

# APPLICATION FORM

LIGHTHOUSE CHRISTIAN SCHOOL



## DOCUMENTS TO INCLUDE

Please note that applications will not be processed unless certified copies of the documents listed below are attached. Kindly initial each page of this application.

1. The student's unabridged/abridged birth certificate and passport if available.
2. Student's latest two school reports and any latest assessment reports.
3. Recent colour ID or ID size photo (head and shoulders picture of student, please attach to the right).
4. ID document of both parents/guardian and person responsible for payment of fees.
5. Proof of guardianship (if applicable)
6. Fees policy, structure and payment form.
7. Financial Clearance Certificate from previous school (detach from application).
8. SA study permit (immigrants only)

Please attach  
a recent  
colour ID size  
photo of the  
student

### Application Fee

An application fee of **R500** per applicant is due and payable upon application.

### Placement Fee

A non-refundable placement fee of **R5 000** per learner is payable on acceptance.

## LEARNER INFORMATION

Surname	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name	<input type="text"/>	Known as	<input type="text"/>	
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y	1st Language	<input type="text"/>	
Child's ID Number	<input type="text"/>	Age	<input type="text"/>	
Home Address	<input type="text"/>			
Suburb	<input type="text"/>	Post code	<input type="text"/>	
Parental responsibility	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Both	Parents living together <input type="checkbox"/> Yes <input type="checkbox"/> No

## LEARNER INFORMATION (CONT.)

Current school	<input type="text"/>	Current grade	<input type="text"/>
Current school phone number	<input type="text"/>	Grade applying for	<input type="text"/>
Medical Aid name	<input type="text"/>	Main Member's name	<input type="text"/>
Medical Aid plan	<input type="text"/>	Medical Aid number	<input type="text"/>
Allergies (please list all)	<input type="text"/>		
	<input type="text"/>		
Name of Doctor	<input type="text"/>	Doctor's phone number	<input type="text"/>
Has the learner received all necessary immunisations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, please list immunisation/s not received:	<input type="text"/>		
	<input type="text"/>		
Does the learner have special medical needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details of medical needs and medication	<input type="text"/>		
Has the learner had any operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please list:	<input type="text"/>		
<b>(Please note that the information directly below is required by Government for statistical reasons.)</b>			
Nationality e.g. South African	<input type="text"/>	Population Group e.g. African, Indian, White, other	<input type="text"/>

### Alternative contact details to be used in case of an emergency (other than parents or legal guardians)

Full Name (Mr/Mrs/Miss)	<input type="text"/>		
Contact number	<input type="text"/>	Relationship to learner	<input type="text"/>
Email address	<input type="text"/>		
Home address	<input type="text"/>		
	<input type="text"/>		
Post code	<input type="text"/>		

## PARENT/GUARDIAN INFORMATION

### FATHER/GUARDIAN

Relationship to child:	<input type="text"/>
Surname:	<input type="text"/>
First name:	<input type="text"/>
Marital status:	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed
Spouse's name:	<input type="text"/>
Do you live with the learner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home address:	<input type="text"/> <input type="text"/>
Post code:	<input type="text"/>
Postal address:	<input type="text"/> <input type="text"/>
Post code:	<input type="text"/>
ID/Passport No.:	<input type="text"/>
Are you a South African citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, give citizenship details and SA resident status:	
<input type="text"/>	
Cell number:	<input type="text"/>
Personal email address:	<input type="text"/>
Home phone number:	<input type="text"/>
Occupation:	<input type="text"/>
Employer:	<input type="text"/>
Work phone number:	<input type="text"/>
Work email address:	<input type="text"/>
Do you attend a church?	<input type="text"/>
If so, which one?	<input type="text"/>

### MOTHER/GUARDIAN

Relationship to child:	<input type="text"/>
Surname:	<input type="text"/>
First name:	<input type="text"/>
Marital status:	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed
Spouse's name:	<input type="text"/>
Do you live with the learner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home address:	<input type="text"/> <input type="text"/>
Post code:	<input type="text"/>
Postal address:	<input type="text"/> <input type="text"/>
Post code:	<input type="text"/>
ID/Passport No.:	<input type="text"/>
Are you a South African citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, give citizenship details and SA resident status:	
<input type="text"/>	
Cell number:	<input type="text"/>
Personal email address:	<input type="text"/>
Home phone number:	<input type="text"/>
Occupation:	<input type="text"/>
Employer:	<input type="text"/>
Work phone number:	<input type="text"/>
Work email address:	<input type="text"/>
Do you attend a church?	<input type="text"/>
If so, which one?	<input type="text"/>

## GENERAL INFORMATION

1. Does the student have a diagnosed learning difficulty, which has been professionally tested? If yes, explain and provide relevant medical documentation / report from the doctor.

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2. Please provide a brief list of the student's sporting (e.g. swimming, netball) and/or cultural involvement (e.g. drama, music) to date.

SPORTING INVOLVMENT	CULTURAL INVOLVMENT
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

How does your child prefer to learn: through reading, hands-on activities, visual aids, or group discussions?

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4. Please outline two main reasons why you want your child to attend Lighthouse.

- i. 

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- ii. 

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5. Approximately how far do you live from school? Please choose one: (Required by GDE for statistical reasons.)

☐ 5 kms or less    ☐ 10 kms    ☐ 15 kms    ☐ 20 kms    ☐ 25 or more

6. How did you hear about us? E.g. friend, advert, church, etc.

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7. In the event of divorce, attach any relevant documentation required by the school e.g. Restraining Order, and state the document(s) here.

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# PARENT/LEGAL GUARDIAN/PERSON/S OR TRUST RESPONSIBLE FOR FEE PAYMENT

Please indicate who is responsible for payment of fees:

☐ Parent/legal guardian

☐ Trust

IF PARENT/LEGAL GUARDIAN/PERSON/S please fill out the following section.

Full name			
Relationship to child:			
Are you a South African citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, please give citizenship details and SA resident status:			
Occupation			
Employed by			
Phone number		Email address	
If the parents are divorced, would you like a copy of the student's report to be sent to the non-custodian parent and/or fee payer as well?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please provide the Email address that you would like it to be sent to:			

Please note: If the parents are divorced, the onus is on the person completing this form to ensure that the parent and/or guardian and/or other entity stipulated as the fee payer is in terms of the agreement of settlement and/or court order handed down in respect of such divorce, that the fee payer is correctly stipulated as in terms of such court order. In the event of the person responsible for payment of fees fails to effect payment of the fees when due, the person signing this application form shall be responsible for payment of any fees due to Lighthouse Christian School.

IF ENTITY (e.g. Trust) please fill out the following section.

Name of entity:			
Is the entity a close corporation, company or trust?		Registration number	
Full name of responsible person		ID number of responsible person	
If a company, close corporation or trust, a resolution authorising the responsible person to sign this application form is required:			
Street Address			
Postal Address			
Phone number		Email address	

If the Entity or Trust fails to pay the fees for any reason, the person signing this application form shall be responsible for payment of any fees due to Lighthouse Christian School.

During the course of the school year Lighthouse Christian School will want to **publish photographs of those who have participated in school events**. These photographs may be published in newspapers, on Facebook or other social media. Please confirm below that you permit Lighthouse Christian School to use such photographs if your child/ren appear in the photograph.

If you prefer to see the photograph before we publish it in the newspaper or on social media, kindly let us know. We will send you a copy of the photograph via email / What'sApp for approval to publish.

Kindly indicate by circling the appropriate answer, if you give Lighthouse Christian School permission to use photographs of your children for the purposes of school publicity: **Yes / No**

**Parent / Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PEMISSION TO VERIFY DETAILS - CREDIT BEREAU

I/We (Father or guardian's name) \_\_\_\_\_ ID number \_\_\_\_\_

and (Mother or guardian's name) \_\_\_\_\_ ID number \_\_\_\_\_

parent/s or guardian of \_\_\_\_\_ ID number \_\_\_\_\_

hereby consent and allow Lighthouse or its appointed agents, **permission to access my/our consumer profile on the database held by the relevant Credit Bureau/s and to verify my/our details as stated by me/us**, on my/our Application Form submitted to the school.

I have read, understand and I agree to the contents of this application form:

\_\_\_\_\_  
**Name of parent/guardian 1**

\_\_\_\_\_  
**Signature of parent/guardian 1**

\_\_\_\_\_  
**Name of parent/guardian 2**

\_\_\_\_\_  
**Signature of parent/guardian 2**

- The Bible is the infallible Word of God, inspired by the Holy Spirit, and contains every answer to man's problems. **(2 Timothy 3:16,17; 2 Peter 1:20,21)**
- There is one God, existing eternally in three persons: God the Father, God the Son and God the Holy Spirit. **(John 10:30; John 14:26; Philippians 2:5-7)**
- God is Love and He loves all people. It is His desire to reach out to those who are poor, oppressed, widowed or orphaned, and to heal the broken-hearted. **(Psalm 68:5,6; 1 John 4:16)**
- Man is created in the image of God but separated from God by sin. Without Jesus we cannot have a relationship with God. **(Genesis 1:26; 1 Timothy 2:5)**
- We can have a personal relationship with God through salvation, God's free gift to man. It is not a result of what we do, but it is only available through God's unearned favour. By admitting we have sinned and believing in the death, burial and resurrection of Christ, and accepting Him as Lord, we can spend eternity with God. **(Ephesians 2:8,9; Romans 5:1; Romans 3:24)**
- We believe in water baptism, as taught and demonstrated by Jesus, as the way for believers to identify with the death, burial and resurrection of Jesus. **(Matthew 28:19; Romans 6:4; Matthew 3:13-17)**
- The Baptism of the Holy Spirit is a gift from God. He helps empower the believer to develop the character of Christ and live every day in God's will. **(Matthew 3:11; Acts 2:4)**
- God gives all believers spiritual gifts. They are for the strengthening of God's people (the Church) and proof of God's existence and power to unbelievers. The gifts of the Spirit are active and relevant today. **(1 Corinthians 12:4-11; 1 Peter 4:10)**
- Sanctification is the ongoing process of allowing God's character to be developed in us. **(Romans 6:19; Galatians 5:22-25)**
- Divine healing is active in the lives of people today through Jesus, who is the Healer. Healing includes physical, mental, emotional and spiritual restoration. **(Luke 9:11; Matthew 9:35; Acts 10:38; Matthew 10:1)**
- The Bible describes hell as a real place. It is a place of suffering and a place of permanent separation from God for those who die without accepting Christ. God's desire is that no one be separated from Him for eternity, which is why He sent His Son, Jesus Christ, to earth. **(Hebrews 9:27; Revelation 20:12-15; John 3:16-18)**
- Jesus will return and take all those who have accepted Him as Saviour to be with Him for eternity. **(Acts 1:11; 1 Thessalonians 4:13-17; Hebrews 9:28)**

We/I \_\_\_\_\_ and \_\_\_\_\_ confirm that we are the parent/s / guardian of \_\_\_\_\_.

We/I confirm that we/I have fully read and understood the Statement of Faith, set out above, and confirm that we/I and my/our child/children agree to unconditionally abide by the beliefs of faith set out therein and its ongoing application at Lighthouse Christian School.

\_\_\_\_\_  
Name Signature Date

\_\_\_\_\_  
Name Signature Date

To be read fully and signed by Parent / Guardian and / or person and / or entity responsible for the payment of fees.

## 1. ADMISSION AND ENROLMENT

- Lighthouse Christian School is an independent school, and entry is not guaranteed upon application and / or interview.
- All applications for Grade 1 are subject to the applicant passing a professional recognised School Readiness test. The recommended age of the child must be six (6) turning seven (7) in the year for Grade 1.

## 2. FEES AND PAYMENTS

- Fees are due on the 1st working day of each month.
- Parents and/or guardians and/or persons responsible for payment of fees shall be jointly and severally liable in respect of the fees and other charges levied by Lighthouse Christian School. This obligation stands whether or not both parents and/or guardians are either divorced and/or separated.
- In the event of non-payment of fees or breach of this application or the code, the Board of Lighthouse Christian School shall be entitled to terminate this agreement. Lighthouse Christian School has the right to terminate the learner's tuition on 30 days written notice to the parent/s and/or guardian/s and/or person or entity responsible for payment of the learner's fees, after which the student will be withdrawn from Lighthouse Christian School.

## 3. TERMINATION OF ENROLMENT

- Once the student has been accepted into Lighthouse Christian School, one month of the learner's intention to leave Lighthouse Christian School is required. One month of fees will be required if the student leaves for any reason without such notice.

## 4. SAFETY AND LIABILITY

- Lighthouse Christian School is committed to ensuring the safety and well-being of students while they are under its supervision, taking into account what can reasonably be anticipated and addressed in each situation. Subject to the limitations placed on Lighthouse Christian School's right to exclude liability in terms of Section 103 of the School Education Act No 6 of 1995 (Gauteng Province), both parents and/or guardians jointly and severally indemnify Lighthouse Christian School, its Director/s, employees, and/or agents (who may be found vicariously liable) against any claim that the student or the parents and/or guardians may have in respect of any injury, loss, or damage on Lighthouse Christian School premises or while on any school outings.
- Lighthouse Christian School is a gun-free, smoke-free, and alcohol-free environment.

## 5. DATA PROCESSING CONSENT

- I/We hereby grant Lighthouse Christian School permission to appropriately process the personal information submitted to Lighthouse.

## 6. DECLARATION OF ACCURACY

- I/We, the parent and/or guardian and/or trustee of the trust and/or duly authorised person of the legal entity, declare, by our signature hereto, that the information contained herein is to the best of our knowledge and belief, both true and correct.

### PARENT/GUARDIAN SIGNATURES:

Father/Guardian's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Mother/Guardian's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Student's name: \_\_\_\_\_

Signature: \_\_\_\_\_





+27 82 567 8541

info@thelighthouseschool.co.za

Hans Schoeman Street & Rabie  
Street, Randpark Ridge

www.thelighthouseschool.co.za

## Financial Clearance Certificate

(To be completed by the previous school if applicable)

Full name of learner

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Current school

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Fees paid to date

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Fees outstanding

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Notice given

☐

Yes

☐

No

Comments

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Your full name

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Designation

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Signature of Principal/Bursar

Date

School Stamp:

# FEE STRUCTURE 2025

## LIGHTHOUSE CHRISTIAN SCHOOL



Grade	Tuition Per Month (Jan - Nov)	Tuition Per Year
000	R5 950	R65 450
00	R5 950	R65 450
R	R5 950	R65 450
1	R7 950	R87 450
2	R7 950	R87 450
3	R7 950	R87 450
4	R7 950	R87 450
5	R7 950	R87 450
6	R7 950	R87 450
7	R8 950	R98 450
8	R8 950	R98 450
9	R8 950	R98 450

### Application Fee

An application fee of **R500** per applicant is due and payable upon application.

### Placement Fee

A non-refundable placement fee of **R5 000** per learner is payable on acceptance.

### Family Discounts (on tuition only)

- **5%** on second sibling
- **7,5%** on third sibling
- **10%** on fourth sibling

### Discount for EARLY PAYMENT of Total Tuition

- **5%** discount on total tuition fees when paying by credit card or debit card if paid in full by 31 December 2024.
- **7,5%** discount on total tuition fees when paying early by EFT if paid in full by 31 December 2024

### Arrears Payment

Fees in arrears will be charged a penalty of **R600** on the **25th** of the month.

### Insurance

Kindly ensure that your children's medical costs and/or personal belongings are adequately covered by your own medical aid and personal insurance as they are not covered by the school's insurance.

### Banking Details

**Bank: First National Bank (FNB)**  
**Branch Code: 210554**  
**Swift Code: FIRNZAJJ**  
**Account No.: 63108395806**  
**Reference: Child First & Last Name & Grade applying for in 2025**