



**S.A. TIMBER AND RECOVERY  
T/A YOUTH LIFE SKILLS  
TRAINING CENTRE**

**APPLICATION FOR ADMISSION**

MONTH                      YEAR

NAME & SURNAME		
DATE SUBMITTED		
ADMIN NUMBER		
<b>OFFICE USE ONLY</b>		
WAITING LIST NUMBER		
<b>STATES OF ACCEPTANCE:</b>		
ACCEPTED	NOT ACCEPTED	
<b>REASON(S) FOR NON-ACCEPTANCE:</b>		
<b>SIGNATURE:</b>		
<b>DATE:</b>		

NO 79A OLIFANTFONTEIN ROAD, GLEN AUSTIN, MIDRAND

TEL: (011) 314-8039

FAX:(011) 314-8079

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Web: www.ylstc.weebly.com

**JOU LEWÉ.... JOU KEUSE**

**YOUR LIFE.... YOUR CHOICE**

**We require certified copies of the following documents:**

- \* birth certificate of prospective learner(x2)
- \* identity document of the father/legal guardian of the learner
- \* identity document of the mother/legal guardian of the learner
- \* identity document of the person responsible for paying fees (if not parent) and a letter of acknowledgement for paying fees
- \* the latest academic record available
- \* record of conduct
- \* your municipal account (not older than 3 month)

Registration fee:

text book fee:

**APPLICATION FOR ADMISSION 2012**

GRADE	8	9	10	11	12
ABET	8	9	10	11	12
SKILLS					
REHABILITATION					
EXTRA MURALS					

**PARTICULARS OF LEARNERS**

SURNAME			
NAME (FULL)			
NICK NAME			
IDENTITY NUMBER			
GENDER	MALE		FEMALE
RACE			
NATIONALITY			
RELIGION			
CELL PHONE NR LEARNER			
HOME LANGUAGE			
LANGUAGES AUTHORIZED			
RESIDENTIAL ADDRESS			
IF DAY SCHOLAR			
DRIVERS LICENSE IF ANY	YES	NO	EXPIRY DATE

**SPECIAL INFORMATION WITH REGARDS TO THE LEARNERS NEEDS.**

(SHOULD THE PARENT WISH TO BRING SPECIAL INFORMATION TO THE ATTENTION OF THE SCHOOL: SPECIAL NEED OR ILLNESS)

**MEDICAL DETAILS**

NAME OF MEDICAL AID	
MEDICAL AID NUMBER	

**BROTHERS AND SISTER**

NAME	SURNAME	GRADE	SCHOOL

**PARTICULARS OF THE PARENTS/GUARDIAN**

	FATHER	MOTHER
SURNAME		
NAME		
IDENTITY NUMBER		
RESIDENTIAL ADDRESS		

**TELEPHONE NUMBERS**

HOME		
WORK		
CELL PHONE		
E-MAIL ADDRESS		
<b><u>COMMUNICATION</u></b>	FATHER	MOTHER

(PLEASE INDICATE WHO THE CONTACT PERSON WILL BE WITH REGARDS TO SMS'S, PHONE CALLS, E-MAILS)

**PARTICULARS OF NEXT OF KIN**

**SOCIAL WORKER / PSYCHIATRIST**

SURNAME  
NAME  
RELATION  
HOME  
WORK  
CELL PHONE  
E-MAIL ADDRESS  
RESIDENTIAL ADDRESS


**PREVIOUS SCHOOL ATTENDED**

NAME OF SCHOOL  
HOME  
WORK  
FAX  
E-MAIL ADDRESS  
POSTAL ADDRESS OF SCHOOL


PLEASE GIVE BRIEF DESCRIPTION AS WHY YOU WOULD LIKE TO BE APART OF THIS PROGRAM.


ONCE YOU HAVE READ THE TRAINING POLICY, MANDATE AND UNDERSTAND IT.  
I AGREE FOR IT TO BE BINDING ON ME AS MY TERMS AND CONDITIONS, RULES AND BEHAVIOR  
OF TRAINING AND HAVE NO OBJECTIONS OR QUERIES.

--

**LEARNER SIGNATURE**

**TO BE COMPLETED BY PARENT / PERSON RESPONSIBLE FOR FEES:**

**IMPORTANT:**

- \* THE SECTION MUST BE COMPLETED, EVEN IF FEES ARE TO PAID BY THE PARENTS
- \* A LETTER FROM THE RELEVANT COMPANY / EMBASSY / ORGANIZATION OF INDIVIDUAL (IF NOT PARENT ) RESPONSIBLE FOR FEE, ACKNOWLEDGING SUCH RESPONSIBILITY, MUST ACCOMPANY THIS APPLICATION

**NAME OF PARENT / INDIVIDUAL LIABLE FOR THE SCHOOL FEES:**

PHYSICAL ADDRESS (AS DOMICILIUM CITANDI ET EXECUTANDI)		POSTAL ADDRESS	
CODE		CODE	

**PERSONAL PARTICULARS:**

	CODE	NUMBER
HOME		
WORK		
FAX		
CELL PHONE		
E-MAIL ADDRESS		
BANK DETAILS	BRANCH CODE	
OCCUPATION		
EMPLOYER		

**IT IS OF THE UTMOST IMPORTANCE THAT THE FOLLOWING DOCUMENTATIONS ACCOMPANY THE APPLICATION FORM:**

- CERTIFIED COPIES OF THE PARENTS / LEGAL GUARDIANS IDENTITY DOCUMENTS
- 2 X CERTIFIED COPIES OF THE CHILD'S BIRTH CERTIFICATES / IDENTITY DOCUMENTS.
- CERTIFIED COPY OF THE IDENTITY DOCUMENTS OF THE PERSON RESPONSIBLE FOR PAYING THE FEE) IF NOT PARENT
- CERTIFIED COPY OF YOUR MUNICIPAL ACCOUNT RECORD OF CONDUCT

OFFICE USE ONLY	
CERTIFIED	NOT CERTIFIED


**SIGNATURE PARENTS / GUARDIAN:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

**Note: if the application form is incomplete, we can't accept the application**

\_\_\_\_\_

**LEARNER SIGNATURE**

## LETTER OF COMMITMENT AND DONATION TO YOUTH LIFE SKILLS TRAINING CENTER

I, \_\_\_\_\_ (Name of parent of guardian)

of \_\_\_\_\_ (Name of learner)

Here by undertake to

1. Ensure that there is no breach of rules, policy, code or family interference during the 90 day basic period or if extended for valid reasons, That the learner will attend to all the courses and assessments and contact sessions to be held during the period.
2. The learner will be given every opportunity to submit, within the agreed time frames of the training courses, assignments as outlined, and complete his Portfolio of Evidence as well as attend all assessments as indicated.
3. I the learner will ensure that I do not miss any session or neglect my responsibilities as a learner without any serious cause. Should such a situation arise, I will communicate the matter to the course facilitator and the Principle as soon as I can.
4. It is fully understood by all parties signed hereto, that all costs of training are covered by F.I.E.T.A and S.A.TIMBER & RECOVERY, that the five thousand rand paid into S.A. timber and recovery is a retaining amount and obligation of commitment by all parties that the learner will complete the courses diligently.
5. In the event of the learner failing to complete the course the funds will be used to cover shortfalls incurred by S.A.TIMBER & RECOVERY, or used for another learner who can not afford the training.
6. In the event of the learner being competent and completing all the requirements the said amount will be donated as relief funds to S.A.TIMBER & RECOVERY to use where it sees fit to benefit the training center and its occupants.
7. I understand that the FIETA is paying a portion of the course fee of R 3 300-00 per participant. If I the learner do not fulfill my commitment, My Parent or Guardian will be held liable to reimburse to S.A.TIMBER & RECOVERY, the FIETA said amount in full from the inception of the course for the better of another underprivileged child.

Learner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Accountability / Responsibility / Discipline

**NOTIFICATION OF LEARNER:** \_\_\_\_\_

I / We the under-signed parents of the Aforesaid child / learner here by confirm that the training centers discipline procedures have been explained, and we do acknowledge that out child / learner has the following behavioral problems


Therefore grant permission to the training center, to evaluate, discuss with the child, plan and implement a suitable system to be integrated to rectify our child back in to a socially acceptable behavior pattern, using old or new methods or ethnic's as it deems fit.

We do understand that this may conflict with certain rights of an average child, and that the child is currently abusing our parents rights and not morally behaving in the correct socially acceptable standard, and do so agree as our child's behavior has wandered off the normal path, and therefore more aggressive methods needs to be utilized to which the child is fully aware and acknowledges hereto

I/We the undersigned parties all being in agreement hereby accept that all forms of accountability and discipline if need be or deemed fit is acceptable.

\_\_\_\_\_  
Parent / Guardian / Father

\_\_\_\_\_  
Parent / Guardian / Mother

\_\_\_\_\_  
Child / learner

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Social workers

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date