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CLOSING DATE:

REGISTRATION FEE:

Please note: this application is not a guarantee of acceptance.

APPLICATION FORM GRADE 10

A non-refundable administration fee of R50 is required for each application received between 01 May and 30 September every year. After that, the administration fee for applications is R250. This fee is waived for students currently enrolled at QGAP and WGAP.

FOR OFFICE USE ONLY

| Date of Admission: | Grade Applying For: | | |
|------------------------|-------------------------|-----|----|
| Deposit (amount paid): | Accepted: | YES | NO |
| Receipt No: | Operational Head: | | |
| Account No: | Date: | | |
| Rep Code: | | | |
| Recurring Charges: | | | |

1. STUDENT INFORMATION

| Surname: | Date of Birth: | | | | | | | | | | |
|------------------------|----------------|--------|---------|-------------|----------------|--------|-----------|------------|-------------|-----|----|
| First Names: | | | | F | Iome Language | | | | | | |
| Cell Number: | | | | F | lome Tel Numb | er: | | | | | |
| Gender: | | | | | D Number: | | | | | | |
| Physical Address (whe | re the stud | dent s | stays d | uring the s | school term): | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Emergency Number: | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | |
| Student Resides with (| please tick | (): | Mothe | er | Father | | Both | | Guardiar | ۱ | |
| Number of Children in | Family: | | Posi | ition of Ch | ild in Family: | | Do you re | ceive a ch | nild grant? | YES | NO |
| Deceased Parents: | Mother | Fat | her | Both | Mode of Tran | sport: | | | | | • |

| Religion: | | | | | | |
|--------------------------------------|--|---------|--------|--|--|--|
| Details of siblings at QGAP or WGAP: | | | | | | |
| Name: | | Surname | Grade: | | | |
| Name: | | Surname | Grade: | | | |
| Name: | | Surname | Grade: | | | |
| Name: | | Surname | Grade: | | | |

2. PARENT INFORMATION

| DETAIL | FATHER | MOTHER | GUARDIAN |
|------------------------------------|--------|--------|----------|
| Title: | | | |
| Surname: | | | |
| Full Name: | | | |
| ID Number: | | | |
| | | | |
| | | | |
| Physical Address: | | | |
| | | | |
| | | | |
| Cellphone Number: | | | |
| Work Telephone Number: | | | |
| Email Address: | | | |
| Occupation: | | | |
| Name of Employer: | | | |
| Name of Medical Aid: | | | |
| Member Number: | | | |
| Main Member of Medical Aid: | | | |
| Is the child covered on this plan: | | | |
| Marital Status: | | | |

3. <u>HOSTEL (if the child stays in a hostel during the school term, please complete the following)</u>

| Name of Hostel: | |
|-----------------------------------|-------------------|
| Name and Surname of Hostel Owner: | |
| | |
| Physical Address of Hostel: | |
| , | |
| | |
| Telephone Number: | Cellphone Number: |

(The emergency contact should not be the father, mother or guardian.

It should be a friend or relative who works in or around Queenstown, Ezibeleni or Mlungisi.)

| Surname: | First Names: |
|-------------------|--------------|
| Physical Address: | |
| | |
| | |
| | |
| Cellphone Number: | |

5. STUDENT TRANSPORT

How will the child get to and from the school (mark with an X):

| Mother | | Father | Guardian | | Bus | | Taxi | Other | |
|--------------------------|--|--------|----------|-------------------|-----|--|------|-------|--|
| Name of bus/taxi driver: | | | | Cellphone Number: | | | | | |

6. SCHOOLS PREVIOUSLY ATTENDED

| Most recent school attended: | |
|------------------------------|-------------------|
| Address of school: | Date Enrolled: |
| | Date Left: |
| | Tel Number: |
| | Principal's Name: |

Other schools attended:

| NAME OF SCHOOL | DATE ENROLLED | DATE LEFT |
|----------------|---------------|-----------|
| | | |
| | | |
| | | |

7. STUDENT MEDICAL INFORMATION

| Medical Aid Number: | | | | | | | |
|-----------------------|--------------------|--|----------------------|-------------|--------|--------------|--|
| Medical Aid Name: | | | | Doctor's Na | ime: | | |
| Main Member: | | | | Doctor's Ad | dress: | | |
| Any Medical Condition | s: | | | | | | |
| | | | | | | | |
| Special Problems Requ | iring Counselling: | | | | | | |
| | | | Doctor's Tel Number: | | | | |
| | | | | | | | |
| | | | | | | | |
| Dexterity of Student: | Left Handed | | Right | Handed | | Ambidextrous | |

THE FOLLOWING DOCUMENTS TO ACCOMPANY THE APPLICATION.

(Please ensure documents are attached in correct sequence order from 1 to 6.) No applications will be considered unless accompanying documents are attached! Get Ahead will not make any photocopies. Incomplete applications will not be considered.

| | | X |
|----|---|---------------|
| | | when attached |
| 1. | Copy of Child's Unabridged Birth Certificate (this should reflect parent's details).* | |
| 2. | Copy of latest School Report. | |
| 3. | Copy of Mother's/Guardian's ID. | |
| 4. | Copy of Father's/Guardian's ID. | |
| 5. | Copy of both parents'/guardian's most recent Pay Slips (salary advices). | |
| 6. | Copy of both sides of Medical Aid card. | |
| 7. | Proof of Residence | |

*(Please attach a copy of receipt from Home Affairs to your child's present birth certificate, should your child not have an Unabridged Birth Certificate.)

| I hereby declare that to the best of my knowledge, the above information supplied is accurate and correct. | | | | | | | | | |
|---|--|-------|--|--|--|----|--|--|--|
| Signature of Parent/Guardian: | | Date: | | | | | | | |
| I read the attachment (Fee Collection Process) and understand the consequences for non-fee payment. | | | | | | NO | | | |
| Signature of Parent/Guardian: | | Date: | | | | | | | |
| I request that the debit order be actioned for January 2024. | | | | | | NO | | | |
| If no, I understand that should I fail to meet my school fee commitment, I am then obligated to action the debit order, or risk contract suspension or termination. | | | | | | | | | |
| Signature of Parent/Guardian: | | Date: | | | | | | | |

GRADE 10 SUBJECT CHOICE FORM

| CHOICE OF SUBJECTS | | | |
|---|--|--|--|
| (students must choose one from each column): | | | |
| CHOICE 1 | CHOICE 2 | CHOICE 3 | |
| Business Studies | Accounting (Must have over 60% for Maths) | Business Studies | |
| CAT (Max 30 students) | Life Science (Max 35 students) | Geography | |
| History | Tourism | Physical Science (Must have over 60% for Maths) | |

Please note that Accounting, Life Science and Physical Science can only be offered with the following conditions:

- 1. Students must have shown aptitude and interest through results and work ethic.
- 2. A sufficient number of students select the individual subjects.
- 3. Only the top performing students will be admitted to a subject which is over-subscribed.
- 4. Students must meet the minimum entry requirements for the subject.

Please indicate which subjects you would like to take.

Student's Name:

Current Grade:

| SUBJECT | СНОІСЕ | |
|-----------------------|---|---|
| English HL | Compulsory | ✓ |
| Afrikaans FAL | As per current choice | |
| isiXhosa FAL | | |
| Life Orientation | Compulsory | ✓ |
| Mathematics | (Maths Literacy is compulsory if a child obtain less than 40% for maths in Grade 9) | |
| Mathematical Literacy | | |
| | ONE FROM EACH CHOICE: | 1 |
| Choice 1: | Business Studies, or | |
| | CAT (max 30 students), or | |
| | History | |
| | | |
| Choice 2: | Accounting (see minimum requirements), or | |
| | Life Science (max 35 students), or | |
| | Tourism | |
| | • | 1 |
| Choice 3: | Business Studies, or | |
| | Geography, or | |
| | Physical Science (see minimum requirements) | |

FEE COLLECTION PROCESS

Thank you for your ongoing support of Get Ahead College. We appreciate you choosing our school and invite you to be a part of your child's educational journey.

An increasing problem for independent schools around the country is bad debt from unpaid school fees. Get Ahead is no different in this regard. We are always grateful to the parents who do pay punctually, understanding the commitment that requires. However, in order to try and reduce this burden of non-payment of fees on the school and to maintain the quality service we provide we are instituting the process outlined below which will be in effect from 01 January 2022.

We urge all parents to communicate with the bursar on a regular basis should they experience a problem paying their fees. We would rather work with you to make arrangements than be forced to follow legal proceedings.

Should a debit order bounce or fees not be received upon the due date, the following will occur:

- A WhatsApp/SMS/email and/or telephonic reminder will be sent notifying you of what is owing.
- After 1 month: a further WhatsApp/SMS/email and/or telephonic reminder.
- After 2 months (or two bounced debit orders): you may be given notice that you will be handed over if your fees are not settled.
- After 3 months: you may be handed over to lawyers for the legal collection of any monies still owing. You may receive notice to provide representation on why your contract should not be terminated at the next appropriate date if your fees are not settled.
- After 4 months: should payment not be received by the date indicated on the letter above, and no mitigating circumstances presented, your contract may be terminated with a month's notice or a month and part thereof, depending where the end of term falls.

Further, the preferred method of payment is by electronic transfer (EFT). Kindly note that fees deposited by cash, attract a bank deposit fee, which fee will be recoverable from you by Get Ahead.

We now have a convenient debit order system in place and we request that each parent complete the debit order form.

We look forward to your support in partnering with us to educate your child.