

APPLICATION FORM 2021



BETHEL COLLEGE HIGH SCHOOL

Private Bag X3095
Butterworth 4960 Eastern Cape South Africa
E-mail: principal.bethelcollege@gmail.com;
Website: bethelcollegehighschool.adventisthost.org



047 491 7015
Int. code : +0027
Fax: 047 491 7016
Cell: **Accountant** – 072 5873685
Principal: 083 324 4453

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 : (Mark with an X)

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

Information of person responsible for account

Information relating to 2nd parent or other person responsible for learner

1. Relationship to learner :

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2. Surname :

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3. Full Names :

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4. Title :

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5. I.D. No. :

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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 :

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8. Home Address :

9. Postal Address :

10. Occupation :

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11. Name of Employer :

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12. Work Address :

13. Employer's Tel. no.:

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14. Marital status of parents

<i>Married</i>		<i>Divorced</i>		<i>Single</i>		<i>Separated</i>		<i>Widow</i>		<i>Widower</i>		<i>Guardian</i>	
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15. Number of **other children (siblings)** in this school : (Please supply full name and surname below :)

Name :

Grade :

Name :

Grade :

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?

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

Yes:	<input type="text"/>	No:	<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 1st 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 2021

English Home Language		Compulsory		
Afrikaans 1 st Additional Lang.	or	IsiXhosa 1 st 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 2021

English Home Language		Compulsory		
Afrikaans 1 st Additional Lang.	or	IsiXhosa 1 st 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: 2021

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

	English Home Language	or	IsiXhosa Home Language	
	Afrikaans 1 st Additional Lang.	or	IsiXhosa 1 st Additional Lang	English 1 st Additional Lang
√	Life Orientation (Compulsory)			
	Mathematics	or	Mathematical Literacy(Grade 12 only)	
	Life Sciences	or	Economics	
	Physical Sciences	or	Accounting	
	Agricultural Management Practice	or	Agricultural Management Practice	
	Geography (Grade 12 only)	or	Business studies	
	Agricultural Science	or	History (Grade 12 only)	

**BETHEL COLLEGE 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 – 2021* 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 children 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: _____

