

# APPLICATION FORM 2020



## BETHEL COLLEGE HIGH SCHOOL

Private Bag X3095  
Butterworth 4960 Eastern Cape South Africa  
E-mail: [principal.bethelcollege@gmail.com](mailto:principal.bethelcollege@gmail.com);  
Website: [bethelcollegehighschool.adventisthost.org](http://bethelcollegehighschool.adventisthost.org)



047 491 7015  
Int. code : +0027  
Fax: 047 491 7016  
Cell: **Principal -** 083 7918807  
Cell: **Accountant -** 072 5873685

### THIS APPLICATION FORM WILL NOT BE PROCESSED WITHOUT ALL OF THE FOLLOWING :

1. A Non- refunded application fee of R150.00. R200 late application (After 31 October)
2. Copy of most recent school report.
3. *Certified* Copy of ID or Birth Certificate.
4. *Transfer Letter and Testimonial form* (from previous school).
5. *Certified copy of I.D for parent/ guardian*

**Banking details:** Standard Bank – Butterworth; Branch Code: 050221; Cheque account no: 280 880 189

Account Name: Bethel College Primary

Please complete all five pages in **BLACK PEN & BLOCK CAPITAL LETTERS** and return to the above address.

### PLEASE NOTE :

1. This application **will not be processed without all the relevant documentation.** **Please keep the form until** you have all the necessary documentation before you submit it.

**A. LEARNER INFORMATION**

1. Surname :

2. Names (as on birth certificate) :

3. Nickname (known as) :

4. Date of Birth :

5. I.D. or Passport number : (not D.O.B)

6. Gender : **Male :**  **Female:**

7. When would you like to come to Bethel Primary/High School? **Year:**  **Quarter:**

8. Grade applied for :  Highest grade passed:  Year passed :

9. Has learner ever repeated a grade?  If yes, which grade?

10. Previous school :   
 Address :   
 Code and telephone number : **Postal Code:**  **Telephone no.**   
 Province and/or Country :

11. Learner will be a : **Boarder :**  **Day Scholar :**

12. Mode of transport to school: (Mark with an X)  
 Walk  Bicycle  Car  Bus  Taxi  Dorm

13. Race : (Mark with an X)  
 African  Coloured  Asian  White  Other

14. Ethnic group : (Mark with an X)

IsiNdebele	SiSwati	IsiXhosa	IsiZulu	SeSotho	SePedi	Setswana	TshVenda	XiTsonga	Other :
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Language of Instruction : English Preferred Language of Instruction :   
 (Mark with an X)

16. Home Language :

English	Xhosa	Afrikaans	SiSwati	IsiNdebele	IsiZulu	SeSotho	SePedi	Setswana	TshVenda	XiTsonga	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Residential Area : (Mark with an X)

E-Cape	N-West	Mpumalanga	Limpopo	FreeState	Gauteng	W-Cape	N-Cape	KZN	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Citizenship :  19. Expiry Date of Study Permit :

20. Is the learner a member of the Seventh-day Adventist Church? **Yes :**  **No :**

21.1 If yes, is the learner a baptised member? **Yes :**  **No :**

21.2 If "no", to which religious denomination does the learner belong?

22. Special problems requiring counselling :

23. Dexterity of learner : Right Handed :  Left Handed :  Ambidextrous :

24. Does the learner receive a social grant : **Yes :**  **No :**

25. Number of children in the family :  Position of child in the family : (e.g. first of three = 1 of 3)

26. Does learner have any deceased parents? : Mother  Father  Both  None

27. Learner's cell phone number :

## C. PARENT/GUARDIAN/SPONSOR INFORMATION

	<i>Information of person responsible for account</i>	<i>Information relating to 2<sup>nd</sup> parent or other person responsible for learner</i>														
1. Relationship to learner :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
2. Surname :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
3. Full Names :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
4. Title :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
5. I.D. No. :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
6. Telephone Numbers :	<i>Home:</i>	<i>Home:</i>														
	<i>Cell:</i>	<i>Cell:</i>														
	<i>Work:</i>	<i>Work:</i>														
	<i>Fax:</i>	<i>Fax:</i>														
7. E-Mail Address :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
8. Home Address :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
9. Postal Address :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
10. Occupation :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
11. Name of Employer :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
12. Work Address :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
13. Employer's Tel. no.:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
14. Marital status of parents	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;"><i>Married</i></td> <td style="width: 5%;"></td> <td style="width: 10%;"><i>Divorced</i></td> <td style="width: 5%;"></td> <td style="width: 10%;"><i>Single</i></td> <td style="width: 5%;"></td> <td style="width: 10%;"><i>Separated</i></td> <td style="width: 5%;"></td> <td style="width: 10%;"><i>Widow</i></td> <td style="width: 5%;"></td> <td style="width: 10%;"><i>Widower</i></td> <td style="width: 5%;"></td> <td style="width: 10%;"><i>Guardian</i></td> <td style="width: 5%;"></td> </tr> </table>		<i>Married</i>		<i>Divorced</i>		<i>Single</i>		<i>Separated</i>		<i>Widow</i>		<i>Widower</i>		<i>Guardian</i>	
<i>Married</i>		<i>Divorced</i>		<i>Single</i>		<i>Separated</i>		<i>Widow</i>		<i>Widower</i>		<i>Guardian</i>				
15. Number of <b>other children (siblings)</b> in this school : (Please supply full name and surname below :)																
Name :	<input style="width: 100%;" type="text"/>	Grade : <input style="width: 100%;" type="text"/>														
Name :	<input style="width: 100%;" type="text"/>	Grade : <input style="width: 100%;" type="text"/>														

## Medical Information

Please attach a copy of your Medical Card and I.D. Document

1. Name of Medical Fund :
2. Membership number :
3. Name of Principal member of medical fund :
4. I.D. No. of Principal member of Medical Fund :
5. Does your child have **any allergy, including allergy to medication, tendency towards abnormal bleeding, epilepsy, etc.** Please state.

If the learner is not on a Medical Aid, please complete the following information:

1. Name (in full) of **Parent or Guardian responsible for account** :
2. I.D. Number :
3. Marital Status :
4. Annual family income :
5. Number of persons in household : 

<i>Father</i>	<input type="text"/>	<i>Mother</i>	<input type="text"/>	<i>Children :</i>	<input type="text"/>
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## Church Information

1. Is the learner a baptized member of the Seventh-Day Adventist church? 

<b>Yes:</b>	<input type="text"/>	<b>No:</b>	<input type="text"/>
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2. Is the parent/guardian a baptized member of the Seventh-Day Adventist church? 

<b>Yes:</b>	<input type="text"/>	<b>No:</b>	<input type="text"/>
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3. If "no", which religious denomination does the parent/guardian belong to?

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please print): \_\_\_\_\_

Signature of Parent / Guardian : \_\_\_\_\_

## B. SUBJECT INFORMATION

**Note:** Please study information in the *School Brochure* before completing the following section.

**Note:**

- You must choose one Home Language and one 1<sup>st</sup> Additional Language. All other subjects are compulsory
- Mathematics in Grades 10-12 can only be chosen if you have passed Mathematics the previous year

**Grades 7 to 8:** Please indicate your *preferred language choices* for 2020

English Home Language		Compulsory
Afrikaans 1 <sup>st</sup> Additional Lang.	<b>or</b>	IsiXhosa 1 <sup>st</sup> Additional Lang.
Mathematics		C A    Creative Arts
NS - Natural Sciences		Tech - Technology
SS - Social Sciences		LO - Life Orientation
EMS - Economic & Management Sciences		

**Grades 9:** Please indicate your *preferred language choices* for 2019

English Home Language		Compulsory
Afrikaans 1 <sup>st</sup> Additional Lang.	<b>or</b>	IsiXhosa 1 <sup>st</sup> Additional Lang.
Mathematics		C A    Creative Arts
NS - Natural Sciences		Tech- Technology
SS - Social Sciences		LO - Life Orientation
EMS - Economic & Management Sciences		

**Subject choices for Grades 10-11: 2019**

**(Mathematics may be chosen only if passed in previous year)**

	English Home Language	<b>or</b>	IsiXhosa Home Language		
	Afrikaans 1 <sup>st</sup> Additional Lang.	<b>or</b>	IsiXhosa 1 <sup>st</sup> Additional Lang.	<b>or</b>	English 1 <sup>st</sup> Additional Lang
<b>√</b>	<b>Life Orientation (Compulsory)</b>				
	Mathematics	<b>or</b>	Mathematical Literacy		
	Life Sciences	<b>or</b>	Economics		
	Physical Sciences	<b>or</b>	Accounting		
	Agricultural Management Practice	<b>or</b>	Agricultural Management Practice		
	Geography	<b>or</b>	Business studies		
	Agricultural Science	<b>or</b>	History		

**BETHEL COLLEGE PRIMARY/HIGH SCHOOL  
PARENT/SPONSOR & LEARNER CONTRACT**

**Please initial each of the following points and sign and date fully at the bottom:**

Initial

1. I have read the *school Brochure – 2020* and I confirm my commitment and support to the sentiments expressed therein. \_\_\_\_\_
2. I will be loyal to the school, and will encourage my child to identify with the school's ideals, and to obey the school rules. \_\_\_\_\_
3. I give permission that my child may participate in any of the extra-curricular activities organized by the school. This includes sporting and cultural activities as well as excursions/tours. I understand that reasonable precautions will always be in place to ensure the safety of children. I further understand that some activities may imply additional costs and I expect to be consulted on this matter before my child is asked to participate. \_\_\_\_\_
4. *I accept full responsibility for the prompt payment, in advance, of all school fees and legitimate expenses as indicated on duly rendered school accounts. I understand that I may be asked to withdraw my child if I am not able to settle my account.* \_\_\_\_\_
5. *I hereby consent that the school or it's appointed agent may carry out a credit enquiry and may transmit details to a credit bureau of how I have performed in meeting my obligations in terms of this agreement and in the event that I fail to meet my obligations may record my non-performance with the applicable credit bureau.* \_\_\_\_\_
6. *I hereby undertake and bind myself to pay any costs, including legal fees, tracing fees and collection costs which may be incurred by the school in it's recovery of any outstanding amount due by me.* \_\_\_\_\_
7. Should it be necessary for any reason to withdraw my child during the school year, I understand that I will be responsible for the payment of school fees up to the end of the month in which my child is withdrawn from the school. \_\_\_\_\_
8. I understand that the personal belongings of my child/ren are not insured by the school or Seventh-Day Adventist church organisation. \_\_\_\_\_
9. I understand that the school dormitories and dining room do not function during school holidays and out-weekends and I accept the responsibility to make alternative arrangements for my child at such times. \_\_\_\_\_
10. I give permission that my child may be subject to medical tests for drugs or other illegal substances if there is evidence or reasonable suspicion that he/she may be involved in substance abuse activities. I understand that such testing will always be dealt with confidentially and in a professional manner and that I will be kept informed with regard to the process. I agree to be responsible for any laboratory costs that may be involved. \_\_\_\_\_
11. I give permission that my child may be given basic medication should the need arise. \_\_\_\_\_
12. I give the principal or his/her representative the right to act "*in loco parentis*" to my child. \_\_\_\_\_

Signature: **Parent/Sponsor** \_\_\_\_\_

Date: \_\_\_\_\_

Signature: **Learner (Grade 10–12 In respect of no 1 & 2 above)** \_\_\_\_\_

Date: \_\_\_\_\_



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☐ 047 491 7015 (Int. code : +0027)  
Cell: **Principal** - 0746816187  
Cell: **Accountant** – 072 5873685

## TESTIMONIAL FORM

Please supply us with the information requested on the form below as this learner is in the process of applying to Bethel College Primary/High School. Upon completion **this form should be returned to the applicant** who needs to submit it together with his/her application form to Bethel College Primary/High School.

### LEARNER DETAILS: (To be completed by Parents)

Name of learner :		Date of Birth :	
Present School :	Name :	Present Grade :	
	Tel. no.:		Fax no.:

### SCHOOL INFORMATION : (To be supplied by responsible educator/s)

The above learner attended this school from date \_\_\_\_\_ grade \_\_\_\_\_  
to date \_\_\_\_\_ grade \_\_\_\_\_

Place a tick in the appropriate column		WEAK	FAIR	AVERAGE	GOOD	EXCELLENT
1.	Academic achievement					
2.	Sport participation					
3.	Cultural participation					
4.	Acceptance of School Discipline					
5.	Level of parental involvement					
6.	Payment of School Fees					
	Any amount still owing?	R _____				

Mention special achievements, concerns or other information that need to be shared with Bethel College Primary/High School:

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Thank you for your honesty and cooperation.

**School Stamp**

Signature of Principal : \_\_\_\_\_

Date : \_\_\_\_\_