

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.	Certified copy of child's Unabridged Birth Certificate		
3.	One passport size photograph of child		
4.	Certified copy of both parent's/guardian's ID		
5.	Copy of Provisional Transfer Card		
6.	Certified copy of Death Certificate if parent is deceased		
7.	Certified copy of Legal Guardianship or affidavit as guardian		
8.	Child's most recent School Report		
9.	A copy of Proof of Residence, e.g.: eThekweni Municipality account, telephone account, rental agreement		
10.	Certified copy of latest Bank Statement		
11.	Financial Clearance Certificate from previous/current school		
12.	Copy of child's Immunization Card		
13.	Copies of reports pertaining to any intervention which might have taken place i.e. Occupational Therapy, Speech Therapy, Remedial, etc.		
14.	Proof of payment for non-refundable Application Fee (R600.00 Edu-care to Grade RRR-7)		

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

Edu-care & Grade RRR - 7

APPLICATION FEE (Non-Refundable)	R600.00	PER STUDENT
ENROLMENT FEE (New Students) (Non-Refundable)	R1000.00	PER STUDENT
LATE ADMISSION FEE (Non-Refundable)	R1000.00	PER STUDENT
EDU-CARE to GRADE R STATIONERY LEVY	R850.00	PER STUDENT

TUITION:

	TUITION FEE PER YEAR	MONTHLY OVER 11 MONTHS	FULL PAYMENT by 31 JAN (8% discount)
Edu-care – Grade R	R 27 667.86	R 2 515.26	R 25 454.43
Grade 1 – 3	R 38 507.04	R 3 500.64	R 35 426.48
Grade 4-7	R 41 225.18	R 3 747.74	R 37 927.17

AFTER CARE:

DAILY	R60.00	PER DAY
12pm – 5pm	R600.00	PER MONTH
LATE PICK UP (AFTER HOURS)	R100.00	PER DAY

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: MOTHER:
HOME _____ HOME _____
WORK _____ WORK _____
CELL _____ CELL _____
FAX _____ FAX _____

EMAIL ADDRESS FATHER _____
MOTHER _____

SCHOOL CORRESPONDENCE TO BE EMAILED TO FATHER | MOTHER | FATHER & MOTHER
Please Circle

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

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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 _____

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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
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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