

GET AHEAD COLLEGE



Where every child feels worthy and validated.

14 Farraday Road, Queendustria, Komani, 5320

045 858 8044

colsec@getaheadproject.org

CLOSING DATE: _____

REGISTRATION FEE: _____

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

APPLICATION FORM GRADE 8 AND 9

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 <input type="checkbox"/> NO <input type="checkbox"/>
Receipt No: _____	Operational Head: _____
Account No: _____	Date: _____
Rep Code: _____	
Recurring Charges: _____	

1. STUDENT INFORMATION

Surname:		Date of Birth:	
First Names:		Home Language:	
Gender:		Cell Number:	
Home Tel Number:		ID Number:	
Physical Address (where the student stays during the school term):			
Emergency Number:			
Email Address:			
Student Resides with (please tick):	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both <input type="checkbox"/> Guardian <input type="checkbox"/>
Number of Children in Family:		Position of Child in Family:	
		Do you receive a child grant?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Deceased Parents:	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both <input type="checkbox"/> Mode of Transport: _____

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. HOSTEL (if the child stays in a hostel during the school term, please complete the following)

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

4. EMERGENCY CONTACT NUMBERS (an adult who can be contacted during school hours)

(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 Name:				
Main Member:				Doctor's Address:				
Any Medical Conditions:								
Special Problems Requiring 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.			YES <input type="checkbox"/> NO <input type="checkbox"/>
Signature of Parent/Guardian:		Date:	
I request that the debit order be actioned for January 2024.			YES <input type="checkbox"/> NO <input type="checkbox"/>
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:	

SUBJECT CHOICES
GRADE 8 AND 9

The following subjects are compulsory:

1. English
2. Xhosa or Afrikaans*
3. Mathematics
4. Natural Sciences
5. Technology
6. Social Sciences
7. Economic Management Sciences
8. Life Orientation

*** There are only 35 spaces available for Afrikaans per grade in the GET phase.**

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.