minimum mark of 50% in Mathematics at the end of Grade 9
- Mathematics is a requirement for the selection of Physical Science.

## APPOINTED SCHOOL INFORMATION

### THE APPOINTED SCHOOL PRINCIPAL'S INFORMATION

Surname		School Number	
First Name		Cell Number	
Title		E-mail Address	
School Address		Postal Address	

### THE APPOINTED SCHOOL SUPERVISOR'S INFORMATION

The person who will be providing academic support to the student at the Appointed School

Surname		Preferred Name	
First Name		Work Number	
Title		Cell Number	
School Number		E-mail Address	
School Address		Postal Address	

## PARENT/ GUARDIAN INFORMATION

### FATHER'S/GUARDIAN'S INFORMATION

Surname		Preferred Name	
First Name		Cell Number	
Title		E-mail Address	
ID Number		Occupation	
Home Number		Employer	
Work Number		Responsible for payment	Yes [ ] No [ ]
Home Address (domicilium citandi et executandi address)		Postal Address	

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Nature of relationship to the student: (Please circle) <b>Father</b> <b>Guardian</b>
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MOTHER'S/GUARDIAN'S INFORMATION

Surname	
First Name	
Title	
ID Number	
Home Number	
Work Number	
Home Address (domicilium citandi et executandi address)	

Preferred Name	
Cell Number	
E-mail Address	
Occupation	
Employer	
Responsible for payment	Yes [ ] No [ ]
Postal Address	
Nature of relationship to the student: (Please circle) <b>Mother</b> <b>Guardian</b>	

STUDENT INFORMATION

PLEASE PROVIDE INFORMATION ABOUT THE STUDENT

Surname	
First Name	
Preferred Name	
Gender	
ID Number	
Current Grade	
Grade (2019)	
Citizenship	
Home Language	

Home Number	
E-mail Address	
Age	
Cell Number	
Race (required by IEB/GDE)	
With whom the student resides	
Postal Address	

Home Address (domicilium citandi et executandi address)	
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**SCHOOLS ATTENDED**

Most Recent (or current) School		Previous	
Date Left		Date Left	
Grade Left		Grade Left	
Reason		Reason	
Address		Address	
Last Grade Passed			

**DOES THE STUDENT HAVE ANY OF THE FOLLOWING BARRIERS TO LEARNING**

Attention Deficit Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Partially Sighted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autistic Spectrum Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physically Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioural Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Learning Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cerebral Palsied	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reading Difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deaf/Blind Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Numeric Difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language Difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hard of Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADD with Hyperactivity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mild/Moderately Intellectually Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have replied **YES** to any of the above, kindly give full details:


(The Online School reserves the right to request an independent report where deemed necessary)

Accommodation received from the IEB or DBE

Yes  No

**SUPPORTING DOCUMENTATION**

**Kindly include the following information with your application. Without this documentation, your application will not be processed:**

- Copy of student's ID/passport (or birth certificate if no ID or passport)
- Copy of both parents' ID
- Passport sized photograph of the student
- Copy of student's latest/last school report
- Copy of accommodations received from the IEB or DBE (if relevant)
- Proof of payment of the application fee

**Please note that the acceptance of this application is subject to:**

- Accurate completion of this form and receipt of all supporting documentation
- The results of the diagnostic test
- The successful completion of the previous academic year

## **APPLICATION PROCESS**

1. Complete and return this application form together with the supporting documentation as listed and proof of payment of the application fee to the Online School.
2. The Online School will contact you to arrange the student's diagnostic test.
3. The diagnostic test is completed by the student under your supervision. Once completed, please submit the diagnostic test to the Online School.
4. The Online School will review the diagnostic test and determine the suitability of the Online School for the student and provide you with feedback.
5. Post diagnostic test results confirming the suitability of the Online School for the student, you will be required to sign the Online School Terms and Conditions of Enrollment and pay the registration fee.
6. Upon receipt of the signed Terms and Conditions of Enrollment and proof of payment of the registration fee, your child will be enrolled in the Online School.

## **SENDING OF DOCUMENTS & PROOF OF PAYMENT:**

1. Please send this form and supporting documentation to **INSERT APPOINTED SCHOOL EMAIL ADDRESS**
2. Please send proof of payment for the Application Fee and the Entrance Fee to **INSERT APPOINTED SCHOOL EMAIL ADDRESS**

## **ACKNOWLEDGEMENT**

I, \_\_\_\_\_ hereby understand that submission of this application form does not automatically guarantee the acceptance of my child to the Online School.

\_\_\_\_\_  
**Father/ Mother/ Guardian Signature**

\_\_\_\_\_  
**Date of Signature**