I.D Photo of Learner	For Academic Use	For Finance Use
	_____ Educator's Signature _____ Date	_____ REF _____ P. PRIMARY NO _____ ADMISSION NO

Application for Admission to Lighthouse Christian College

Learner's Surname:		**Grade Applying For:**	
Learner's Christian Name:		**Year Applying For:**	
Learner's Nickname: **(Name by which child is known)**			

Welcome to Lighthouse Christian College! We offer an education system, based upon the Word of God, to parents who wish to raise their children in the ways of the Lord. Christian Education is essentially a partnership between the staff, pupils and their parents and, as such, has the potential to bear much fruit and a very satisfying harvest after ±12 years of schooling.

If you are enrolling a teenager into LCC, please make sure that he/she is part of the decision-making process, although the final decision rests with the parents. It is not always easy for teenagers to work out their faith and academic aspirations as they move into this particular season of their lives.

Please take the necessary time when completing this form as it enables the staff to form an accurate picture of your child. We look forward to having you as part of the LCC family and commit ourselves to doing our very best for your child.

INTRODUCTION:

Kindly note that it is **ESSENTIAL** that the following documentation is enclosed when handing in your application:

1) **Completed Application Form and signed where requested.**
2) **Applicant's Birth Certificate with full I.D number and I.D photograph**
3) **Copy of both parents' or guardian's identity document**
4) **Copy of last end-of-year report**
5) **Copy of LATEST academic report**
6) **Provide proof of residence and employment.**
7) **THREE month's bank statements, plus THREE month's salary slips**
8) **Study Permit if your child is not a South African citizen.**

9) Copy of any professional report, e.g. Occupational therapy, IQ evaluation, speech therapy etc. (If available)

10) **The Financial Clearance Certificate must be completed by your child's present school.**

Acceptance of this form by LCC does not imply formal acceptance into the school. Thereafter, an interview with parents and learner will be arranged by the school. The child will be required to undergo certain types of testing (e.g. school readiness tests). Based upon the application form; the interview; the tests; your acceptance of the school's policies; your financial credibility as well as the discernment of the Holy Spirit, the pupil will be accepted or rejected. We will notify you of the school's decision telephonically or by SMS within a time frame of 1 week.

LEARNER INFORMATION:

Full names:_____

Surname:_____

Preferred name:_____

Date of birth:_____

ID:_____

Nationality: □ RSA □ Other

Religious denomination:_____

Gender: □ Male □ Female

Ethnic group:_____

Home language:

□ Afrikaans

□ English

□ Other _____

Learner's language preference:

□ Afrikaans

□ English

□ Other _____

Learner's mobile number:_____

Learner's E-mail address:_____

Grade in 2026:_____

Years in grade in 2026:_____

Pre-primary education attended:

□ Formal

□ Informal

□ Other:_____

NEXT OF KIN INFORMATION:

Name:_____

Contact number:_____

Alternative contact number:_____

Relationship to learner:_____

TRANSPORT:

Mode of transport:

□ Private □ Taxi □ Bus

Taxi/Bus registration number:_____

Contact number:_____

FAMILY STATUS:

□ Both parents □ Single parent (unmarried)

□ Single parent (divorced) □ Widow / Widower

□ Foster care □ Children's home

□ Other

Parents' deceased: □ Mother □ Father □ Both

LEARNER HEALTH INFORMATION:

Chronic diseases:_____

Allergies:_____

Medication:_____

MEDICAL AID INFORMATION:

Name:_____

Telephone number:_____

Member number:_____

Primary number:_____

FAMILY DOCTOR INFORMATION:

Name:_____

Telephone number:_____

Business address:_____

_____

PREVIOUS SCHOOL / CRECHE:

Name of school/crèche:_____

Country/province:_____

Phone no:_____

Highest grade in previous school:_____

Reason for leaving:_____

Address of previous school/crèche:_____

_____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION:

Title:_____

Full names:_____

Surname:_____

Referred name:_____

ID number:_____

Home language: □ Afrikaans □ English □ Other

Language preference:_____

Mobile number:_____

Home tel number:_____

E-mail:_____

(Please write E.mail clearly)

Residential address:_____

_____

_____

Occupation status:

□ Own employer non-professional

□ Own employer professional

□ House wife

□ Student

□ Pensioner

□ Unemployed

□ Employed

Occupation:_____

Employer:_____

Work tel number:_____

Employer physical address:_____

Is the learner living with this parent?

□ Yes

□ No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION:

Title:_____

Full names:_____

Surname:_____

Referred name:_____

ID number:_____

Home language: □ Afrikaans □ English □ Other

Language preference:_____

Mobile number:_____

Home tel number:_____

E-mail:_____

(Please write E.mail clearly)

Residential address:_____

_____

_____

Occupation status:

□ Own employer non-professional

□ Own employer professional

□ House wife

□ Student

□ Pensioner

□ Unemployed

□ Employed

Occupation:_____

Employer:_____

Work tel number:_____

Employer physical address:_____

Is the learner living with this parent?

□ Yes

□ No

PERSON RESPONSIBLE FOR PAYMENT OF SHOOL FEES ACCOUNT:

INDIVIDUAL:

Title:_____

Full names:_____

Surname:_____

Referred name:_____

ID number:_____

Home language: □ Afrikaans □ English □ Other

Language preference:_____

Communication preference:

□ SMS

□ E-mail

□ Mail

□ By hand

Mobile number:_____

Home tel number:_____

E-mail:_____

(Please write E.mail clearly)

Residential address:_____

_____

_____

Physical address:_____

_____

_____

Postal address:

_____

_____

Postal code:_____

COMPANY / CLOSED CORPORATION / TRUST:

Title:_____

Name_____

Registration number:_____

Contact number:_____

Fax number:_____

E-mail:_____

Business address:_____

_____

_____

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT:

Agreement between Lighthouse Christian College and _____ (Name of Parent / Guardian) with regards to the payment of school fees.

a) Accept responsibility for the payment of fees for above child before or on the seventh (7^{th}) day of each month.

	Monthly
	Cash
	Internet transfer
	Stop order

b) I agree to inform the Principal / Finance Department if I am unable to pay the fees. My child's admission will be secured for one (1) month.
c) I understand that the school will take the necessary legal steps to recover any outstanding fees.
d) I agree to give one (1) months' notice should my child no longer attend school. In the last term, I undertake to give notice in October as November does not serve as a notice month.
e) I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.
f) If you prefer to receive statements by e-mail, please indicate e-mail address
g) I / We, the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian _____ Date:_____

Permission/consent to take part in all organised academic sport and cultural activities:

1. I, parent / guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid driver's licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he / she is physically able to participate in any organised activities and he / she resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Lighthouse Christian College as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signature of Parent / Guardian _____ Date:_____

LIGHTHOUSE CHRISTIAN COLLEGE

C/o Carel de Wet & Raasblaar Street, Brits, 0250
admin@lighthousecc.co.za or principal@lighthousecc.co.za
Tel: 079561 3747
EMIS NO: 600 103 620

DECLARATION, UNDERTAKING, PERMISSION

Declaration, Undertaking and Permission by Parents / Guardians

NAME OF LEARNER:_____

1. I/We hereby apply to have the learner whose name appears on this form as a learner at LIGHTHOUSE CHRISTIAN COLLEGE and confirm that he/she fully support the school and abide by its rules and regulations as contained in the application form, the School's Prospectus and Code of Conduct and any other policy as laid down by the Principal and School Board.

2. I/We hereby certify that I/we have legal custody and or guardianship of the above named learner.

3. I/We undertake to adhere to the terms and conditions of this agreement.

4. I/We understand and confirm that the Principal or any other person duly authorised, will act *in loco* parentis in any matter and at any time during which I/we have entrusted our child to the care of the school.

5. School fees and financial agreement:

   a. I/We jointly and severally undertake to pay the school fees as determined by the School Board.
   b. I/We have received the Lighthouse Christian College FEE STRUCTURE and undertake to adhere to it.
   c. School fees are due on the first day of the month. Failure to comply will result in penalties of 10% and 2.5% interest per month to be added to account.
   d. Statements will be sent out on the 3rd Wednesday of every month. Parents will be alerted via the school's SMS system.
   e. The annual charge is spread over twelve months. I/we agree to pay promptly for the holiday period as well.
   f. Non-payment of fees and related charges will constitute a breach in contract and that I/we am/are still in default after having been given 10 (ten) business days' notice to remedy my/our fault, the school may without further notice summarily terminate the main agreement and refuse my/our child entry to the school.
   g. The reference number of my child must be included in all payments or queries.
   h. There will be a fee increase at the beginning of the new financial year.
   i. I/we have the option of paying monthly, bi-annually or annually, and that there is a discount for paying bi-annually or annually.
   j. In terms of family law, parents are jointly and severally liable for the payment of school fees irrespective of their marital status.
   k. In the event of non-payment of school fees the school will institute legal action against both parents irrespective of maintenance and court order which may exist between the parties.
   l. In terms of Section 38 of the South African School's Act, parents are liable to pay compulsory school fees.
   m. In terms of Section 40 and 41 of the South African School's Act, the school may enforce the payment of compulsory school fees.
   n. The parties to this application, undertake to pay all legal costs, including attorney / client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees.
   o. The school may hold and process by computer or otherwise any information obtained about the parents as a result of their liability for school fees.
   p. The school may conduct any enquiry and or information search about the parents with a credit information bureau, persons acting as their agents, and/ or credit grantors.
   q. The school may transmit details of how the parents have performed in meeting their obligations in terms of their school fee obligations and share such information with other credit grantors for the purpose of making any credit risk management related decisions.
   r. If parents fail to meet their school fees obligations the school may record the parents' non-performance with a credit information bureau. Any information conveyed to a credit information bureau will be available to the other credit grantors and used in making credit risk management related decisions.
   s. Should there be any dispute on your statement of account please notify the Debtors Clerk.

6. I/We undertake to give a term's notice in writing to remove our child from the school and furthermore to return any books and equipment belonging to the school which our child may have.

7. I/We understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against the parents to this application.

8. The signatories hereto hereby chooses official address (*domicillium citandi at executandi*) as indicated below. In the event of change of information, parents are to notify the school in writing.

9. This commitment in its entirety will be valid from the day on which it is signed by the parent / guardian to the day on which the learner officially leaves the school.

10. I/We fully understand and accept that all educational tours and excursions shall be undertaken at our child's own risk and I/we undertake on behalf of myself/ourselves, my/our executors and my/our child to indemnity, hold harmless and absolve the School Board, the Principal and staff against and from any claims whatsoever that may arise in connection with any loss or damage to property or injury to the person of our child in the course of any such tours or activities, in the knowledge that the Principal and the staff will, nevertheless take all reasonable precautions for the safety and welfare of our child. I/we, the undersigned, hereby give PERMISSION that this learner may participate in all approved activities of the school, including tours and excursions of an educational nature.

11. I/we undertake that we shall timeously and in writing inform the school about any contagious disease this learner or member of his / her household has.

12. I/we undertake that we shall take all necessary measurements to ensure school attendance on all school days.

13. I/we undertake that we shall take all necessary measures to ensure that this learner will abide by all the conditions of the school's Code of Conduct.

14. I/We understand that while every reasonable effort will be made to prevent losses or damage to a learners' clothing and equipment, the school cannot be held liable for such.

15. I/We hereby acknowledge the current ethos of the school and accept that the culture of the school is based on CHRISTIAN norms and tuition is in the English language.

16. The parent(s) declare that they are the legal guardians of the child and is/are entitled to sign this document, and shall be bound hereto both as parents and in their capacity.

Address: The signatory hereto hereby chooses *domicillium citandi et executandi* (official address) as:

_____

_____

Declaration Parent 1:

I, _____ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Board, or his delegate, permission to check and confirm any details listed by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me as in point 7 above.

Signature of Parent 1: _____ Date:_____

Declaration Parent 2:

I, _____ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Board, or his delegate, permission to check and confirm any details listed by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me as in point 7 above.

Signature of Parent 2: _____ Date:_____

Signature of School as Witness: _____Date:_____