

ACUDEO COLLEGE

SCHOLARSHIP APPLICATION FORM



● Email: scholarship@acudeo.co.za

Please note: Once all forms have been completed and documents attached, these may be scanned and emailed to the address listed above. Alternatively, they may be delivered to the school, applied for, in person.

ANNEXURE SUBMISSION	PARENT	OFFICE
1. Application Form (Compulsory)		
2. Annexure A – Consent for Credit Check (Compulsory)		
3. Annexure B – Parental Agreement Contracts (Compulsory)		
*The following annexures will need to be provided upon submission.		
DOCUMENTATION SUBMISSION	PARENT	OFFICE
1. Certified Copy of learner's unabridged birth certificate/ID		
2. Certified Copies of most recent school reports (Grade 6 Term 4, Grade 7 Term 1 and Term 2 report)		
3. Certified Copies of Parents' ID		
4. Certified copies of Parents ID		
5. Parents or legal guardians Proof of income (salary advice and bank statements of the past 3 months, if self-employed 6 months business account		
6. If the parents are divorced, the divorce decree must be followed		
7. A stamped school fees letter/account statement from the student's current school		
8. Study Permit (foreign students only)		
9. Proof of Residence		
* The following documents will need to be provided upon submission.		

FOR OFFICE USE ONLY											
Annexures Submitted			Documentation Submitted			Credit Check			Admissions Test / School Readiness		
Yes:		No:	Yes:		No:	Yes:		No:	Yes:		No:
Registration Fee Paid			Resources Fee Paid			Learner Accepted			Grade	Student Number	
Yes:		No:	Yes:		No:	Yes:		No:			
Authorization: Finance Signature						Authorization: Principal Signature					
COMMENTS											

FAMILY DETAILS:

A. PARENT / GUARDIAN INFORMATION			
	Mother		Father
Title			
Initials			
First Name			
Surname			
ID/Passport No.			
Cell Number			
Email Address			
Home Address			
Postal Address			
Occupation			
Employer			
Work Address			
Work Phone			
Work Email			
Marital Status			
If divorced – Children in custody of (mark with an X):			
Father	<input type="checkbox"/>	Mother <input type="checkbox"/>	Both <input type="checkbox"/>
Signature			

B. COMBINED FAMILY NETT INCOME RANGE PER ANNUM.			
R50 000 – R100 000		R250 000 – R360 000	
R100 000 – R150 000		R360 000 – R500 000	
R150 000 – R200 000		MORE THAN R500 000 PA.	
R200 000 – R250 000		Other	
* Please note that we require salary advice and bank statements of the past 3 months			

C. INDIVIDUAL RESPONSIBLE FOR SCHOOL FEE ACCOUNT			
Title		Home Address	
Initials			
First Name		Postal Address	
Surname			
ID / Passport No.			
Contact Number		Work Address	
Add. Contact Number			
Email Address			

D. INSTITUTION / BUSINESS RESPONSIBLE FOR SCHOOL FEE ACCOUNT			
Name of Institution / Business		Address of Institution / Business	
Registration Number of Institution / Business			
Type of Institution / Business			
Contact Information of Employee at Institution / Business			
First Name			
Surname			
Position Held			
ID / Passport No.			
Email Address			

E. PERSON RESPONSIBLE FOR SETTLING FEES

Name & Surname		Date	
Signature		If paid by a third party or institution, please provide a letter Of authorization.	

LEARNER INFORMATION:**F. LEARNER DETAILS**

First Name	
Preferred Name	
Last Name	
ID / Passport Number	
Country of Birth	
Home Language	
Gender	
Religion	
Ethnic Group	
Current Grade	
Previous School & Grade Passed	
Student Email Address (provided by school)	

G. LEARNER SUBJECT SELECTION:

Please only complete the phase your child will be enrolled in.

SENIOR PHASE
(Grade 7 – Grade 9)*Subject pre-selected with an X is compulsory (as per the DBE) and cannot be changed.*

Subject	Compulsory
English Home Language	X
Mathematics	X
Life Orientation	X
Coding & Robotics	X
Social Sciences	X
Natural Sciences	X
Technology	X
Economic and Management Sciences	X
Creative Arts	X
Please select a First Additional Language	
Afrikaans First Additional Language	
IsiZulu First Additional Language	
Setswana First Additional Language	

H. SIBLING DETAILS

Number of children in household				
Name & Surname	Date of Birth	Age	Grade	Name of School

** Please note that siblings enrolled at ACUDEO qualify for a discount.*

I. EMERGENCY CONTACT DETAILS

First Name	
Surname	
Relationship	
Contact Number	
Additional Contact Number	
Address	

J. MEDICAL INFORMATION

Learner Name	
Learner ID / Passport No.	
Medical Aid Name	
Medical Aid No.	
Main Member Name	
Main Member ID / Passport No.	
Home / Postal Address	
Contact Number	
Work Number	
Email Address	
Signature of Main Member	

K. LEARNER ILLNESSES

Illness	Tick	Illness	Tick	Illness	Tick
Tuberculosis		Epilepsy		Heart Disease	
Asthma		Ulcer		German Measles	
Diabetes		Tonsillitis		Measles	
Chicken Pox		Mumps		Diphtheria	
Migraines		Eczema		Other	

L. HEALTH QUESTIONS

Question	Yes	No	Specify
Is the learner on any chronic medication?			
Does the learner have any known allergies?			
Did the learner undergo any surgical procedures?			
Does the learner need to take any medication throughout the day?			
Other			

M. Campus applying to: (Please indicate with an X)

Crystal Park Campus	
Protea Glen Campus	
Thornview Campus	
Kirkney Campus	