

IMPACT ACADEMY



APPLICATION PACK 2025

NAME AND SURNAME OF STUDENT

GRADE APPLYING FOR

YEAR APPLYING FOR

DATE FORMS SUBMITTED

IMPACT ACADEMY



ADMISSIONS APPLICATION PROCEDURE

PLEASE COMPLETE AND RETURN THE APPLICATION FORM TO THE SCHOOL'S ADMISSIONS OFFICE WITH THE FOLLOWING:

		Please tick	✓
1.	Fully completed and signed Application Pack		
2.	Fully completed and signed Annexure A		
3.	Certified copy of child's Unabridged Birth Certificate or ID/Passport		
4.	Certified copy of both parent's/guardian's ID		
5.	One passport size photograph of child		
6.	Copy of child's latest/last School Report		
7.	Copy of accommodations received from the IEB or DBE (if relevant)		
8.	Proof of Payment of the Application Fee		
9.	Pay slips of the last 3 months		
10.	Bank statements for the last 3 months		
11.	Copy of Provisional Transfer Card		
12.	Certified copy of Death Certificate if parent is deceased		
13.	Certified copy of Legal Guardianship or affidavit as guardian		
14.	A copy of Proof of Residence, e.g.: eThekweni Municipality account, telephone account, rental agreement		
15.	Financial Clearance Certificate from previous/current school		
16.	Copy of child's Immunization Card		
17.	Copies of reports pertaining to any intervention which might have taken place i.e. Occupational Therapy, Speech Therapy, Remedial, etc.		

Once the above information has been received by the school, and meets the required admission criteria, and once availability has been confirmed, a placement offer will be made at the successful completion of the interview.

Please e-mail the application documents and proof of payment to admin@impactchristianacademy.co.za

Should you require any further information, please do not hesitate to contact our Admissions office during office hours on **031 469 1852**

SCHOOL FEES 2025

Grade 8 – Grade 12

Application Fee (Non-Refundable) payable before diagnostic	R1 900.00	Per Student
Entrance/Registration Fee (Non-Refundable) payable on acceptance	R4 200.00	Per Student
Late Admission Fee (Non-Refundable)	R1 000.00	Per Student

Application Fee

- This fee is for the diagnostic test.
- This fee is payable for new students only.
- This fee is not refundable.

Registration Fee

- This fee is payable for new students only.
- Upon acceptance of a student, the entrance fee is payable before a student may receive access to the online courses.
- The registration deposit is payable upon acceptance in lieu of December fees.
- This fee is not refundable.

TUITION:

	NUMBER OF SUBJECTS	TUITION FEE PER YEAR	MONTHLY OVER 11 MONTHS
Grade 8 - 9	10	R57 398.00	R5 218.00
Grade 10 - 11	7	R60 456.00	R5 496.00
Grade 12	7	R86 196.00 (Including IEB Exam Fee)	R7 836.00

BANKING DETAILS:

Bank: First National Bank – Pavilion
Account Name: YWPCF/ICA
Bank Account No: 5377 0013 845
Branch code: 224326
Ref (NB**): **ACCOUNT REFERENCE NO.**

KINDLY COMPLETE FORM IN BLACK INK

PLEASE NOTE THAT NO DOCUMENTATION WILL BE ACCEPTED IF NOT INITIALED, FULLY COMPLETED AND SIGNED BY THE PARENT

PARENT'S DETAILS

SURNAME FATHER / GUARDIAN _____

MOTHER / GUARDIAN _____

FIRST NAMES FATHER / GUARDIAN _____

MOTHER / GUARDIAN _____

MARITAL STATUS MARRIED | DIVORCED | WIDOWED | SINGLE | SEPARATED

Please Circle

CORRESPONDENCE TO BE MR & MRS | MR | MRS | MISS | DR | PROF. | OTHER

ADDRESSED TO

Please Circle

CONTACT NUMBERS

FATHER:

HOME _____

WORK _____

CELL _____

FAX _____

MOTHER:

HOME _____

WORK _____

CELL _____

FAX _____

EMAIL ADDRESS

FATHER _____

MOTHER _____

SCHOOL CORRESPONDENCE

TO BE EMAILED TO

Please Circle

FATHER | MOTHER | FATHER & MOTHER

ID NUMBER

FATHER _____

MOTHER _____

DATE OF BIRTH

FATHER _____

MOTHER _____

POSTAL ADDRESS

FATHER _____

MOTHER _____

PHYSICAL ADDRESS

FATHER _____

MOTHER _____

EMPLOYER

FATHER _____

MOTHER _____

Parents Initials

PARENT 1 _____ PARENT 2 _____

KINDLY COMPLETE FORM IN BLACK INK

PLEASE NOTE THAT NO DOCUMENTATION WILL BE ACCEPTED IF NOT INITIALED, FULLY COMPLETED AND SIGNED BY THE PARENT

STUDENT'S DETAILS

SURNAME _____

FIRST NAMES _____

PREFERRED NAME _____

GENDER MALE | FEMALE
Please Circle

CHILD RESIDES WITH _____

COUNTRY OF BIRTH _____

DATE OF BIRTH _____

ID NUMBER _____

NAME OF CURRENT SCHOOL _____

CONTACT NUMBER FOR
CURRENT SCHOOL _____

EMAIL ADDRESS FOR
CURRENT SCHOOL _____

CURRENT GRADE _____

HAS THE STUDENT EVER BEEN
DENIED ADMISSION TO A
SCHOOL
(If yes, please explain) _____

SIBLINGS & COUSINS AT
IMPACT CHRISTIAN ACADEMY _____

GRADE APPLYING FOR _____

DATE/YEAR OF ENTRY _____

HOME LANGUAGE _____

RACE AFRICAN | WHITE | INDIAN | COLOURED | OTHER
Please Circle

DEXTERITY RIGHT HANDED | LEFT HANDED | AMBIDEXTROUS
Please Circle

Parents Initials

PARENT 1 _____ PARENT 2 _____

KINDLY COMPLETE FORM IN BLACK INK

PLEASE NOTE THAT NO DOCUMENTATION WILL BE ACCEPTED IF NOT INITIALED, FULLY COMPLETED AND SIGNED BY THE PARENT

STUDENT MEDICAL DETAILS

NAME OF DOCTOR _____

CONTACT NUMBER _____

MEDICAL AID NAME _____

MEDICAL AID NUMBER _____

MEDICAL AID TYPE _____

PRIMARY MEMBER _____

ALLERGIES _____

MEDICATION STUDENT IS TAKING _____

HAS THE STUDENT RECEIVED ALL THE NECESSARY IMMUNIZATIONS?
(If no, please elaborate) _____

HAS THE STUDENT EVER SUFFERED FROM ANY OF THE DISEASES LISTED (Tick Box)	Asthma <input type="checkbox"/>	Enteric Fever <input type="checkbox"/>	Measles <input type="checkbox"/>	Scarlet Fever <input type="checkbox"/>
	Chickenpox <input type="checkbox"/>	German Measles <input type="checkbox"/>	Mumps <input type="checkbox"/>	Tickbite Fever <input type="checkbox"/>
	Diabetes <input type="checkbox"/>	Hepatitis <input type="checkbox"/>	Polio <input type="checkbox"/>	Typhoid Fever <input type="checkbox"/>
	Diphtheria <input type="checkbox"/>	Malaria <input type="checkbox"/>	Rheumatic Fever <input type="checkbox"/>	Whooping Cough <input type="checkbox"/>

HAS THE STUDENT UNDERGONE ANY OPERATIONS? _____

OTHER HEALTH CONDITIONS WE SHOULD BE AWARE OF _____

BLOOD GROUP _____
(Compulsory)

CELL NUMBER FOR CONTACT BY SCHOOL _____

ALTERNATIVE CONTACT **(Not Parent)** NAME _____

RELATIONSHIP TO STUDENT _____

CELL NUMBER _____

EMAIL ADDRESS _____

Parents Initials

PARENT 1 _____ PARENT 2 _____

KINDLY COMPLETE FORM IN BLACK INK

PLEASE NOTE THAT NO DOCUMENTATION WILL BE ACCEPTED IF NOT INITIALED, FULLY COMPLETED AND SIGNED BY THE PARENT

PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL ACCOUNTS

STUDENT NAME _____

DETAILS OF ACCOUNT HOLDER TITLE: MR. MRS. MISS DR. PROF. REV.
(Please Circle)

NAME _____

SURNAME _____

ID NUMBER _____

MARITAL STATUS MARRIED DIVORCED WIDOWED SINGLE SEPARATED
(Please Circle)

EMAIL ADDRESS FOR STATEMENTS _____

PHYSICAL ADDRESS _____ POSTAL ADDRESS _____

CONTACT NUMBERS HOME _____

CELL _____

WORK _____

FAX _____

OCCUPATION _____

EMPLOYER _____

EMPLOYER DETAILS CONTACT NO: _____

PHYSICAL ADDRESS _____

PERIOD IN CURRENT EMPLOYMENT _____

GROSS MONTHLY INCOME _____

RESIDENCE OWNED _____ LEASED _____
if owned, is it bonded?

NAME OF BANK _____ ACCOUNT NUMBER _____

I hereby consent to and authorize Impact Christian Academy to investigate my credit worthiness. I grant such consent authorization to Impact Christian Academy for the period commencing as of the date of this agreement and terminating at the date of termination of this agreement. I agree that in the event of non-payment of school fees, after exhaustion of all other options, my outstanding account will be handed over for debt collection and I may be black-listed.

METHOD OF PAYMENT

EFT Payment to be made by no later than the 1st of the month.

SIGNATURE _____ DATE _____

Parents Initials

PARENT 1 _____ PARENT 2 _____

KINDLY COMPLETE FORM IN BLACK INK

PLEASE NOTE THAT NO DOCUMENTATION WILL BE ACCEPTED IF NOT INITIALED, FULLY COMPLETED AND SIGNED BY THE PARENT



FINANCIAL CLEARANCE CERTIFICATE

STUDENT'S NAME _____

DATE OF BIRTH _____ CURRENT GRADE _____

NAME OF SCHOOL WHERE STUDENT IS CURRENTLY ENROLLED _____

CURRENT SCHOOL TELEPHONE NUMBER _____

CURRENT SCHOOL EMAIL ADDRESS _____

PARENT/GUARDIAN'S NAME _____

ID NUMBER OF PARENT/GUARDIAN _____

PARENT/GUARDIAN'S CONTACT INFORMATION CELL _____

EMAIL _____

THE SECTION BELOW IS TO BE COMPLETED BY THE CURRENT SCHOOL

CURRENT YEAR: 20_____

CURRENT ANNUAL FEES: R _____

CONSESSION APPLIED FOR: YES NO

CONSESSION GRANTED: YES NO

FEES PAID TO DATE (Number of months): _____ AMOUNT: R _____

FEES OUTSTANDING (Number of months): _____ AMOUNT: R _____

COMMENT: _____

This is to certify that the above parent has paid school fees as indicated.

SIGNATURE OF PRINCIPAL/BURSAR

DATE

School stamp

