

## The Online School Application Form (Single Subject/s 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	<input type="checkbox"/>	English HL	<input type="checkbox"/>
Afrikaans FAL	<input type="checkbox"/>	*Afrikaans FAL	<input type="checkbox"/>
*IsiZulu (excluding grade 12)	<input type="checkbox"/>	*IsiZulu	<input type="checkbox"/>
Life Orientation	<input type="checkbox"/>	Mathematics	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	Creative Art	<input type="checkbox"/>
Mathematical Literacy	<input type="checkbox"/>	EMS	<input type="checkbox"/>
CHOOSE THREE ELECTIVES		IT	<input type="checkbox"/>
Physical Science	<input type="checkbox"/>	Life Orientation	<input type="checkbox"/>
Life Sciences (Biology)	<input type="checkbox"/>	Natural Science	<input type="checkbox"/>
Geography	<input type="checkbox"/>	Social Science	<input type="checkbox"/>
CAT (Computer Applications Technology)	<input type="checkbox"/>	Technology	<input type="checkbox"/>
Business Studies	<input type="checkbox"/>		

### INFORMATION REGARDING SUBJECT SELECTION

- The selection of Physical Science will be subject to achieving a minimum mark of 50% in Mathematics at the end of Grade 9.
- 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.
- Mathematics is a requirement for the selection of Physical Science.

## PARENT/ GUARDIAN INFORMATION

### FATHER'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 [ ]
Responsible for academic support *	Yes [ ] No [ ]
Postal Address	
Nature of relationship to the student: (Please circle) <b>Father</b> <b>Guardian</b>	

### 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 [ ]
Responsible for academic support *	Yes [ ] No [ ]
Postal Address	
Nature of relationship to the student: (Please circle) <b>Mother</b> <b>Guardian</b>	

\*This is the person who will be providing academic support to the student at home. All academic related communication will be addressed to this person.

**STUDENT INFORMATION**

PLEASE PROVIDE INFORMATION ABOUT THE STUDENT

Surname	
First Name	
Preferred Name	
Gender	
ID Number	
Current Grade	
Grade (2019)	
Citizenship	
Home Language	
Home Address (domicilium citandi et executandi address)	

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

**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 [applications@onlineschool.co.za](mailto:applications@onlineschool.co.za)
2. Please send proof of payment for the application fee and the registration fee to [finance@onlineschool.co.za](mailto:finance@onlineschool.co.za) . **BANK ACCOUNT DETAILS FOR HATFIELD CHRISTIAN ONLINE SCHOOL**

#### **BANK ACCOUNT DETAILS FOR HATFIELD CHRISTIAN ONLINE SCHOOL**

ACCOUNT NAME: HATFIELD EDUCATIONAL SERVICES PTY LTD:

BANK: STANDARD BANK

BRANCH: HATFIELD

BRANCH CODE: 011545

ACCOUNT NUMBER: 012593249

REFERENCE: HCOS & STUDENTS INITIALS & SURNAME

**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**