

And whatever you do,  
do it heartily,  
as to the Lord  
and not to men.  
*Colossians 3:23*



Physical Address  
57 Summit Drive  
Rispark, Johannesburg  
Postal Address  
P.O. Box 1135  
Mulbarton 2059

Tel: 0872300547 / 0879448807  
Email: info@covenantcollege.org

**APPLICANT DETAILS GRADE R-12**

**THE APPLICATION FORM MUST BE ACCOMPANIED BY**

Both parent ID's

unabridged birth certificate  
latest school report

**FAMILY INFORMATION**

Do you have a child currently enrolled in the school?

Yes  No

Specify details of other children in the school:

Name:

Grade:  Class:  Position:

Name:

Grade:  Class:  Position:

**LEARNER INFORMATION**

Surname:

Current school:

Name:

Current grade:

Gender:  Male  Female

Grade applying:

Birth Date: YYYY:  MM:  DD:

Ethnic Group and Home Language:   
(Required for GDE stats)

Physical Address:

Postal Address:  Same as Physical Address?:

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.....  
.....

.....  
.....  
.....

Province:

Province:

Country:

Country:

Postal Code:

Postal Code:

Immigrant:  Yes  No

If yes, Immigration Date:

Nationality:

Student Cell:

Home tel:

Email Address:			
Medical Aid Name:		Doctor:	
Aid Main Member:		Doctor Telephone:	
Medical Aid Number:		Medical conditions:	
Parent/s Deceased if any:			
Religion:		Church in attendance:	
Church involvement:			
		Distance To School:	0 - 5 km
			5 - 10 km
			10 - 20 km
			20 km +
Name of person who collects the learner from school			
Contact:			

### PRIMARY GUARDIAN DETAILS:

(person responsible for paying the account)

Relationship to Learner:		Ethnic Group:	
Surname:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Name:		Title:	
Initials:			
Physical Address:		Postal Address: Same as Physical Address? <input type="checkbox"/>	
Province:		Province:	
Country:		Country:	
Postal Code:		Postal Code:	
Nationality		Religion:	
Immigrant Yes <input type="checkbox"/> No <input type="checkbox"/>		Where did you hear about the school	
Occupation:			
Home Phone:		Office Number:	
Mobile Telephone:		Email Address:	
<i>Must provide as this is our secondary form of communication</i>		<i>Must provide as this is our primary form of communication</i>	
Marital status:			
Geographical area:		Lives in area: <input type="checkbox"/>	Works in the area: <input type="checkbox"/>
		Live and work in area: <input type="checkbox"/>	N/A <input type="checkbox"/>

### Secondary Guardian Details:

Relationship:				
Surname:				
Name:				
Initials:				
Physical Address:				
Province:				
Country:				
	Postal Code:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Nationality				
Immigrant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Occupation:				
Home Phone:				
Mobile Telephone:				
<i>Must provide as this is our secondary form of communication</i>				
Marital status:				
Geographical area:	Lives in area:	<input type="checkbox"/>	Works in the area:	<input type="checkbox"/>
	Live and work in area:	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Ethnic Group:				
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Title:				
Receive notifications:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Postal Address:				
	Same as Physical Address?:	<input type="checkbox"/>		
Province:				
Country:				
	Postal Code:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Religion:				
Home Language:				
Employer:				
Office Number:				
Email Address:				
<i>Must provide as this is our primary form of communication</i>				

### Alternative contact:

(If your child travels with a transport company please provide details here)

Name and Surname:				
Mobile Telephone:				
Mobile Telephone:				
Office Number:				

Relationship:				
Home Telephone:				
Email Address:				

I the under signed confirm that to the best of my knowledge the above is accurate and true.

**Primary Guardian**

**Secondary Guardian**