

LGS LEARNING ACADEMY

Contact Numbers: 010 595 9768 / 082 559 6785

Email: info@lgslearning.co.za

www.learningacademy.co.za

Tutor No: H6193



PO Box 4375, Helikon Park,1771

Application Form

Thank you for applying to **LGS Learning Academy**. Before completing this form, please take note that any false information applied will jeopardize your child's application for admission and continued registration. **The following documents must accompany this application to qualify consideration for admission:**

We can assist with certifying of documents.

1. One RECENT ID size PHOTOGRAPH of the learner.
2. A certified copy of the learner's BIRTH CERTIFICATE.
3. A certified copy of the learner's UNABRIDGED BIRTH CERTIFICATE in the case when only one of the biological parents is known.
4. The learner's LATEST SCHOOL REPORT.
5. Certified copies of BOTH PARENTS OR GUARDIANS' ID documents.
6. Proof of your STREET ADDRESS. In the case of DIVORCE OR SEPARATION, to provide a copy of the STREET ADDRESS of the parent who is the legal guardian.
7. In the case of a CAREGIVER an affidavit, from at least one of the biological parents, accompanied by copies of the biological parents' ID documents confirming this arrangement.
8. PROOF OF WORK/BUSINESS STREET ADDRESS (Parent or Guardian(s)/ Foster parent(s) or Caregiver(s)(Letter of confirmation on company letter head/Letter of appointment/Payslip)
9. An immunization/clinic card – if any.
10. Was the current school informed of the learner's transfer from the school? YES | NO

The interview and information in your application form, will determine if your child is a suitable candidate for this Academy. Expect an email & telephone call in this regard.

Initial: _____

On receipt of a provisional acceptance letter from the office, a non refundable registration of R 1000-00 must be paid to the Academy to confirm your child's enrolment.

Until the full registration fee has been paid, the learner has not been accepted into the academy and the space remains unreserved. Fees are payable in advance. Fees are due in advance via debit order on or before the 1st of each month. Upon acceptance we will issue you with an Information Brochure.

LGS Learning Academy: Impaq Centre No: H6193

Address: Condor Avenue, Helikon Park, Randfontein.

Cell no. 082 559 6785 or 010 595 9768 e-mail: lgslearning@ludickhumanresources.com

Relevant information:

LGS Learning Academy requires the following information:

Please complete the relevant sections.

Learner's Name and Surname: _____

Grade: _____

Full day student: _____

Social (please mark with an x where applicable):

Child headed household:

| | | |
|-----|--|----|
| YES | | NO |
|-----|--|----|

Deceased parent:

| | | |
|-----|--|----|
| YES | | NO |
|-----|--|----|

Who does the learner reside with:

Mother:

| | | |
|-----|--|----|
| YES | | NO |
|-----|--|----|

Father:

| | | |
|-----|--|----|
| YES | | NO |
|-----|--|----|

Both:

| | | |
|-----|--|----|
| YES | | NO |
|-----|--|----|

Other: _____

Receiving social grant Type:

| | | |
|-----|--|----|
| YES | | NO |
|-----|--|----|

Country of origin: _____

Home language: _____

Other language: _____

Neurological and physical disabilities (please mark with an x where applicable)

ADD:

| | | |
|-----|--|----|
| YES | | NO |
|-----|--|----|

Initial: _____

ADHD: YES | NO

Dyslexia: YES | NO

Cerebral Palsy: YES | NO

Hard of hearing: YES | NO

Severe vision problems: YES | NO

Colour blind: YES | NO

Epilepsy: YES | NO

Physically disabled: YES | NO

HIV status: YES | NO

Above is only as information in case of emergency.

Specific learning disability – please specify: _____

Academic difficulties:

Reading: YES | NO

Mathematics: YES | NO

English language: YES | NO

Afrikaans language: YES | NO

Learner's details:

Please complete the following form in full:

Learner's grade current year: _____ Learner's grade application: _____

Current school attended by learner: _____

Tel no: _____ Fax no: _____

Learner's Surname: _____

Learner's First Names: _____

Learner's Date of Birth: _____

Learner's Cell no (if applicable): _____

Initial: _____

Learner's e-mail address (if applicable): _____

Learner's ID no: _____

Please mark with an x where applicable:

Gender: Male | Female

Ethnic group: African | Coloured | Indian | White Other: _____

Home language: Afrikaans | English Other: _____

Please fill in full details of contact person in the case of an emergency:

Surname: _____

First name: _____

Telephone no: _____

Relationship to the learner: _____

Please fill in full details of an additional contact person in the case of an emergency:

Surname: _____

First name: _____

Telephone no: _____

Relationship with learner: _____

Doctor's name: _____

Telephone no: _____

Name of medical aid: _____

Medical aid no: _____

Main member: _____

The parent/guardian accept that all precautions will be taken to ensure the safety and welfare of the learner and that they will be held responsible for the payment of medical and/or hospital accounts where applicable.

Please specify any allergies and medical ailments: _____

Initial: _____

Parent 1 - Father – Information

Please fill in or mark with an x where applicable:

Marital Status: Married | Remarried | Divorced | Single | Widowed | Separated

Title: Mr | Dr : _____

Surname: _____

Name: _____

ID no: _____

Home address: _____

Postal address: _____

Home Telephone no: _____

Cell no: _____

Occupation: _____

Employer/Company name: _____

Work telephone no: _____

E-mail address: _____

Signature: _____ Date: _____

Father

Parent 2 - Mother – Information

Please fill in or mark with an x where applicable:

Marital Status: Married | Remarried | Divorced | Single | Widowed | Separated

Title: Dr | Mrs | Miss

Surname: _____

Name: _____

ID no: _____

Home address: _____

Postal address: _____

Home Telephone no: _____

Cell no: _____

Occupation: _____

Employer/Company name: _____

Work telephone no: _____

E-mail address: _____

Signature: _____ Date: _____

Mother