

Address: 72 Main Road, Howick, 3290 Telephone: +27 (033) 330 3456 Facsimile: +27 (086) 516 3159 Email: admin@oasisprep.co.za

## APPLICATION FORM Please return the Application Form with the following: 1. Birth Certificate Please place a photo of the applicant here 2. Copy of inoculation certificate 3. Copies of previous School Report (s) 4. Pastoral Reference Form 5. Copy of parent ID's 6. Latest 3 Months Bank Statements 1. PUPIL INFORMATION SURNAME: FIRST NAMES: DATE OF BIRTH: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_ NATIONALITY: \_\_\_\_ HOME LANGUAGE: RESIDENTIAL ADDRESS: POSTAL ADDRESS (for Correspondence): APPLIED FOR GRADE: AGE: EMERGENCY CONTACT DETAILS (Should parents not be available): Relationship to Applicant: Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Health Particulars of Child: Family Doctor: \_\_\_\_\_

Doctors Contact Number:

| Blood Group:                                    |   |
|---|---|
| Allergies:                                      |   |
|   | vec vo  |
| Do you have any physi                           | cal conditions that may hinder your participation at School?  |
|   | ny medication or presently under a doctor's care?   |
|   |   |
| -   | lized within the last 12 months?  |
|   | rience or have you had a history of mental or physical illness?   |
| If you answered yes to                          | any of the above, please provide details  |
|   |   |
| If you have listed a made                       | dical condition please outline how you feel this will affect your day to day  |
| •   |   |
| nving and school me                             |   |
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| CIDLINICS (N                                    | Lanca of other dellars in our of a 200  |
| •   | l ages of other children in your family)  |
|   |   |
| 3   |   |
| O SCHOLASTIC II                                 | NEORMATION  |
| 2. SCHOLASTIC II                                | NFORMATION  |
| Name of Principal of Sc<br>School Telephone Num | our child is presently attending:   |
| Has your child had any                          |   |
|   | ial Work  |
| -   | Therapy   |
| Occupa  | ational Therapy   |
| 2   | ny learning and/or behavioural difficulties (If so, please specify on<br>th any records your child may have in this regard. Attach these to |
|   |   |
|   |   |
|   |   |
| 3. DETAILS OF FA                                | THER / GUARDIAN   |
| CUDNIAME.                                       |   |
|   |   |
|   | WORK TEL:   |
| ·   | OCCUPATION:   |
| EMAIL ADDRESS:                                  |   |

| POSTAL ADDRESS (for Correspondence):  |                             |
|---------------------------------------|-----------------------------|
| , ,                                   |                             |
|                                       |                             |
|                                       |                             |
| 4. DETAILS OF MOTHER / GUARD          | DIAN                        |
| SURNAME:                              |                             |
| FIRST NAMES:                          |                             |
|                                       | WORK TEL:                   |
| CELL NO:                              | OCCUPATION:                 |
| EMAIL ADDRESS:                        |                             |
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| POSTAL ADDRESS (for Correspondence):  |                             |
| _                                     |                             |
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|                                       |                             |
| 5. DETAILS OF PERSON RESPONS          | IBLE FOR PAYING THE ACCOUNT |
| SURNAME:                              |                             |
| FIRST NAMES:                          |                             |
| HOME TEL:                             |                             |
|                                       | OCCUPATION:                 |
|                                       |                             |
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|                                       |                             |
| DOCTAL ADDRESS (for Comment 1         |                             |
| TUDIAL ADDIKESS (for Correspondence): |                             |
| FOSTAL ADDRESS (for Correspondence):  |                             |
|                                       |                             |
| FOSTAL ADDRESS (for Correspondence):  |                             |
| 6. MARITAL STATUS                     |                             |
| 6. MARITAL STATUS                     |                             |
| 6. MARITAL STATUS  Married            |                             |
| 6. MARITAL STATUS  Married  Divorced  |                             |
| 6. MARITAL STATUS  Married            |                             |

## 7. CHRISTIAN LIFE DETAILS OF PARENTS

| (a) Father                   |                       |            |                           |           |
|------------------------------|-----------------------|------------|---------------------------|-----------|
| Date of Salvation//          | _ Water Baptism: _    | //         | _Baptism of the Spirit: _ | 1 1       |
| (dd/mm/yy)                   |                       | (dd/mm/yy) |                           | dd/mm/yy) |
| Your Present Church:         |                       |            |                           |           |
| Pastor's/ Minister's name:   |                       |            |                           |           |
| Present Church Address:      |                       |            |                           |           |
|                              |                       |            |                           |           |
| Present Church Telephone: (  | _)                    | Er         | nail:                     |           |
| How long have you been activ | ely involved in thi   | s church?  |                           |           |
| How would you describe your  | r Christian walk? _   |            |                           |           |
| (b) Mother                   |                       |            |                           |           |
| Date of Salvation//          | Water Baptism:        | _/ /       | Baptism of the Spirit: _  | 1_1_      |
| (dd/mm/yy)                   |                       | (dd/mm/yy) |                           | dd/mm/yy) |
| Your Present Church:         |                       |            |                           |           |
| Pastor's/ Minister's name:   |                       |            |                           |           |
| Present Church Address:      |                       |            |                           |           |
|                              |                       |            |                           |           |
| Present Church Telephone: (  | _)                    | Er         | nail:                     |           |
| How long have you been activ | ely involved in thi   | s church?  |                           |           |
| How would you describe your  | r Christian walk?     |            |                           |           |
| (c) Child                    |                       |            |                           |           |
| Date of Salvation//          | Water Baptism: _      | _//        | Baptism of the Spirit: _  | 1 1       |
| (dd/mm/yy)                   |                       | (dd/mm/yy) |                           | dd/mm/yy) |
| Your Present Church:         |                       |            |                           |           |
| Pastor's/ Minister's name:   |                       |            |                           |           |
| Present Church Address:      |                       |            |                           |           |
|                              |                       |            |                           |           |
| Present Church Telephone: (  |                       |            | ·                         |           |
| How long have you been activ | ely involved in thi   | s church?  |                           |           |
| How would you describe your  | r child's Christian v | walk?      |                           |           |

## **PASTORAL REFERENCE**:

In order for us to make an intelligent selection of students and to help them adequately, we must learn as much as possible about them (and their families) before they come to us.

Please ensure that you help us to do this by giving the attached PASTORAL REFERENCE FORM to your church leader to fill out.

PLEASE NOTE: Pastoral Reference Forms must be faxed back to the school office directly by your church leader as this form is confidential.

Fax Number: 086 516 3159

Attention: **Administrator Oasis Preparatory School** 

It is your responsibility to check that this form has been completed and sent to us. Unfortunately, until we receive all relevant documentation we cannot proceed with your application.

|  | ling your chil                              |   | -   | -   |
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| undersigned, agree with the vision and ements laid out in the Admission Crite children's education within the required trulos (policies (proceedures laid out in the   | ria. I also u<br>imeframe as                | ndertake to<br>set out in th                                | pay all red<br>e School Pro               | quired fees<br>ospectus an                  |
| ements laid out in the Admission Crite children's education within the required rules/policies/procedures laid out in the less the right to conduct background checkers.   | ria. I also u<br>imeframe as<br>School Code | ndertake to<br>set out in th<br>of Conduct.                 | pay all red<br>e School Pro<br>The Manage | quired fees<br>ospectus and<br>ement of the |
| ements laid out in the Admission Crite children's education within the required fulles/policies/procedures laid out in the   | ria. I also u<br>imeframe as<br>School Code | ndertake to<br>set out in th<br>of Conduct.                 | pay all red<br>e School Pro<br>The Manage | quired fees<br>ospectus and<br>ement of the |
| ements laid out in the Admission Crite children's education within the required cules/policies/procedures laid out in the east the right to conduct background cheent history at previous schools.                   | ria. I also u<br>imeframe as<br>School Code | ndertake to<br>set out in th<br>of Conduct.                 | pay all red<br>e School Pro<br>The Manage | quired fees<br>ospectus and<br>ement of the |
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| ements laid out in the Admission Crite children's education within the required cules/policies/procedures laid out in the set the right to conduct background cheen thistory at previous schools.  FATHER / GUARDIAN | ria. I also u<br>imeframe as<br>School Code | ndertake to<br>set out in th<br>of Conduct.<br>ective paren | pay all red<br>e School Pro<br>The Manage | quired fees<br>ospectus and<br>ement of the |

An application fee of R 450.00 will be required when submitting this Application Form. This amount is non-refundable whether your child is accepted or not.