



Gateway Christian School

Gateway Christian School Reg: 075-181 NPO - a project of Project Gateway

Striving for Academic and Spiritual Excellence

Dear Parent/Carer,

Thank you for requesting information regarding the admission of your child/ward to Gateway Christian School. Enclosed please find a copy of the following:

1. Application form
2. Previous school information
3. Parents details
4. Declaration by parents
5. Consent
6. Indemnity.

Incomplete forms will not be accepted. All the required documents must be produced or attached. The original birth certificate is the only document that can be accepted for enrolment purposes. Receipts from Home Affairs cannot be used to admit a learner. Before we can process your application, we require **ALL** of the following:

	REQUIREMENTS	RECEIVED
NB	THIS FORM IS NOT FOR SALE !!	
1	Certified copy of the child's Birth Certificate	
2	Certified copy of Identification Document of Father	
3	Certified copy of Identification Document of Mother	
4	Certified copy of updated Immunization Card	
5	Certified copy of Medical Aid Card	
6	Certified copy of Proof of Residence (not older than 3 months)	
7	Certified copy of Pay Slip of both parents	
8	Certified copy of Latest School Report	
9	GRADE RR LEARNER: Must be 4 years old by 30 June 2025	
10	GRADE R LEARNER: Must be 5 years old by 30 June 2025	
11	GRADE 1 LEARNER: Must be 6 years old by 30 June 2025	

Please note:

No photocopying will be done at the school. All changes must be initialled or signed by the parent or guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

OFFICE USE ONLY

Date form was returned		Interview Teacher	
Interview Date & Time			
Child's Name & Surname			
Grade:		Accepted:	
		Not Accepted:	
HOD Signature:			





GATEWAY CHRISTIAN SCHOOL APPLICATION FORM

FORM NO.		ADMIN NO.		ACCOUNT NO.	
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Grade for which you are applying: Grade: Start date for admission:

Does your child have a brother/sister at Gateway Christian School? Yes/No

PARTICULARS OF LEARNER: *(Please note that a separate form is required for each child)*

Surname:											Initials:				
First Names:															
Preferred Name:															
Date of Birth:	Y	Y	Y	Y	M	M	D	D		Gender:	M	X	F	X	
Identity Number:															
Country of Birth:															
Citizenship:															
Home Language:															
Religion:															
Name of Church:															
Name of Pastor:															
Pastor's Tel No:															
Deceased:	Mother	Yes/No		Father	Yes/No										
Who does the child stay with during term time?	Mother			Father			Grandmother						Grandfather		
	Aunt			Uncle			Guardian						Foster		
Name & Surname:															
Physical address of child:															
Tel:															
Current School:															
Province of School:															
Telephone No:															
Transport to school:	Car		Taxi		Bus		Walk		Other:						

Person responsible for payment of school fees: Print name:

Signature:

Date:



PREVIOUS SCHOOL INFORMATION

Name of School:			
Address of Previous School:			
Province:		Code:	

LEARNER'S MEDICAL INFORMATION

Name of Medical Aid:										
Medical Aid No:										
Doctor's Name:										
Doctor's Tel No:										
Any medical conditions that the school should be aware of:										
Special problems that require counselling:										
Name of emergency contact:										
Relationship to learner:										
Contact number:										

Is the learner left or right handed?	Left		Right	
Does the learner receive a social grant?	Yes		No	
Number of siblings:		Position in family 1st, 2nd, 3rd		
Please list the full names of other children at the School:	Name:			Grade:
	Name:			Grade:
	Name:			Grade:
	Name:			Grade:

Please initial:



FATHER'S DETAILS (COMPULSORY)

ID/Passport No:														
Title:		Initials:		Marital Status:		Race:								
Surname:						First name:								
Nationality:						Home Language:								
Residential Address:														
Does the child reside with you?				Yes/No										
Postal Address:														
Home Telephone Number:								Work:						
Cell:														
Occupation:							Employer:							
Email Address:														

I hereby declare that to the best of my knowledge that the above information as supplied is accurate and correct.

Name of Parent: **(Print Please)**

Signature of Parent: **Date:**

Please Note: This form must be completed in full. All changes must be initialled or signed by the parent or guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.



MOTHER'S DETAILS (COMPULSORY)

ID/Passport No:													
Title:		Initials:		Marital Status:		Race:							
Surname:					First name:								
Nationality:					Home Language:								
Residential Address:													
Does the child reside with you?			Yes/No										
Postal Address:													
Home Telephone Number:					Work:								
Cell:													
Occupation:					Employer:								
Email Address:													

I hereby declare that to the best of my knowledge that the above information as supplied is accurate and correct.

Name of Parent: _____ (Print Please)

Signature of Parent: _____ Date: _____

Please Note: This form must be completed in full. All changes must be initialled or signed by the parent or guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.



DECLARATION BY PARENTS/GUARDIANS

I parent/guardian of

.....(Name of Learner)

Hereby declare that:

1.1 The information submitted in this application for enrolment form is true and accurate.

1.2 I undertake:

- a) To ensure that my child attends school regularly and, should my child be absent from school for any reason, I will notify the principal in writing within 24 hours, stating the full reason for absence.
- b) To pay all costs incurred for damage done or losses caused by my child to school property and books.
- c) To pay all school fees monthly in advance directly into the School's bank account. ***I understand that my child may be kept out of school until the account is up to date for the current month.***
- d) To give one full term's notice of intentions to withdraw my child from Gateway Christian School, failing which I will be liable to pay a full term's fees.
- e) To ensure that my child will not leave the school premises without prior permission of the Principal.
- f) To support my child's learning by supporting the school and ensuring my child does his/her homework.
- g) To read my child's Communication Book and return it to the school every day.

1.3 I hereby grant full authority to the Principal and/or his/her nominee/designate to act in place in cases of emergency.

SIGNATURE OF PARENT(S)/GUARDIAN:

Print name in full:

Signature: Relationship to child:

Date:.....

Print name in full:

Signature: Relationship to child:

Date:.....



CONSENT AND INDEMNITY

I, the undersigned(full name of parent/guardian)

hereby give my consent for my child..... (full name of child)

in grade to **take part in all and any extra-mural activities** of Gateway Christian School. These may be on the school premises or elsewhere. The activities may be a day tour or excursion that is of general, vocational, educational, historic or scientific interest. The activity may be of a sporting nature.

I agree that unless my child is medically exempted, my child will take part in all school games and physical education.

I also give permission **for my child to be transported to and from the activity using School or private (approved) vehicles.**

The school, its staff and any other learners of the school shall not be liable for any damages arising from injuries sustained by the learner, or for any loss or damage to property and from any cause whatsoever and whether occasioned on the School premises or not.

This document specifically gives consent for **my child to be referred to any recognized medical facility for any such treatment as the School's agent(s) in his/her/their sole discretion, deems necessary.**

Permission for Photography release for my child/ward: I hereby authorise the school to publish photographs taken of my child/ward as listed on this application form for use in school's online website i.e. Facebook page or web page, including newspapers. I further acknowledge that the participation is voluntary and neither I, nor my child/ward will receive financial compensation of any type associated with the taking or publication of these photographs or participation in the school's marketing materials or other publications. The consent is valid for the duration of my child's attendance at the School.

I fully understand and **accept that all such activities/treatments shall be undertaken at my child's own risk** and that none of Gateway Christian School's Board, its staff, or any other person (whether employed by the school or not), will be liable for any damages arising from injuries received by my child, or for any loss or damage to property from any cause whatsoever and whether occasioned on the School premises or not. Such exemption from liability also includes any injury, damage or loss to my child during any extramural activity whilst my child, being about the affairs of the school, is nonetheless off the School's property. I hereby waive our own claims and indemnify the School, its employees and agents (for whom it may be found to be vicariously liable) against any claim of my child in respect of the event in question.

Dated at Pietermaritzburg this day of (month) of (year)

Signed:(Parent/Carer)

Witness 1:

Witness 2:



CONTRACT OF AGREEMENT FOR LEARNERS/PARENTS/CARERS/GUARDIANS

PREAMBLE

It is in keeping with our school policy that this contract between the School and the Parent(s)/Carer(s) be signed. This contract will become effective on the date that the child has been accepted to Gateway Christian School. By adding my signature to this document, I commit to adhering to this contract.

CONDITIONS OF THE CONTRACT

I.....(name of Parent/Carer)

agree to this contract and will abide by it throughout my child/ward's attendance at Gateway Christian School.

IDENTIFICATION NUMBER OF PARENT/CARER:

Name of Learner: in **Grade**

I commit to paying the school fees as indicated below for the year of enrolment.

(2024 fees: Grade RR to Grade 1: R1200.00pm x 10 months = R12 000.00 for the year. Grade 2 to Grade 4: R1900.00pm x 10 months = R19 000.00 for the year. Grade 5 to Grade 7: R2 100.00pm x 10 months = R21 000.00). **** Kindly note 2025 fees is expected to increase not more than 5 - 10%. On acceptance of placement you will pay a R2000 non-refundable deposit which will be deducted from your annual school fees.**

I agree that should I default in my monthly payment of the school fees as per the agreement, that my child/ward may be kept out of school until the account is up to date for the current month.

1. I will ensure that my child/ward is fully aware of the Code of Conduct applied by the school and will abide by it at all times. (Available at the School)
2. I will ensure that my child/ward is punctual and arrives at school at 07:30am every day and is collected by 14:00pm (Monday to Thursday) and 12:30pm on Fridays. If my child/ward attends after care, then I will ensure that he/she is collected by 16:00pm the latest.
3. I will ensure that my child/ward wears the proper school uniform at all times.
4. I will ensure that I support my child with regard to completion of homework.
5. I commit myself to the regular attendance at all parents meetings when requested by the school.
6. I will use the Communication Book as a means of contact between the school and me.
7. I will ensure that my child/ward comes properly dressed for PE lessons and participates in all school activities.
8. I will ensure that I pay for the annual leadership camps (Grade 4 – 7) every year as these are compulsory and are organised for the benefit of my child.
9. I will ensure, by enrolling my child at Gateway Christian School, that I will pay the annual affiliation fees to ACSI (Association of Christian Schools International)- (2024: R300 once off, 2025: TBA).

Name of Parent/ Carer:

Signature of Parent/Carer: **Date:**

Name of Principal:

Signature of Principal: **Date:**



Name of Learner:											Grade:																	
Name of Father:											ID No:																	
Name of Mother:											ID No:																	
Name of person responsible for school fees:																												
ID No. of person responsible for school fees:																												
Name of school where learner is currently enrolled:																												
Annual fees:											Date:																	
Fees paid to date for current year:																												
Fees outstanding for current year:																												
Name of Bursar:											Contact No:																	
Signature of Bursar or Principal:																												
Comments:																												

ACSI 

EMS NUMBER- 500339142

N.P.O NUMBER 075-181