Application Form
(Full Time - Tutored Online)

Please complete this form in full, initial pages 1-4 and sign page 5

STUDENT'S FULL NAME: _____

GRADE REQUIRED: _____

YEAR REQUIRED: _____

GRADE 7, 8 AND 9		GRADE 10, 11 AND 12	
ALL SUBJECTS ARE COMPULSORY (Please select FAL)		**COMPULSORY SUBJECTS**	
English HL	X	English HL	X
Afrikaans FAL **OR**	[ ]	Afrikaans FAL **OR**	[ ]
IsiZulu FAL (Grades 8 & 9) **OR**	[ ]	IsiZulu FAL **OR**	[ ]
Sepedi FAL (Grades 8 & 9)	[ ]	Sepedi FAL (Grade 10 only)	[ ]
Mathematics	X	Mathematics **OR**	[ ]
Creative Art	X	Mathematical Literacy	[ ]
EMS	X	Life Orientation	X
IT	X	**ELECTIVE SUBJECTS (Please select three)**	
Life Orientation	X	Physical Science	[ ]
Natural Science	X	Life Sciences (Biology)	[ ]
Social Science	X	Geography	[ ]
Technology	X	CAT (Computer Applications Technology)	[ ]
		Business Studies	[ ]
		History	[ ]
		EGD	[ ]
		Accounting	[ ]
		IT	[ ]
		Tourism	[ ]

SUBJECT SELECTION: (Please tick the appropriate boxes)

INFORMATION REGARDING SUBJECT SELECTION:

- For Grades 8 and 9, students must choose between Afrikaans FAL, IsiZulu FAL and Sepedi FAL. All other subjects are compulsory.
- Only students who speak IsiZulu or Sepedi as their home language, or those who have completed IsiZulu or Sepedi as a First Additional Language in preceding years may select IsiZulu or Sepedi.
- Please consider the subject selection for Grade 10 students carefully, as changes after the beginning of Grade 11 are not permitted in the new curriculum.
- The FET (Grade 10 - 12) Syllabus requires seven subjects for this phase, four of which are compulsory and three electives.
- Grade 10 students may consider a 4th elective, (at the cost of a single subject) which can be dropped in Grade 11 and 12.
- Should a student take more than 7 subjects for Matric, there will be an additional IEB exam cost per additional subject.
- The selection of Physical Science will be subject to achieving a minimum mark of 50% in Mathematics at the end of Grade 9.
- Mathematics is a requirement for the selection of Physical Science.

PARENT/ GUARDIAN INFORMATION:

FATHER'S/GUARDIAN'S INFORMATION

Surname		Preferred Name	
First Name		Cell Number	
Title		E-mail Address	
ID Number		Occupation	
Home Number		Employer	
Work Number		Responsible for payment	Yes [ ] No [ ]
Home Address (domicilium citandi et executandi address)		*Responsible for academic support *	Yes [ ] No [ ]
		Postal Address	
		Nature of relationship to the student: (Please circle) ***Father Guardian***	

MOTHER'S/GUARDIAN'S INFORMATION

Surname		Preferred Name	
First Name		Cell Number	
Title		E-mail Address	
ID Number		Occupation	
Home Number		Employer	
Work Number		Responsible for payment	Yes [ ] No [ ]

Home Address (domicilium citandi et executandi address)		Responsible for academic support *	Yes [ ] No [ ]
		Postal Address	
		Nature of relationship to the student: (Please circle) **Mother Guardian**	

*This is the person who will be providing academic support to the student at home. All academic related communication will be addressed to this person.

STUDENT INFORMATION:

PLEASE PROVIDE INFORMATION ABOUT THE STUDENT

Surname		Home Number	
First Name		E-mail Address	
Preferred Name		Age	
Gender		Cell Number	
ID Number		Race (required by IEB/GDE)	
Current Grade		With whom the student resides	
Citizenship		Postal Address	
Home Language			
Home Address (domicilium citandi et executandi address)			

SCHOOLS ATTENDED

Most Recent (or current) School		Previous	
Date Left		Date Left	
Grade Left		Grade Left	
Reason		Reason	
Address		Address	
Last Grade Passed			

DOES THE STUDENT HAVE ANY OF THE FOLLOWING BARRIERS TO LEARNING?

Attention Deficit Disorder	☐ Yes ☐ No		Partially Sighted	☐ Yes ☐ No	
Autistic Spectrum Disorder	☐ Yes ☐ No		Physically Disabled	☐ Yes ☐ No	
Behavioral Disorder	☐ Yes ☐ No		Specific Learning Disability	☐ Yes ☐ No	
Cerebral Palsied	☐ Yes ☐ No		Reading Difficulties	☐ Yes ☐ No	
Deaf/Blind Disabled	☐ Yes ☐ No		Numeric Difficulties	☐ Yes ☐ No	
Epilepsy	☐ Yes ☐ No		Language Difficulties	☐ Yes ☐ No	
Hard of Hearing	☐ Yes ☐ No		ADD with Hyperactivity	☐ Yes ☐ No	
Mild/Moderately Intellectually Disabled	☐ Yes ☐ No		Other:	☐ Yes ☐ No	

If you have replied **YES** to any of the above, kindly give full details:

(the Online School reserves the right to request an independent report where deemed necessary)

Accommodation received from the IEB or DBE

☐ Yes   ☐ No

SUPPORTING DOCUMENTATION:

Kindly include the following information with your application. Without this documentation, your application will not be processed:

- Copy of student's ID/passport (or birth certificate if no ID or passport)
- Copy of both parents' ID
- Passport sized photograph of the student
- Copy of student's latest/last school report
- Copy of accommodations received from the IEB or DBE (if relevant)
- Proof of payment of the application fee
- Payslips for the last 3 months
- Bank statements for the last 3 months

Please note that the acceptance of this application is subject to:
- Accurate completion of this form and receipt of all supporting documentation
- The results of the diagnostic test
- The successful completion of the previous academic year
- By signing this application form, the prospective parents / persons responsible for payment of school fees, accept and consent to the Online School conducting appropriate credit checks in order to consider and process this application.

APPLICATION PROCESS:

1. Complete and return this application form together with the supporting documentation as listed, and proof of payment of the application fee to the Online School.
2. The Online School will contact you to arrange the student's diagnostic tests.

3. The diagnostic tests are completed by the student under your supervision. Once completed, please submit the diagnostic tests to the Online School.
4. The Online School will review the diagnostic tests and determine the suitability of the Online School for the student and provide you with feedback.
5. Post diagnostic tests results confirming the suitability of the Online School for the student, you will be required to sign the Online School Terms and Conditions of Enrolment and pay the registration fee.
6. Upon receipt of the signed Terms and Conditions of Enrolment and proof of payment of the registration fee, your child will be enrolled in the Online School.

SENDING OF DOCUMENTS & PROOF OF PAYMENT:

1. Please send this form and supporting documentation to admin@impactchristianacademy.co.za
2. Please send proof of payment for the application fee and the registration fee to accounts@impactchristianacademy.co.za .

BANK ACCOUNT DETAILS FOR IMPACT CHRISTIAN ACADEMY
ACCOUNT NAME: YWPCF/ICA
BANK: FIRST NATIONAL BANK
BRANCH CODE: 224326
ACCOUNT NUMBER: 53770013845
REFERENCE: STUDENTS INITIALS & SURNAME

ACKNOWLEDGEMENT

I, _____ hereby understand that submission of this application form does not automatically guarantee the acceptance of my child to the Online School.

Father/ Mother/ Guardian Signature	**Date of Signature**