

**GCU Academy of Sciences, St Carlo Acutis  
Christian STEM SCHOOL, CAPS, ieb**

Cnr Swaartruggens/Moumo Street, Geelgout  
Park, Rustenburg

RUSTENBURG: TEL: +27 81 779 4450



*WHERE FAITH & SCIENCE MEET: BUILDING SOLUTION PROVIDERS WITH CHARACTER* **EMIS NO: tba**

**APPLICATION FORM GRADE R – 4 2026**

**ADMISSION NUMBER** \_\_\_\_\_

PLEASE NOTE: THE COMPLETION OF THIS FORM DOES NOT AUTOMATICALLY ENROL THE LEARNER AT GCU ACADEMY OF SCIENCES ST CARLO ACUTIS SCHOOL.

**REGISTRATION AND ADMISSION FEE FOR 2026: R1000**

**1. PERSONAL DETAILS OF LEARNER**

Male: \_\_\_\_\_ Female: \_\_\_\_\_

SURNAME \_\_\_\_\_  
FIRST NAME \_\_\_\_\_  
PREFERRED NAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
IDENTITY/PASSPORT NUMBER \_\_\_\_\_  
COUNTRY OF BIRTH \_\_\_\_\_  
HOME LANGUAGE \_\_\_\_\_

**GRADE:** RR R 1 2 3 4 5 6 7 PLEASE TICK APPLICABLE

**2. FAMILY INFORMATION**

**FATHER**

SURNAME \_\_\_\_\_ FIRST NAME(s) \_\_\_\_\_  
I.D/PASSPORT NUMBER \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
RESIDENTIAL ADDRESS \_\_\_\_\_  
TELEPHONE No. (W) \_\_\_\_\_ (CELL) \_\_\_\_\_  
POSTAL ADDRESS \_\_\_\_\_  
E-mail ADDRESS \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_  
EMERGENCY CONTACT NUMBER \_\_\_\_\_

**MOTHER**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
I.D/PASSPORT NUMBER \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
RESIDENTIAL ADDRESS \_\_\_\_\_  
TELEPHONE No (W) \_\_\_\_\_ (CELL) \_\_\_\_\_  
POSTAL ADDRESS \_\_\_\_\_  
E-mail ADDRESS \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_  
EMERGENCY CONTACT NUMBER \_\_\_\_\_

**LEGAL GUARDIAN**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
I.D/PASSPORT NUMBER \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
RESIDENTIAL ADDRESS \_\_\_\_\_  
TELEPHONE No (W) \_\_\_\_\_ (CELL) \_\_\_\_\_  
POSTAL ADDRESS \_\_\_\_\_  
E-mail ADDRESS \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_  
EMERGENCY CONTACT NUMBER \_\_\_\_\_

**3. MEDICAL INFORMATION**

IS THE CHILD COVERED BY MEDICAL AID      YES                              NO                              **PLEASE TICK APPROPRIATE**

MEDICAL AID \_\_\_\_\_ MEMBERSHIP No. \_\_\_\_\_

IF YOUR CHILD IS ON MEDICATION, PLEASE INDICATE THE REASON AND STATE WHAT MEDICATION IS BEING GIVEN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. SCHOLASTIC INFORMATION**

LAST SCHOOL ATTENDED \_\_\_\_\_ PRESENT GRADE \_\_\_\_\_

PLEASE STATE ANY GRADES REPEATED \_\_\_\_\_ YEAR \_\_\_\_\_

**5. LEARNER TRANSPORTATION**

**IF LEARNER IS TRANSPORTED BY TAXI or PRIVATELY ARRANGED VEHICLE, PLEASE SUPPLY DETAILS**

NAME AND SURNAME OF DRIVER \_\_\_\_\_

TELEPHONE & VEHICLE REG NUMBER \_\_\_\_\_

**6. TERMS AND CONDITIONS OF ACCEPTANCE**

If the child has previously attended school, a transfer card from that school must be submitted.

The following documents must be attached to the admission form:

- A certified copy of the child's birth certificate
- A copy of the most recent school report (for grade 1 upwards or in the case of a transfer)
- 2 recent colour passport photographs of the learner with learners' name at the back
- Certified copies of ID of both parents/legal guardians
- Transfer card from previous school
- Copy of medical Aid (if available)

The admission of pupils to this school is for the year in which the application is made, and **must be renewed** at the beginning of each subsequent year.

**NO** application will be processed unless all the above have been submitted and are correct.

**NO** telephonic or verbal queries will receive attention, except when enquiring for more information. Whats app, website enquiries and email are preferred..

I \_\_\_\_\_ parent of \_\_\_\_\_

**Hereby declare that all the information furnished in this document is true and correct.**

Any false information/misrepresentation will result in this application being disqualified, and /or future withdrawal of registration of your child from GCU Academy of Sciences St Carlo Acutis School, as he/she will have been accepted based on misleading information.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

## **7. SCHOOL FEES**

1. The admission fees for new learners for 2026 is R1000. Returning learners pay R950 re-registration per annum.
2. The school fees are R23, 320.00 per annum..
3. Stationery, text books and school outings or events are **not** included.
4. Coding and robotics additional fees will be determined and announced.

## **8. PAYMENT OPTIONS**

1. Full payment of R24 000 on or before 31 January 2026 a discount of R1000 will be given.
2. Term payment of R6 000 per term payable before the commencement each new term, a discount of R100 will be given.
3. Monthly payment of R2,000 per month for 12 months. Monthly payment of R100 for Coding and Robotics for 11 months.

## **9. METHOD OF PAYMENT**

Full payment of fees before the commencement of each new term, EFT payments and bank deposits can be done at the following school account.

### **GCU ACADEMY OF SCIENCES (PTY) LTD SCHOOL BANK DETAILS:**

<b>NAME OF BANK</b>	<b>STANDARD BANK , CURRENT ACCOUNT</b>
<b>ACCOUNT No.</b>	<b>10258717112</b>
<b>BRANCH CODE</b>	<b>051001</b>
<b>ACCOUNT TYPE</b>	<b>CURRENT</b> (Name & Surname of child as reference)

**ALL DEPOSIT SLIPS ARE TO BE E-MAILED TO:** [admin@gcuasciences.co.za](mailto:admin@gcuasciences.co.za)

**NOTE: NO CASH PAYMENTS ACCEPTED AT THE SCHOOL.**

## **10. IMPORTANT NOTICE**

1. No refund of the admission fee will be made whatsoever.
2. I accept that no refund on paid-up school fees will be made to me if I remove my child /children after term 2.
3. I accept that (one) month' s notice is requested upon withdrawal of the learner from the school. If I withdraw my child without a full month's notice, I shall be liable to pay one month's fees.

I \_\_\_\_\_ (Parent) the undersigned, declare that I am responsible for the payment of all tuition, books and any other fees due for this learner, **payable in advance by the 1<sup>st</sup> of each month.**

**I AM AWARE THAT FAILURE TO MEET ANY FINANCIAL OBLIGATIONS WILL RESULT IN ME BEING ASKED TO KEEP MY CHILD AT HOME UNTIL THE NECESSARY PAYMENTS ARE MADE.**

**Name in print** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness: 1.**

\_\_\_\_\_

**2.**

## **DECLARATION OF PARENT/GUARDIAN INDEMNITY**

I grant my full consent for my child to participate in any sport, educational visits and extracurricular activities undertaken by the school.

I solemnly declare that I fully absolve GCUASc St Carlo Acutis School of any liability in respect of any injury occurring to my child from **any accident** by whatsoever cause, except where negligence by GCUASc is evident, in which case the matter will be addressed as amicably as possible, to reach a joint and Godly family-oriented solution.

I undertake not to take any action against GCUASc St Carlo Acutis School and/or any of its staff in case of **an accident.**

The above undertaking and consent shall be valid in all instances except where a parent or guardian expressly and in writing withdraws his/her consent.

**NAME IN CAPITAL LETTERS:** \_\_\_\_\_

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WITNESS: NAME AND SIGNATURE** \_\_\_\_\_

**EMAIL FORM TO:** [registrar@gcuasciences.co.za](mailto:registrar@gcuasciences.co.za)

**CALL:** +27 81 779 4450