

HATFIELD

online

Christian School

P.O. Box 33760
Glenstantia
Pretoria
0010
South Africa

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GRADE 10 – 12 APPLICATION FORM

Full Time Option:

Top Up Option:

School Based Option:

STUDENT'S FULL NAME: _____

GRADE REQUIRED: _____

YEAR REQUIRED: _____

SELECT YOUR SUBJECT/S: (Please tick appropriate boxes)

English	
Afrikaans	
Mathematics	
Mathematical Literacy	
Physical Science	
Life Sciences (Biology)	
Geography	
CAT (Computer Applications Technology)	
Business Studies	
Life Orientation	

IMPORTANT INFORMATION

Thank you for expressing an interest in our school. HCoS gives students and their parents the freedom to manage their own learning environments from home. Parents can rest in the fact that specialist teachers navigate the students through their studies. Contact sessions, regular assessments and reporting are built into the courses.

Please visit our website www.onlineschool.co.za to familiarize yourself with the online school programmes or contact the school directly should you have any further questions.

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

- Copy of student's ID/passport
- Copy of both parents' ID
- Passport sized photograph of student
- Copy of student's latest/last school report
- Copy of accommodations received from the IEB or DBE (if relevant)
- Copy of three month's bank statements (most recent)
- Copy of three month's salary slips (most recent)
- Proof of payment of the application fee

The abovementioned documentation along with the completed application form should be emailed to admin@onlineschool.co.za. When we have received the completed application form and all the relevant documents, we will contact you to confirm receipt of the application.

Please note that:

- this process does not guarantee a place at the school and the final decision is at the discretion of the Executive Principal
- payment of any monies without the supporting documentation does not guarantee enrolment at HCoS
- applications which are incomplete or inaccurate in any respect will not be considered

APPLICATION PROCESS:

1. Complete and return the application form with the supporting documentation as listed. Please follow up with us if you do not receive an acknowledgment of our receipt of your application form.
2. The school will contact you to have your child complete relevant diagnostic tests. These are completed at home and returned to the school. Diagnostic tests are used to determine suitability to the online school.
3. The school will inform you if your application was successful or not.
4. Upon acceptance of a pupil, a registration deposit is payable before a pupil may receive access to the online courses.
5. Upon receipt of the registration deposit and signed conditions of enrolment, a pupil will receive access to the online courses.

FATHER'S/GUARDIAN'S INFORMATION

Surname	
First Name	
Title	
ID Number	
Home Number	
Work Number	
Home Address	

Preferred Name	
Cell Number	
E-mail Address	
Occupation	
Employer	
Postal Address	
Nature of relationship to the student: (Please circle) Father Guardian	

MOTHER'S/GUARDIAN'S INFORMATION

Surname	
First Name	
Title	
ID Number	
Home Number	
Work Number	
Home Address	

Preferred Name	
Cell Number	
E-mail Address	
Occupation	
Employer	
Postal Address	
Nature of relationship to the student: (Please circle) Mother Guardian	

PLEASE FURNISH THE DETAILS OF THE PERSON WHO WILL BE ASSUMING ACADEMIC RESPONSIBILITY FOR THE STUDENT. (It is to this person that we will address our communication)

Surname	
First Name	
Title	
Home Number	
Home Address	
Nature of relationship to the student	

Preferred Name	
Work Number	
Cell Number	
E-mail Address	
Postal Address	

STUDENT'S INFORMATION

Surname	
First Name	
Preferred Name	
Gender	
ID Number	
Citizenship	
Home Language	
Home Address	

Home Number	
E-mail Address	
Age	
Cell Number	
Race <small>(required by IEB/GDE)</small>	
Who Student Resides With	
Postal Address	

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 school reserves the right to request an independent report where deemed necessary)

SCHOOLS ATTENDED

Most Recent		Previous	
Date Left		Date Left	
Grade Left		Grade Left	
Reason		Reason	
Address		Address	
Last Grade Passed			

PLEASE FURNISH THE DETAILS OF THE PERSON WHO WILL BE ASSUMING FINANCIAL RESPONSIBILITY FOR THE STUDENT.

Surname		Preferred Name	
First Name		Work Number	
Title		Cell Number	
Home Number		E-mail Address	
Home Address		Postal Address	
Nature of relationship to the student			

THE FOLLOWING TERMS APPLY TO PAYMENTS:

SCHOOL FEES:

- Statements are issued by the 25th of every month and full settlement is required, by latest, close of business on the 7th of the following month.
- Hatfield Christian online School reserves the right to restrict access to courses of any student in respect of whom monies owed to the school are outstanding.
- An account will be deemed to be in arrears if the full amount due, as per statement, has not been paid on the due date and interest will be charged at 2% per month.
- A student's access to their online teachers will be revoked if an account is in arrears by more than 30 days and the account will be handed over to our attorneys for collection. All legal fees incurred will be for the parents' account.
- The previous year's school fees must be paid in full before enrolment for the following year is processed.

TEXTBOOKS:

- Textbooks are not supplied by the school and should be sourced by the parents.
- A textbook list will be provided once a student's application has been successful.
- Additional charges for exceptions such as online licences or DVD's for certain subjects do occur and sufficient notice is given to the parents and students on the textbook list.

TERMINATION:

- One month's notice of withdrawal of a pupil from the school is required in writing on the first day of the new month, or fees in lieu of notice will be charged for the following month.

BANK ACCOUNT DETAILS FOR HATFIELD CHRISTIAN ONLINE SCHOOL:

Bank: Standard Bank
 Branch Code: 011 545
 Account No: 012 593 249
 Reference: HCoS/Student's Surname
 Proof of Payment: finance@hatfieldcs.co.za

I, _____ hereby agree to settle the online schooling fees as indicated above and understand that submission of this application form does not automatically grant enrolment into HCoS.

Father's Signature

Date of Signature

Mother's Signature

Date of Signature

Guardian's Signature

Date of Signature