
APPLICATION FORM 2026



BETHEL COLLEGE HIGH SCHOOL

☎ School Cell Number: 0618446216
40 Kentane, Butterworth 4960 Eastern Cape South Africa
E-mail: principal.bethelcollege@gmail.com;

Cell: **Principal** - 0743896503
Cell: **Accountant** – 0676872578

THIS APPLICATION FORM WILL NOT BE PROCESSED WITHOUT ALL OF THE FOLLOWING:

1. A non-refunded application fee of R200. R250 late application (After 31 October)
2. Copy of most recent school report.
3. *Certified Copy* of ID or Birth Certificate.
4. *Transfer Letter and Testimonial form* (from previous school).
5. *Certified copy of I.D for parent/ guardian*

Banking details: Standard Bank – Butterworth; Branch Code: 050221; Cheque account no: 280 880 189
Account Name: Bethel College Primary

Please complete all five pages in **BLACK PEN & BLOCK CAPITAL LETTERS** and return to the above address.

PLEASE NOTE:

1. This application **will not be processed without all the relevant documentation. Please keep the form until** you have all the necessary documentation before you submit it.
2. We **prefer** that even if you e-mail the completed form, you should also rather send it (together with all the documentation) by **POST or COURIER or DELIVER PERSONALLY.**

A. LEARNER INFORMATION

1. Surname:
2. Names (as on birth certificate):
3. Nickname (known as):
4. Date of Birth:
5. I.D. or Passport number: (*not D.O.B*)

6. Gender: **Male:** **Female:**

7. When would you like to come to Bethel Primary/High School? **Year:** **Quarter:**
 Highest grade passed: Year passed:

8. Grade applied for:

9. Has learner ever repeated a grade? If yes, which grade?

10. Previous school:
 Address:
 Code and telephone number:
 Province and/or Country:
Postal Code: **Telephone no.**

11. Learner will be a: **Boarder:** **Day Scholar:**

12. Mode of transport to school: (Mark with an X)
 Walk Bicycle Car Bus Taxi Dorm

13. Race: (Mark with an X)
 African Coloured Asian White Other

14. Ethnic group:

IsiNdebele	SISwati	IsiXhosa	IsiZulu	Sesotho	SePedi	Setswana	TshiVenda	XITsonga	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Preferred Language of Instruction:

15. Language of Instruction: English
 (Mark with an X)

16. Home Language:

English	Xhosa	Afrikaans	SISwati	IsiNdebele	IsiZulu	Sesotho	SePedi	Setswana	TshiVenda	XITsonga	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

17. Residential Area: (Mark with an X)

E-Cape	N-West	Mpumalanga	Limpopo	FreeState	Gauteng	W-Cape	N-Cape	KZN	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

18.

Citizenship: 19. Expiry Date of Study Permit:

20. Is the learner a member of the Seventh-day Adventist Church? **Yes:** **No:**

21.1 If yes, is the learner a baptised member? **Yes:** **No:**

21.2 If "no", to which religious denomination does the learner belong?

22. Special problems requiring counselling:

23. Dexterity of learner: Right-Handed: Left Handed: Ambidextrous:

24. Does the learner receive a social grant? **Yes:** **No:**

25. Number of children in the family: first of three = 1 of 3)
- Position of child in the family: (e.g. Mother Father Both one
26. Does learner have any deceased parents:
27. Learner's cell phone number:

B. PARENT/GUARDIAN/SPONSOR INFORMATION

*Information of person responsible for Information relating to 2nd parent or account
another person responsible for learner*

1. Relationship to learner:	<input type="text"/>	<input type="text"/>
2. Surname:	<input type="text"/>	<input type="text"/>
3. Full Names:	<input type="text"/>	<input type="text"/>
4. Title:	<input type="text"/>	<input type="text"/>
5. I.D. No.:	<input type="text"/>	<input type="text"/>
6. Telephone Numbers:	Home:	Home:
	Cell:	Cell:
	Work:	Work:
	Fax:	Fax:
7. E-Mail Address:	<input type="text"/>	<input type="text"/>
8. Home Address:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
9. Postal Address:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
10. Occupation:	<input type="text"/>	<input type="text"/>
11. Name of Employer:	<input type="text"/>	<input type="text"/>

12. Work Address:

13. Employer's Tel. no.:

14. Marital status of parents

<i>Married</i>		<i>Divorced</i>		<i>Single</i>		<i>Separated</i>		<i>Widow</i>		<i>Widower</i>		<i>Guardian</i>	
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15. Number of **other children (siblings)** in this school: (Please supply full name and surname below :)

Name: Grade:

Name: Grade:

Medical Information

Please attach a copy of your Medical Card and I.D. Document

1. Name of Medical Fund:

2. Membership number:

3. Name of Principal member of medical fund:

4. I.D. No. of Principal member of Medical Fund:

5. Does your child have **any allergy, including allergy to medication, tendency towards abnormal bleeding, epilepsy, etc. Please state.**

If the learner is not on a Medical Aid, please complete the following information:

1. Name (in full) of **Parent or Guardian responsible for account:**

2. I.D. Number:

3. Marital Status:

4. Annual family income:

Father *Mother* *Children :*

5. Number of persons in household:

Church Information

1. Is the learner a baptized member of the Seventh-Day Adventist church? **Yes:** **No:**
2. Is the parent/guardian a baptized member of the Seventh-Day Adventist church? **Yes:** **No:**
3. If "no", which religious denomination does the parent/guardian belong to?

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please print): _____

Signature of Parent / Guardian: _____

C. SUBJECT INFORMATION

Note:

- You must choose one Home Language and one 1st Additional Language. All other subjects are compulsory
- For grades 7-9 All the other subjects are compulsory.

Grades 7 to 8: Please indicate your *preferred language choices* for 2026

English Home Language		Compulsory		
		IsiXhosa Home Lang.		
Mathematics		C A	Creative Arts	
NS - Natural Sciences		Tech -	Technology	
SS - Social Sciences		LO -	Life Orientation	
EMS - Economic & Management Sciences		Bible		

Grades 9: Please indicate your *preferred language choices* for 2026

English Home Language		Compulsory		
		IsiXhosa Home Lang.		
Mathematics		C A	Creative Arts	
NS - Natural Sciences		Tech-	Technology	
SS - Social Sciences		LO -	Life Orientation	
EMS - Economic & Management Sciences		Bible		

Subject choices for Grades 10-11: 2026

Note: The subject combination should be as reflected in the form. There are only 2 streams: Sciences and Commerce. Choose the subjects according to the preferred stream.

	English Home Language	or	IsiXhosa Home Language	
			. English 1 st Additional Lang	N/A
✓	Life Orientation (Compulsory)		Bible (compulsory)	
	Mathematics/Maths Lit		Mathematics/ Maths Lit	
	Agricultural Management Practices/ Computer Application Technology		Agricultural Management Practices/ Computer Application Technology	
	Life Sciences	or	Economics	
	Physical Sciences	or	Accounting or History	
	Agricultural Sciences	or	Business studies	

BETHEL COLLEGE PRIMARY/HIGH SCHOOL

PARENT/SPONSOR & LEARNER CONTRACT

Please initial each of the following points and sign and date fully at the bottom:

Initials

1. I have read the *school Brochure – 2026* and I confirm my commitment and support to the sentiments expressed therein.
2. I will be loyal to the school and will encourage my child to identify with the school's ideals, and to obey the school rules.
3. I give permission that my child may participate in any of the extra-curricular activities organized by the school. This includes sporting and cultural activities as well as excursions/tours. I understand that reasonable precautions will always be in place to ensure the safety of children. I further understand that some activities may imply additional costs, and I expect to be consulted on this matter before my child is asked to participate.
4. *I accept full responsibility for the prompt payment, in advance, of all school fees and legitimate expenses as indicated on duly rendered school accounts. I understand that I may be asked to withdraw my child if I am not able to settle my account.*
5. *I hereby consent that the school or it's appointed agent may carry out a credit enquiry and may transmit details to a credit bureau of how I have performed in meeting my obligations in terms of this agreement and if I fail to meet my obligations may record my non- performance with the applicable credit bureau.*
6. *I hereby undertake and bind myself to pay any costs, including legal fees, tracing fees and collection costs which may be incurred by the school in its recovery of any outstanding amount due by me.*
7. Should it be necessary for any reason to withdraw my child during the school year, I understand that I will be responsible for the payment of school fees up to the end of the month in which my child is withdrawn from the school.
8. I understand that the personal belongings of my child/ren are not insured by the school or Seventh - Day Adventist church organisation.
9. I understand that the school dormitories and dining room do not function during school holidays and out-weekends, and I accept the responsibility to make alternative arrangements for my child at such times.
10. I give permission that my child may be subject to medical tests for drugs or other illegal substances if there is evidence or reasonable suspicion that he/she may be involved in substance abuse activities. I understand that such testing will always be dealt with confidentially and in a professional manner and that I will be kept informed regarding the process. I agree to be responsible for any laboratory costs that may be involved.
11. I give permission that my child may be given basic medication should the need arise.
12. I give the principal or his/her representative the right to act "*in loco parentis*" to my child.
13. I agree that the school may use photographs and/or videos of my child for marketing and promotional purposes, including but not limited to the school's website, social media page, brochures, newsletters, and other official communication platforms.

Signature: Parent/Sponsor _____

Date: _____

Thank you for your honesty and cooperation.

School Stamp

Signature of Principal: _____

Date: _____