



# Young Eagles

Christian Academy

*“Focused on the Higher Life.”*

## APPLICATION FOR ADMISSION & PLACEMENT

**“Apply your heart to instruction and your ears to words of knowledge.”  
Proverbs 23:12**

The Principal  
oostenberg@youngeagles.co.za



**GENERAL INFORMATION**

**LEARNER'S PERSONAL DETAILS**

Surname			
Full Names			
Preferred Name			
Date of Birth		<u>ID Number</u>	
Gender	Male:	Female:	
Home Language		<u>Race</u>	
Religion			

Learner's Cell Phone		<u>Telephone at Home</u>
Au Pair's Cell Phone		
Siblings already enrolled		

**PREVIOUS SCHOOL DETAILS**

Current School			
School Address			
Curriculum Program	<u>ACE:</u>	<u>DBE/CAPS:</u>	<u>Other:</u>
<u>School Office Telephone</u>		<u>School Principal</u>	

Current Performance Grade Level:	Grade Level according to Age:		
Has the learner repeated any Grade Levels?	Yes:	No:	
Does the learner currently receive any Remedial Assistance? In which Subject(s).	Yes:	No:	
Has Admissions to any other School been refused? Which School?	Yes:	No:	

**ADMISSION & PLACEMENT** *(For office use only)*

1 <sup>st</sup> Interview				Diag. Tests				Final Interview			
Date of Placement				Chronological Level:			Performance Level:				

<b>PARENTAL INFORMATION</b>
<b>FATHER / STEPFATHER / GUARDIAN</b>

Title:		Surname:	
Marital Status:		Full Names:	
Home Address			Postal Code:
Postal Address			Postal Code:
ID Number		Cell Phone	
Home Tel.		Work Tel.	
E-Mail Address			
Occupation / Position			
Place of Employment			
Does the learner(s) live with you?		Yes:	No:
Are you the legal guardian of the learner(s)?		Yes:	No:

<b>PARENTAL INFORMATION</b>
<b>MOTHER / STEPMOTHER / GUARDIAN</b>

Title:		Surname:	
Marital Status:		Full Names:	
Home Address			Postal Code:
Postal Address			Postal Code:
ID Number		Cell Phone	
Home Tel.		Work Tel.	
E-Mail Address			
Occupation / Position			
Place of Employment			
Does the learner(s) live with you?		Yes:	No:
Are you the legal guardian of the learner(s)?		Yes:	No:

<b>RELIGIOUS INFORMATION</b>
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Are the Parents Christians?	Father:	Mother:
Name of Church Fellowship the family attends.		
Address of Church Fellowship		
Name of Senior Pastor / Minister		
Church Telephone:		E-mail:

Does the family regularly attend and support the Church Fellowship listed above?		Yes:	No:
How long have you been attending?			
If any, which Cell Group do you attend?			
Name of Cell Group Leader			
Does your Child . . .	Attend Sunday School or Children's Church	Yes:	No:
	Attend activities on offer by the Youth Ministry	Yes:	No:
	Serve in any capacity at Church	Yes:	No:
	Service Capacity:		

<b>CHRISTIAN TESTIMONY OF LEARNER</b>
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*Please give some perceptions of your child's commitment to Jesus Christ, prayer life, Lordship of Christ, attitude towards authority, etc. Children 10 years and older to complete this themselves.*

<b>CHRISTIAN TESTIMONY OF PARENTS</b>
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*Please supply some information as regards to being born again and your current relationship with the Lord Jesus Christ, your church and/or ministry involvement and any other pertinent information.*