



Batho Pele Christian School

EMIS 700401013

☎ 012 010 0175

✉ principal@vastfontein.co.za

Plot 131, Alpha Road,
Vastfontein. 0120

Raise a Leader

Release Potential

Realize Dreams

APPLICATION DETAILS

2025 Applications

A R800 non-refundable application fee is required with the submission of the application form and must be paid into the Batho Pele Christian School FNB bank account number 63039760863, reference Appl fee Gr (Grade applying for and child's name) along with the following documentation:

1. A copy of your child's birth certificate
2. A copy of the parents' ID documents / passports
3. Proof of residence
4. Proof of income (payslips and 3-month bank statements)
5. Latest report card from previous school (to determine if an entry level test is required)

Please note:

- Grade 1 learners would usually take a school-readiness test in October before they start Grade 1
- Entry level tests are required for most other grades
- Parents are responsible to procure Text Book and stationary items. Requirements for text books and stationery is finalised and communicated in September
- School fees must be paid in advance by the 7th of each month therefore January school fees cannot be paid at the end of January but has to be paid before the school term starts.
- 2025 Pre-primary and Primary school fees are R 19 800 pa and may be paid off over 11 months @ R1800 pm
- 2025 Secondary school fees are R 27 500 pa and may be paid off over 11 months @ R2500 pm.

For more information contact the Admin Office on 012 010 0175 or email pumza@vastfontein.co.za or anna@vastfontein.co.za

Batho Pele Christian School (NPC) Reg No: 2022/829456/08 – NPO No: 286-886

www.bpcs.co.za P.O. Box 783, Pyramid 0120 ☎ 012 010 0175

✉ principal@bpcs.co.za





APPLICATION FOR ADMISSION - 2025

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes

No

Name of other learner(s) : _____

DATE: 3 JUN 2024

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: _____

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home language: _____

Preferred tuition language: _____

Dexterity: Left Right Both

Learner mobile number: _____

Learner e-mail address: _____

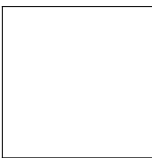
Admission date: _____

Grade in 2025 : _____

Years in grade for 2025 : _____

Years in phase for 2025 : _____

Pre-primary education attended: Formal Informal
 Other: _____

Attach learner photo: 

Method of transport: _____

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Family code: _____

Register class: _____

Admission number: _____

Waiting list: A B

Number on waiting list: _____

ID copy:

Application fee:

Proof of residence:

Birth certificate:

Clinic card:

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried
 Foster care Childrens home Single parent - Divorced
 Other Re-composed Widow/Widower

Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng: Yes No

Learner attended school last year Yes No

If yes, in which Province/Country: _____

Previous school: _____

Telephone Number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: Common law marriage Divorced
 Married Separated Single
 Widowed

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: Common law marriage Divorced
 Married Separated Single
 Widowed

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

ACCOUNTABLE PERSON'S INFORMATION Biological Parent 1 Biological Parent 2 Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Comm language: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Account type: Cheque Transmission Savings

Bank account number: _____

Account holder: _____

Agreement between Batho Pele Christian School and _____ (Name of parent / guardian)
with regards to the payment of school fees.

a. Accept responsibility for the payment of fees for above child before or on the seventh (7th) day of each month:

- A Monthly
- B Cash
- C Internet transfer
- D Stop order

- b. I agree to inform the Principal in writing if I am unable to pay the fees. My child's admission will be secured for one (1) month.
- c. I understand that the school will take the necessary legal steps to recover any outstanding fees.
- d. I agree to give one (1) calendar month's notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn't serve as a notice month.
- e. I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.
- f. If you prefer to receive statements by e-mail, please indicate e-mail address
- g. I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

- I, parent / guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
- I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
- I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
- I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
- I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.

6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Batho Pele Christian School as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signature of Parent / Guardian: _____ Date: _____