



Early learning development centre a
division of The IEA Elite



The Immaculate Equestrian Academy Elite

(Pty) Ltd 2013/172230/07 Impaq Centre No. H4647

Plot 123B, End Road, Golfview, Apple Orchards

Cell no. 082 087 3538 or 016 065 0080 e-mail info@iea-elite.co.za

Application form

Thank you for applying to *The Immaculate Equestrian Academy Elite*. Before completing this form, take heed: Any false information applied will jeopardise your child's application for admission and continued registration. The following documents must accompany this application to qualify consideration for admission:

	Parent tick	Educator tick
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. In the case of a deceased parent/s, a certified copy of the DEATH CERTIFICATE/S.		
7. Proof of your STREET ADDRESS. (Your most recent Rates and Taxes account reflecting the physical address or Deed of Sale complete with revenue stamp).		
8. In the case of DIVORCE OR SEPARATION, BOTH PARENTS are to provide a certified copy of their respective STREET ADDRESSES.		
9. In the case of divorced or separated parents, a certified copy of the DIVORCE and MAINTENANCE AGREEMENT.		
10. A certified copy of the COURT ORDER GRANTING GUARDIANSHIP/FOSTERERS.		
11. 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.		
12. PROOF OF WORK/BUSINESS STREET ADDRESS (Both Parents or Guardians/ Foster parents or Caregivers) Most recent account reflecting Business address, Letter of confirmation on company letter head, Letter of appointment or Business card.		
13. An immunization/clinic card.		
14. The latest account statement from current school and transfer card.		

Your child will be given a placement test whilst you are being interviewed. The interview, together with the placement test results 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.

The once off application fee must be paid at the time of the interview R500.00. Please pay this fee in cash or with card as we do have credit card facilities on the premises. This fee is non refundable.

The office will contact you to advise you of the successful application. The academy does not have to provide a reason for declining an application.

On receipt of a provisional acceptance letter from the office, a non refundable acceptance fee and full deposit must be paid to the academy to confirm your child's enrolment. This deposit will be held and will be repayable without interest upon termination of this contract, provided there are no outstanding fees to *The Immaculate Equestrian Academy Elite*. Refunds only take place in December.

Until the acceptance fee and full deposit has been paid in full, the learner has not been accepted into the academy and the space remains unreserved The January fees are payable by 1st of January. Fees are always paid in advance on or before the 1st. Upon acceptance we will issue you with a handbook of information as well as a uniform, stationery and book list.

Relevant information

The Immaculate Equestrian Academy Elite requires the following information:

Please complete the relevant sections.

Learner's Name and Surname: _____ Grade: _____

Please tick full day option or half day option

Social (please tick the relevant column)

		YES	NO
Child headed household			
Deceased parent	Mother		
	Father		
	Both		
Who does the learner reside with:	Mother		
	Father		
	Both		
	Other		
Receiving social grant	Type:		
Foreigner	Country of origin:		
	Home language:		

Neurological and physical disabilities (please tick the relevant column)

	YES	NO
ADD		
ADHD		
Dyslexia		
Cerebral Palsy		
Hard of hearing		
Severe vision problems		
Colour blind		
Epilepsy		
Physically disabled		
HIV status		
Specific learning disability – please specify:		

Academic difficulties:

	YES	NO
Reading		
Math		
English language		

Learners details

Please complete the following form in full: (Tick where applicable).

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): _____ Learner's e-mail address: _____

Learner's ID no/Birth certificate no: _____

Please tick:

Gender	Male	Female					
Ethnic group	African	Coloured	Indian	White	Other		
Home language	Afrikaans	English	IsiNdebele	IsiXhosa	IsiZulu	SePedi	SiSwati
	SeTswana	TshiVenda	XiTsonga	SeSotho	Other		
Student currently resides with:	Both parents	Mother	Father	Guardian	Other/Caregiver		

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

Surname:	
First name:	
Telephone no:	
Doctor's name:	
Telephone no:	
Name of medical aid:	
Medical aid no:	
Main member:	

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

Surname:	
First name:	
Telephone no:	
Relationship with learner:	

In the event where an emergency has arisen and medical treatment is deemed to be necessary for the learner, the Board or their delegated official shall have the authority to consent to such medical treatment, including surgical intervention, on the parent/guardians behalf.

The parent/guardians 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:

Parent 1 / Guardian - Information

Please fill in or tick the relevant boxes:

Marital Status:	Married	Remarried	Divorced	Single	Widowed	Separated
Relationship:	Legal parent	Guardian	Grand parent	Step parent	Foster parent	Other:
Title:	Mr	Mrs	Miss	Other:		
Surname:	_____					
Name:	_____					
ID no:	_____					
Home address:	_____			Postal address:		
	_____			_____		
	_____			_____		
Home Telephone no:	_____					
Cell no:	_____					
Occupation:	_____					
Employer/Company name:	_____					
Physical work address:	_____					

Work telephone no:	_____					
E-mail address	_____					

Signature_____
Date*Parent 2 / Guardian - Information*

Please fill in or tick the relevant boxes:

Marital Status:	Married	Remarried	Divorced	Single	Widowed	Separated
Relationship:	Legal parent	Guardian	Grand parent	Step parent	Foster parent	Other:
Title:	Mr	Mrs	Miss	Other:		
Surname:	_____					
Name:	_____					
ID no:	_____					
Home address:	_____			Postal address:		
	_____			_____		
	_____			_____		
Home Telephone no:	_____					
Cell no:	_____					
Occupation:	_____					
Employer/Company name:	_____					
Physical work address:	_____					

Work telephone no:	_____					
E-mail address	_____					

Signature_____
Date