



SWAKOPMUND CHRISTIAN ACADEMY CC/99/1262

*Train up a child in the way that he should go;
And when he is old he will not depart from it. (Prov 22:6)*

NEW STUDENT APPLICATION

APPLICANT NAME: _____

APPLICATION DATE: ____ / ____ / ____

GRADE APPLIED FOR: _____

Please note that final acceptance of the applicant is subject to: -

- *An interview with the parents and child (if necessary)*
- *Attendance at Parent Orientation Programme*

Please submit the following copies with the application: -

- *Immunisation Record*
- *Most recent Progress Report from current school*
- *Grade 0 & 1 Application: School Readiness Report*

OFFICE USE ONLY:

Application Received:	___ / ___ / ____
Diagnostic Test Date:	___ / ___ / ____
Interviewed By:	_____ _____
Interview Date:	___ / ___ / ____
Date Accepted:	___ / ___ / ____

P.O. Box 1777, Swakopmund
137 Anton Lubowski Str.
Tel: 404605 / Fax: 400144
e-mail: school.office@swakopca.com
website: www.swakopca.com

GENERAL INFORMATION

Applicant Surname:		Name/s:		
Gender:	M / F	ID #:		
Birth date:		Age:		
Citizenship:		Study Permit:		
Postal Address:				
Residential Address:				
Telephone (H):		Telephone Other:		
I will fully cooperate with, and submit wholeheartedly to the ethos & culture of SCA. I pledge allegiance with SCA.			YES	NO

FAMILY INFORMATION

Father's Surname:		Name/s:		
Employer:				
Occupation:				
Telephone (W):		Fax #:		
Telephone (H):		Cell Phone:		
E-mail Address:		Marital Status:		
I will fully cooperate with, and submit to the ethos & culture of SCA. I will give my full involvement and participation in all matters of the school & child			YES	NO

Mother's Surname:		Name/s:		
Employer:				
Occupation:				
Telephone (W):		Fax #:		
Telephone (H):		Cell Phone:		
E-mail Address:		Marital Status:		
I will fully cooperate with, and submit to the ethos & culture of SCA. I will give my full involvement and participation in all matters of the school & child			YES	NO

Please list name & age of sibling/s not applying: -

RELIGIOUS INFORMATION

Current Church:					
Address:					
Pastor:			Tel #:		
Is Father a Christian?	YES Date: __ / __ / __	NO	Is Mother a Christian?	YES Date: __ / __ / __	NO
Has Applicant made a profession of faith in Jesus Christ?			YES - Baptism Date: __ / __ / __		NO

SCHOLASTIC INFORMATION

Current Grade Level:				
Last School Attended:				
School Address:				
What are the applicant's character strengths?				
What specific talents and interests does the applicant have?				
Does the applicant have any specific difficulties that may affect progress at school?				
If "Yes", give details & information of how SCA can assist:				
Has applicant had any disciplinary difficulties, been expelled, suspended or refused admission to another school?				
If "Yes", give details:				
Has applicant ever been in trouble with the law, arrested, run away from home etc?				
Explain:				
Indicate academic level of applicant's previous work:	Excellent	Good	Average	Poor

<p>Has the applicant ever failed in school?</p> <p>Explain & provide indication of how this affected his/her confidence & attitude to school:</p>	
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GENERAL INFORMATION

<p>How did you hear about this school?</p>	
<p>Reason for selecting this school?</p>	

MEDICAL INFORMATION

<p>Family Doctor:</p>		<p>Tel #:</p>	
<p>PAST CONDITION: (If your child has contracted any of the following, state age)</p>			
Mumps		Diphtheria	Polio
Measles		Scarlet Fever	Convulsions
Speech difficulty		Poor vision	Hearing difficulty
Whooping Cough		Rheumatic Fever	Heart Disease
Asthma		Chicken Pox	Diabetes
Known allergy		Pneumonia	Recurrent Ear Infections
Diagnosed ADD/Hyperactive		Tuberculosis	HIV/AIDS
Hyperglycaemia		Other:	
<p>MEDICAL TESTING: Please answer all of the following.</p>			
General hearing test	Yes	No	Date: ___ / ___ / _____
General eye/vision test	Yes	No	Date: ___ / ___ / _____
Tuberculosis	Yes	No	Date: ___ / ___ / _____
<p>PERSONAL HISTORY: Please answer all of the following.</p>			
Is he/she shy?		Overactive?	Bite fingernails?
Suck thumb?		Have excessive fears?	Generally like school?
Play well with others?		Eat breakfast regularly?	
<p>When is his/her usual bedtime?</p>		<p>When is his/he usual rising time?</p>	
<p>Does your child have a disability due to disease or an accident? If "Yes", please specify.</p>			
<p>Is your child currently on any chronic or other form of medication? If "Yes", please specify.</p>			