Canaan Academy School
Application Form

Dear Parent/Guardian,

Thank you for considering Canaan Academy for the child's education. As an Adventist Christian school, we strive to provide quality learning while nurturing children in faith, discipline, and service. All families are welcome to apply. Please note that spaces are limited, and only fully completed applications with supporting documents will be considered. If the child is not accepted, we kindly encourage you to apply to other schools as well.

Yours sincerely,
The Admissions Office
Canaan Academy

OFFICE USE ONLY

Campus: Dutywa ☐ Ngcingwane ☐ East London ☐

Year of Application: _____

Grade of Learner Applying: _____ Accepted: ☐ Yes ☐ No

Canaan Academy House: Blue ☐ Red ☐ Green ☐

Canaan Academy Family: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

Any dietary/medical requirements/concerns to note?

_____

DOCUMENT CHECKLIST

Certified Copies Required

1. LEARNER DOCUMENTS

- ☐ Certified copy of the learner's unabridged birth certificate / ID
- ☐ Certified copy of the learner's latest progress report (final previous year + most recent term report)
- ☐ Two (2) recent ID/passport size photographs of learner in current school uniform (one pasted on application form)
- ☐ Transfer letter with EMIS number (if accepted from another school)
- ☐ Testimonial / behaviour record from previous school (if applicable)

2. PARENT / GUARDIAN DOCUMENTS

- ☐ Certified copy of father's ID / passport
- ☐ Certified copy of mother's ID / passport
- ☐ Certified copy of legal guardian's ID (if applicable)
- ☐ Certified copy of ID of person responsible for school fees (if not parent/guardian)
- ☐ Proof of residence (not older than 3 months – municipal bill, lease, or affidavit)

3. FINANCIAL DOCUMENTS

- ☐ Latest 3 months payslips of person responsible for school fees
- ☐ Latest 3 months bank statements of person responsible for school fees
- ☐ Proof of employment letter / affidavit if self-employed

4. MEDICAL DOCUMENTS

- ☐ Copy of medical aid membership card (front & back), if applicable
- ☐ Learner's doctor details & medical condition record (completed in application form)

5. ADMINISTRATIVE REQUIREMENTS

- ☐ Completed Canaan Academy Application Form (with 2 ID photos attached), all pages signed with initials
- ☐ Proof of payment of R500 non-refundable application fee (EFT only)
- ☐ Copy of subject choice form (for Grade 10–12 applicants)

1. APPLICANT'S PERSONAL DETAILS

First Name: _____ Surname: _____

Date of Birth: ____ ____ ____ (DD MM YYYY) Age: _____ Gender: ☐ Male ☐ Female

Nationality: _____ Country of Residence: _____

Race/Ethnicity: _____ Home Language: _____

Religion: _____ Preferred Language of Instruction: _____

Learner's ID Number / Passport Number: _____ Learner's Cellphone Number *(If applicable)* _____

Learner's Email Address: *(If applicable)* _____

A) FAMILY LIFE:

Mode of Transport _____ Number of Siblings: ☐ 1 ☐ 2 ☐ 3 ☐ >4

Sibling 1 Name: _____ Sibling 1 Age: _____ Sibling 1 School: _____

Sibling 2 Name: _____ Sibling 2 Age: _____ Sibling 2 School: _____

Sibling 3 Name: _____ Sibling 3 Age: _____ Sibling 3 School: _____

Please provide details of family members living with the learner

Name: _____ Relationship to Learner: _____

Contact Details: _____ Email Address: _____

Name: _____ Relationship to Learner: _____

Contact Details: _____ Email Address: _____

Marital Status of Parents: ☐ Married ☐ Divorced ☐ Seperated ☐ Single ☐ Deceased

Address of Learner's Residance: _____

_____

Legal Guardianship Status *(Please provide details if applicable)*: _____

Foster or Adoption Status *(Please provide details if applicable)*: _____

SASSA Grant Recipient: ☐ Yes ☐ No Disability Status: _____

2. APPLICANT ACADEMIC BACKGROUND

A) CURRENT ACADEMIC INFORMATION:

Current School Name: _____ Current Grade: _____

Current School Address: _____

_____

Current School Contact Number: _____ Current School Contact Email: _____

Current Class Teacher's Name: _____ Current Year Academic Calendar _____

Current Academic Achievements: _____
(e.g. awards, recognitions, honors etc.) _____

B) PREVIOUS ACADEMIC INFORMATION:

Previous School Attended: _____

Previous School Address: _____

Previous School Contact Number: _____

Year(s) Completed: _____ EMIS Number: *(if applicable)* _____

Reason for Leaving Previous School:

_____

Please provide the following supporting documents:
a. Final Report/Academic Transcript
b. Transfer Certificate (if applicable)

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a. Final Report/Academic Transcript
b. Transfer Certificate (if applicable)

C) PROMOTION AND REPETITION HISTORY

Has the Learner Ever Repeated a Grade? ☐ Yes ☐ No

If Yes, Which Grade(s) and Reason(s): _____

Has the Learner Skipped a Grade? ☐ Yes ☐ No

If Yes, Which Grade(s) and Reason(s): _____

3. APPLICANT ACADEMIC BACKGROUND

A) SPECIAL ACADEMIC NEEDS / SUPPORT:

Has the Learner Ever Received Academic Support / Remedial Assistance? ☐ Yes ☐ No

Details of Support Programs / Tutoring Received: _____

Learning Di ficulties or Challenges: _____

B) EXTRACURRICULAR ACADEMIC ACHIEVEMENTS

Participation in extracurricular activities: _____

Participation in Competitions / Olympiads / Contests: _____

Awards or Recognitions Received: _____

Special Projects or Research Completed: _____

Which extracurricular is the learner committing to:

☐ Soccer (girls/boys) ☐ Netball ☐ Debate ☐ Chess ☐ Choir ☐ Drama ☐ Outreach

☐ Other (please specify) _____

4. PARENT/GUARDIAN INFORMATION

A) PARENT/GUARDIAN 1

Full Name(s): _____

Relationship to Learner:
(Father, Mother, Guardian, etc.) _____

Marital Status ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Deceased

ID/ Passport Number: _____ Nationality: _____

Residential Address: _____

Postal Address: _____

Home Telephone Number: _____ Cell Number: _____

Email Address: _____

Occupation: _____ Employer's Name: _____

Emergency Contact Information Name: _____ Contact Number: _____

Please provide the following supporting documents:
a. Recent payslips or bank statements
b. Proof of address

B) PARENT/GUARDIAN 2

Full Name(s): _____

Relationship to Learner:
(Father, Mother, Guardian, etc.) _____

Marital Status ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Deceased

ID/ Passport Number: _____ Nationality: _____

Residential Address: _____

Postal Address: _____

Home Telephone Number: _____ Cell Number: _____

Email Address: _____

Occupation: _____ Employer's Name: _____

Emergency Contact Information Name: _____ Contact Number: _____

Please provide the following supporting documents:
a. Recent payslips or bank statements
b. Proof of address

5. EMERGENCY CONTACT DETAILS

TO BE USED IF THE SCHOOL IS UNABLE TO REACH THE PARENT(S) OR GUARDIAN(S) IN CASE OF AN EMERGENCY.

A) EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Full Name(s): _____

Relationship to Learner:
(e.g. Grandparent, Aunt/Uncle, Family Friend etc.) _____

Residential Address: _____

Home Telephone Number: _____ Cell Number: _____

Work Telephone Number: _____ Email Address: _____

B) MEDICAL / SPECIAL NOTES FOR EMERGENCY CONTACT

Can the emergency contact authorise Medical Treatment?: ☐ Yes ☐ No

Special Instructions / Allergies / Health Notes:

_____

_____

Nearest relative living in a different city/town _____

Preferred hospital/clinic for emergencies: _____

Additional contacts for transport pickup in case of emergencies:

Name: _____ Contact Details: _____

Consent to contact local authorities if parents cannot be reached: ☐ Yes ☐ No

6. MEDICAL INFORMATION

A) MEDICAL AID DETAILS

Skip this section if you dont have Medical Aid Coverage

Medical Aid Coverage: ☐ Yes ☐ No Medical Aid Scheme: _____

Membership/Policy Number: _____ Main Members Name: _____

Medical Aid Contact Number / Emergency Line: _____

6. MEDICAL INFORMATION (CONTINUED)

B) FAMILY DOCTOR / PRIMARY HEALTHCARE PROVIDER

Doctor's Name: _____ Practice / Clinic Name: _____

Contact Number: _____ Email Address: _____

Address of Practice/Clinic _____

C) MEDICAL HISTORY / CONDITIONS

Known Allergies (Food, Medication, Environmental):

_____

Chronic or Ongoing Conditions (Asthma, Diabetes, Epilepsy, etc.):

_____

Recent Surgeries or Hospitalizations (if any):

_____

Special Dietary Requirements:

_____

D) MEDICATION DETAILS

Medication Currently Being Taken:

_____

Dosage / Frequency:

_____

Any Restrictions or Notes for School Sta f:

_____

E) EMERGENCY MEDICAL INSTRUCTIONS

Is learner allowed to take over-the-counter medication at school? ☐ Yes ☐ No

Permission to administer prescribed medication during school hours/activities: ☐ Yes ☐ No

Preferred hospital/clinic for emergencies _____

MEDICAL AID & TREATMENT CONSENT

I, the undersigned parent/guardian of _____(learner's full name), hereby authorize Canaan Academy and its staff to:

1. **Seek medical treatment** for my child in the event of an emergency or sudden illness during school hours or school activities.
2. **Contact and provide necessary information** to the learner's medical aid scheme and/or healthcare provider as required for treatment.
3. **Transport my child to the nearest clinic or hospital** if deemed necessary by school staff or emergency personnel. I understand that any transport costs incurred will be for my account.
4. **Administer prescribed medication** to my child only if written instructions from a parent/guardian are provided. The school will avoid administering medication based on verbal instructions.

I understand that the school has basic first-aid-trained staff only and no medical practitioner on site. I hereby indemnify and hold harmless Canaan Academy against any liability arising from actions taken while providing emergency care or administering medication, while trusting the school will act to the best of its ability.

Parent/Guardian Name: _____ Signature: _____ Date: _____

6. FEES & PAYMENT DETAILS

SECTION A: ACCOUNT PAYER INFORMATION

Full Name(s): _____

Relationship to Learner:
(Father, Mother, Guardian, etc.) _____

Occupation: _____ Employer's Name: _____

Cell Number: _____ Work Number: _____

SECTION B: FEE STRUCTURE

Please note that the updated fee structure is not attached to this application; parents are requested to contact the Finance Office directly to obtain it. The fee structure excludes the school's official banking details, which will only be provided once a student's application has been accepted. Payment must then be made within 24–48 hours to secure your child's place. Fees exclude school and sport trips, excursions, and any additional costs incurred (e.g., damage or repair of property, legal services, etc.).

SECTION C: PAYMENT OPTIONS (TICK ONE)

☐ **Annual –** full fee upfront (due by 31 January; 5% discount if paid in full before 28 February)

☐ **Termly –** payable on or before the first day of each term

☐ **Monthly Debit Order –** 10 months (Jan-Oct), payable on or before the first day of the month

SECTION D: LEGAL & FINANCIAL COMMITMENT

1. Compulsory Fees
- In terms of Sections 39-41 of the South African Schools Act, parents/guardians are jointly and severally liable for payment of school fees.
- Both parents remain liable regardless of marital status, custody arrangements, or maintenance orders.

2. Due Dates & Arrears
- Fees are payable in advance by the chosen option.
- If any installment is unpaid by the due date, the full balance may become immediately due.
- Accounts in arrears will result in:
  a) Suspension of the learner from school until fees are settled.
  b) Possible handover to debt collectors.
  c) Legal fees and collection costs added to the parent's account.

3. Notice & Withdrawal
- Two (2) months' written notice is required to withdraw a learner.
- Failure to provide notice will result in liability for an additional term's fees.

4. School Rights
- The school reserves the right to conduct credit checks with credit bureaus.
- The school may record non-payment with a bureau.
- Discounts, subsidies, or financial aid must be applied for annually.

5. Additional Costs
- Parents are responsible for damages to school property caused by their child.
- Parents must ensure personal belongings are insured; the school is not liable for loss or theft.

6. FEES & PAYMENT DETAILS

SECTION E: SIGNATURES

By signing below, I/We confirm that:

- **The above information is correct.**
- **I/We accept joint and several responsibility for payment of all fees.**
- **I/We have read and understood this commitment and agree to abide by it.**

Father/Legal Guardian

Full Name: _____ Signature: _____ Date: _____

Mother/Legal Guardian

Full Name: _____ Signature: _____ Date: _____

Account Payer (if di ferent)

Full Name: _____ Signature: _____ Date: _____

Bursar / School Representative:

Full Name: _____ Signature: _____ Date: _____

DECLARATIONS: STATUTORY UNDERTAKING TO PAY SCHOOL FEES AND CONSENT AGREEMENT

A) APPLICATION & CODE OF CONDUCT

I/We hereby apply for the admission of the learner named in this application to Canaan Academy. I/We accept the school's ethos, values, rules, and Code of Conduct, as approved in terms of current legislation. A copy of the Code of Conduct will not be printed but is available on the school's website, and I/We acknowledge responsibility to familiarise ourselves with it.

B) PARENTAL/GUARDIAN RESPONSIBILITY

I/We certify that I/We are the lawful parents/guardians of the above-named learner and undertake full responsibility for all legal, financial, academic, and disciplinary obligations.

C) SCHOOL FEES

a) School fees are compulsory in terms of Section 39 of the South African Schools Act.
b) Fees are payable in advance and due on the first day of school.
c) If fees are unpaid, the full outstanding balance becomes immediately due.
d) Parents are jointly and severally liable, irrespective of marital status, maintenance, or custody orders.
e) The school reserves the right to institute legal proceedings for non-payment (Sections 40–41 SASA). Legal costs, including attorney/client fees and collection charges, will be borne by the parents.
f) At least one full term's written notice must be given prior to withdrawal. Failure to do so will result in one term's fees being charged in lieu of notice.
g) As an independent institution, the school reserves the right to withhold/pause the schooling of the student until the outstanding balance/debt is cleared.

D) CONSENT

By signing, I/We grant consent for:

- **Medical Treatment:** In case of emergency, Canaan Academy staff may act in loco parentis to obtain medical treatment. Only first aid will be administered by staff, unless written (not verbal) instructions for medication are provided by the parent/guardian. I/We indemnify the school, its staff, and representatives against liability arising from such action, understanding that the school has no on-site medical practitioner.
- **Transport:** The school may transport learners for official school activities. I/We indemnify the school against claims or damages arising during such transport, while acknowledging that the school will take reasonable care.
- **Media:** The learner's name, photographs, or achievements may appear in school newsletters, publications, social media, or press releases. If I/We do not consent, I/We undertake to provide a written request to exclude the learner.
- **Excursions & Activities:** My/Our child may participate in all sanctioned school activities unless otherwise stated in writing. I/We indemnify the school, its staff, and governing body against any injury, loss, or damage arising from such participation, while acknowledging that all reasonable precautions will be taken.

E) POPIA COMPLIANCE

By signing this form, I/We consent to Canaan Academy collecting, storing, and processing personal and credit information relating to myself/ourselves and my/our child, including names, contact details, and learner information, for lawful educational, administrative, and communication purposes in line with the Protection of Personal Information Act (POPIA). Such information may be accessed by staff or authorised persons for school-related purposes, including managing relationships with parents/guardians and learners, providing references, and communicating with former learners. I/We further consent to the inclusion of my/our child's name, photographs, or achievements in school publications, newsletters, social media platforms, or press releases, unless written notice to exclude the child is submitted. The school may also supply information and references regarding my/our child to prospective educational institutions, ensuring accuracy and fairness, while not accepting liability for any alleged loss resulting from opinions reasonably expressed or factual reports provided. Unless I/We expressly instruct the school in writing to the contrary, this consent is deemed to have been granted. The school will not distribute or publish personal information beyond these purposes without my/our prior written consent, except where required by law.

F) DOMICILIUM

I/We nominate the residential and email addresses provided in this application form as my/our domicilium citandi et executandi for the service of all notices, correspondence, and legal processes. I/We acknowledge that it is my/our responsibility to inform the school in writing of any changes or updates to these details promptly.

G) APPLICATION FEE

An application fee of R500 must accompany this form and is strictly non-refundable. If the learner is offered a place, a further non-refundable enrolment/registration fee of R500 will be required to secure admission. Please note that submitting this application does not in itself guarantee acceptance or placement at the school

H) DECLARATION

I/We, the undersigned, declare that:

- **All information provided is true and correct.**
- **I/We have read and understood the rules and Code of Conduct.**
- **I/We accept full responsibility for the payment of all school fees.**
- **I/We acknowledge and accept the undertakings and consent clauses above.**

I/We, the undersigned parent(s)/guardian(s), acknowledge that the school takes reasonable steps to provide a safe, disciplined, and supportive environment for all learners. However, I/We hereby indemnify and hold harmless Canaan Academy, its Board, staff, and representatives, against any claims, losses, damages, costs, or liabilities arising from:

- **accidental or unforeseen injury, illness, or death;**
- **fights, misconduct, and disciplinary incidents involving learners;**
- **theft, or damaged personal belongings;**
- **any other harm, detriment, or incident occurring during school attendance, transport, tours, excursions, or participation in school-related activity.**

I/We understand and accept that the school is not an insurer of learner safety or property and cannot be held liable for circumstances beyond its reasonable control. The school commits, however, to investigate and take appropriate action in the best interest of the learner and the school community should any such matter arise.

Parent/Guardian 1:

Full Name: _____ Signature: _____ Date: _____

Parent/Guardian 2:

Full Name: _____ Signature: _____ Date: _____

Person Responsible for Fees (if different):

Full Name: _____ Signature: _____ Date: _____

Learner (Grade 7 and above):

Full Name: _____ Signature: _____ Date: _____

For Office Use Only

Application Received:

DD MM YYYY

Receipt No:

Admission Status

- ☐ Accepted
- ☐ Waiting List
- ☐ Declined

SUBJECT CHOICES FOR GRADE 10-12

For applicants for Grade 10-12, please pick one subject from the four sections below:

A) MATHEMATICS

- ☐ Mathematics
- ☐ Mathematical literacy

B) SUBJECT CHOICEs (PLEASE SELECT ONE SUBJECT BELOW IN EACH COLUMN)

Column 1	**Column 2**	**Column 3**
☐ Physical Science	☐ Physical Science	☐ Physical Science
☐ Life Science	☐ Life Science	☐ Life Science
☐ Agricultural Science	☐ Agricultural Science	☐ Agricultural Science
☐ Business Studies	☐ Business Studies	☐ Business Studies
☐ Accounting	☐ Accounting	☐ Accounting
☐ Economics	☐ Economics	☐ Economics
☐ Geography	☐ Geography	☐ Geography
☐ History	☐ History	☐ History
☐ Tourism (Ngcingwane only)	☐ Tourism (Ngcingwane only)	☐ Tourism (Ngcingwane only)

Parent's Signature: _____

Student's Signature: _____

4. MORE ABOUT LEARNER

A. BEHAVIOUR & CONDUCT

1. Have you ever used alcohol, cigarettes, or drugs at school or in a hostel? ☐

2. Have you ever been involved in physical fights or violent behaviour at school or in a hostel? ☐

3. Have you ever received any disciplinary action at school or hostel? ☐

4. Have you ever been suspended from school? ☐

if yes, what was the reason for the suspension?

_____

B. INTERESTS & PERSONAL DEVELOPMENT

4. Which sports, clubs, or extracurricular activities would you like to participate in at the school or hostel?

☐ Soccer (girls/boys) ☐ Netball ☐ Debate ☐ Chess ☐ Choir ☐ Drama

☐ Other (please specify) _____

5. What are your personal strengths or talents?

_____

C. ASPIRATIONS & VALUES

6. What do you hope to become when you grow up?

_____

7. Who is your role model or someone you look up to, and why?

_____

C. SOCIAL & EMOTIONAL WELLBEING

8. How do you usually adjust to new environments or meet new people?

_____

9. Is there anything the school staff should know to support your studies at school?

_____

SURVEY: FEEDBACK SECTION

Where did you hear about us? (Please mark with an X)

- ☐ Social Media
- ☐ Website
- ☐ Word of Mouth
- ☐ Other: _____

How satisfied were you with the service received pre-enrolment?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied

Was the information you received pre-enrolment clear and su ficient?

- ☐ Yes
- ☐ No

If No, please provide further details and suggestions for improvement:

_____

_____