

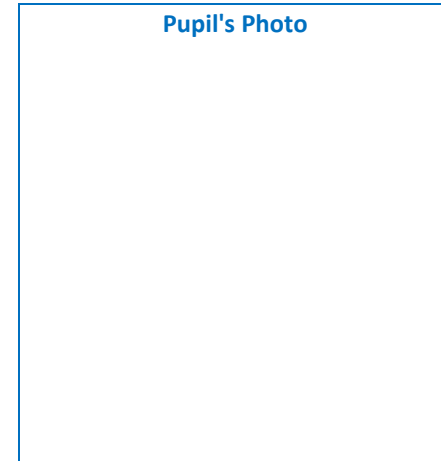


SAHETI SCHOOL

Application Form

THIS APPLICATION MUST BE ACCOMPANIED BY:

- R250 registration fee (not refundable)
- Copy of pupil's birth certificate
- Copies of father's, mother's and/or guardian's ID document/passport
- Passport-size photo of pupil
- Copy of pupil's most recent school report



ADMISSION YEAR _____

GRADE _____

PUPIL'S DETAILS:

Surname _____

First names _____

Preferred name _____

Gender _____

Date of birth _____ Place of birth _____

Immigrant YES _____ NO _____ Country of origin _____

Citizenship _____

ID Number _____

Passport number (foreign applicants only) _____

Home language _____

Religion (optional) _____

Previous school _____ Previous grade _____

Any brothers/sisters presently at SAHETI? YES _____ NO _____

Name _____ Grade _____ House _____

Name _____ Grade _____ House _____

Did either parent/guardian attend SAHETI? YES _____ NO _____

If yes, in which years? _____

Information regarding medical conditions, allergies or physical disabilities _____

Details of any chronic medication or other _____

Name of family doctor _____ Tel _____

Medical Aid _____ Medical Aid number _____

With whom does pupil reside? BOTH PARENTS/FATHER/MOTHER/GUARDIAN _____

How did you hear about SAHETI School? _____

PARENTS'/GUARDIANS' DETAILS

Father

Title _____

Surname _____

First name _____

ID/passport number _____

Marital status _____

Home address _____

Postal address _____

_____ Code _____

Home telephone _____

Work telephone _____

Fax _____

Cell _____

E-mail address _____

Occupation _____

Business name _____

Business address _____

Contact persons other than mother or father

1. _____

2. _____

Person(s) to whom accounts should be sent

Person(s) to whom correspondence should be sent

Person(s) to whom reports should be sent

Mother

Title _____

Surname _____

First name _____

ID/passport number _____

Marital status _____

Home address _____

Postal address _____

_____ Code _____

Home telephone _____

Work telephone _____

Fax _____

Cell _____

E-mail address _____

Occupation _____

Business name _____

Business address _____

Relationship _____ Tel _____

Relationship _____ Tel _____

Father	Mother	Address
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_____	_____	home/postal/email
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_____	_____	home/postal/email
-------	-------	-------------------

_____	_____	home/postal/email
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UNDERTAKING BY PARENTS/GUARDIAN

On receipt of confirmation that my/our child has been accepted at SAHETI, I/we undertake to pay one term's fees in advance, as a deposit. This deposit will be retained by SAHETI until the child leaves the school and all financial obligations have been met.

I/we agree to pay all fees in advance upon receipt of a statement. In the event of withdrawing my/our child from SAHETI for any reason whatsoever, I/we undertake to give ONE FULL TERM's NOTICE, or alternatively, to pay one term's fees in lieu of notice.

I/we undertake that my/our child will conform to the Policy of the School that Modern Greek is taught and that a commitment towards a respect for Hellenic traditions and customs will be encouraged.

I/we undertake to accept and abide by all the rules laid down by the Head pertaining to the School Rules and Policy.

I/we further agree that in the event of an emergency arising in terms of which my/our child will require urgent medical attention, the child may be taken to the nearest hospital, clinic or doctor at the discretion of the Head or the senior academic staff. I undertake to accept full responsibility for any medical costs incurred in the event of such an emergency.

Father's signature _____

Mother's signature _____

Date _____

Date _____



SAHETI SCHOOL

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Fax: 011 453 3177

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Email: admin@saheti.co.za