LEARNER'S EVALUATION AND FINANCIAL INFORMATION

As schools are not permitted to give out personal information without parent consent, we kindly request that you as the parent request that your child's current school complete this document and return to us.

Please sign this as consent.
Thank you for your assistance.

Parent Name: _____ Parent Signature: _____

Name & Surname of Learner: _____

Present School: _____ Grade: _____

Province: _____

Section A: Learner Development - Section to completed by the currant school.

Please rate the learner on the following scale:

5 – Excellent 4 – Good 3 – Average 2 – Weak 1 – Very weak

Ability in English		Ability to Concentrate		Manners & Courtesy	
Ability in Afrikaans		Task Completion		Appearance	
Reading Ability		Presentation of work		Behavior	
Homework Completion		Listening Skills		Group Participation	
Self-Control		Meeting Deadlines		General Attitude	
Acceptance of Responsibility		Working Independently		Respect for Others and their belongings	
Interaction with peers		Following Instructions		Leadership skills	
Adherence to Code of Conduct					

Section B: Discipline

Has any disciplinary action been taken against the learner for any of the following offences?

(Tick the corresponding box if needed.)

Stealing		Dishonesty		Books left at home	
Vandalism		Truancy		Talking Back	
Bullying/aggression		Disruptive in class		Swearing	

Has learner ever been suspended? Y / N

Has learner ever been expelled? Y / N

Are there any discipline issues we need to know about this learner?

_____
_____
_____
_____

Section C: Involvement in School Life

Please rate the learner on the following scale:

5 – Excellent 4 – Good 3 – Average 2 – Weak 1 – Very weak

Culture		Sport		Community Service	

Are the learner's parents (or guardians) involved in / supportive of the school? (Yes / No).

_____
_____

Section D: General Information

Please give us an indication of your opinion of the learner on the following scale:

1. Would not contribute to Ashton John's Private School	
2. Average: contribution to Ashton John's Private School	
3. Good: would be an asset to Ashton John's Private School	
4. Very Good: would be a definite asset to Ashton John's Private School	
5. Excellent: would be a great asset to Ashton John's Private School	

Any other comments or remarks you would like to share with us?

_____

_____

_____

_____

Thank you for taking the time to complete this form.

Teacher's Name: _____ Teacher's Signature: _____

Principal Name: _____ Principal Signature: _____

Date: _____

School Stamp

ASHTON JOHN'S PRIVATE SCHOOL

Photo of Applicant

APPLICATION FOR ADMISSION FORM

Year of Entry		Entry Grade	

STUDENT DETAILS

SURNAME				
FIRST NAME				
PREFERRED NAME		**SEX**	**Male**	**Female**
HOME LANGUAGE				
DATE OF BIRTH		**NATIONALITY**		
AGE		**PLACE OF BIRTH**		
ID/PASSPORT NUMBER				
PRESENT SCHOOL:		**SCHOOL NR:**		
PRESENT GRADE:		**CONTACT NR:**		

ACADEMIC INFORMATION – ACHIEVEMENT, LEARNING ABILITIES, POSSIBLE LEARNING BARRIERS

EXTRA MURAL ACTIVITIES: SPORTS/ ARTS/ CULTURE.

PERSONAL, SOCIAL AND MEDICAL INFORMATION

Medical Disorders:	
Allergies:	
Chronic Medication:	
Recent Operations:	
Other:	

ACHIEVEMENTS AND AWARDS

FAMILY DETAILS (Brother & Sisters ONLY)

SIBLINGS	AGE	GRADE	SCHOOL

DETAILS OF PARENTS/LEGAL GAURDIAN

*Please provide valid copies for identification card/book for student, parent, or guardian along with proof of address no older than 3 months.

	FATHER		MOTHER	
NAME				
SURNAME				
IDENTITY NUMBER				
RESIDENTIAL ADDRESS				
HOME LANDLINE NO				
CELL NUMBER				
E-MAIL ADDRESS				
OCCUPATION				
EMPLOYER				
EMPLOYER ADDRESS				
TYPE OF BUSINESS				
MARITAL STATUS	**MARRIED**	**DIVORCED**	**SEPERATED**	**SINGLE**
If divorced/separated, who has legal custody?				
With whom is the applicant?				
Primary correspondence contact.				
Responsible parent for payment.	**Sign here: _____**			

UNDERTAKING BY PARENTS

We understand and agree that if our child is admitted as a scholar of Ashton John's Private School:

a. He/she will be requested to conform with the rules and regulations and code of conduct of the school.
b. All fees and charges will be paid in advance or in accordance with the credit terms provided by the school.
c. In the event of the payment of fees and charges falling into arrears, Ashton John's Private School reserves the right to discontinue any account, summarily cancel any agreement relating to credit terms, and refuse to allow the child to continue as a scholar at the school.

d. Ashton John's Private School reserves the right to withhold examination results and/or reports and/or testimonials if fees fall into arrears.
e. Before removing your child from the school, a full quarter's (3 calendar months) written notice will be given to the Executive Head of the school, failing which a quarter's (3 month's) fees will be payable in lieu of notice.
f. We are jointly and severally liable for the payment of all fees and disbursements and undertake to pay all attorney and client costs and collection commission in the event of our account being handed over for collection.
g. We undertake to pay our accounts on/before the due dates stipulated on the monthly/quarterly formal statements. In the event of payment of any outstanding amount not being made on/before such due date, interest will be payable on any outstanding amounts at a rate of 2,5% per month.
h. The Executive Head of the school, in maintaining the discipline of the school, has the sole right to refuse or allow your child admission to the school, or to demand her/his immediate withdrawal from the school, or to suspend his/her attendance at the school for a time period. In such circumstances, we acknowledge that the school fees, for a full quarter (3months) shall nevertheless be payable to the school.

Responsible Parent Signature: _____ Date: _____

MEDICAL DETAILS

MEDICAL AID FUND:			
MEMBERSHIP NUMBER:			
PRINCIPAL MEMBER:			
HOUSE DOCTOR:		**DOCTOR'S PHONE NR:**	
ADDRESS OF PRACTICE:			
BLOOD GROUP:			
MEDICINE ALLOWED:			
OTHER MEDICAL DETAILS:			

Medicine must be handed to the homeroom teacher who will distribute these according to need or prescription.

I hereby provide permission/do not give permission for my child to be administered with headache tablets, plasters and other small emergency medicines. This will be recorded in the scholar's file and billed for any medicines issued.

Parent Signature: _____ Date: _____

EMERGENGY CONTACT DETAILS

In case of an emergency where neither parent can be contacted, please provide contact details for an alternative person (e.g. grandparents), who can be contacted for assistance or information:

NAME:	
CELL NUMBER:	
LANDLINE HOME NR:	
LANDLINE WORK NR:	
RELATIONSHIP:	

INDEMINITY AND CONSENT

1. We hereby give consent for our child to participate in school and extra mural activities at Ashton John's Private School.
2. We delegate all our powers as parents/guardians to the responsible teacher and/or coach, in case of any emergency that might occur.
3. To our knowledge, our child is in a good state of health and, if not, undertake to notify the responsible teacher/coach accordingly.
4. Ashton John's Private School cannot be held liable for any injuries that might arise at school, camps, outings, cultural or sports fixtures.
5. As parents/guardians, we confirm that all medical conditions have been disclosed in this form, and enumerate hereunder a full list of activities in which our child may not partake:

Should medical/surgical treatment be required by our child, we hereby give our consent to the representatives of Ashton John's Private School to act on our behalf, and in their discretion, to obtain the best medical treatment available under the circumstance.

Responsible Parent Signature: _____ Date: _____

APPLICATION SUMMARY:

We hereby apply for admission for the abovementioned child to Ashton John's Private School. We enclose our application fee, which we understand is non-refundable and does not guarantee acceptance.

SIGNED ON_____DAY OF_____20____AT_____

_____ _____

SIGNATURE OF FATHER / GUARDIAN PRINT NAME IN FULL

_____ _____

SIGNATURE OF MOTHER / GUARDIAN PRINT NAME IN FULL

The completed application form, together with the application fee, or proof of payment of the application fee, should be sent or hand-delivered to:

Electronic Application:	
Email:	reception@ashtonjohnsschool.co.za
Hand delivery to:	
Grade R to 2	38B Ian Street, La Hoff, Klerksdorp – 018 200 8811
Grade 3 to 12	27 Dr Yusuf Dadoo Avenue, Wilkoppies, Klerksdorp – 018 200 8550

Payments should be made to:

Ashton John's Private School TA//LL Education

First National
Bank
62840081343
250053
Ref: Student number

DOCUMENTATION

Upon acceptance at Ashton John's Private School, the following documents will be required:

- Fully completed and signed "Agreement to Pay School Fees" form (renewable each year).
- The scholar's transfer card/previous report.
- Copy of medical aid card/proof of medical aid details.
- A deposit amounting to one month's fees.
- Payment for any school stationery/books/manuals.
- ID/birth certificate and proof of address for parents and scholar.