

ELITE COLLEGE

NPO-052/897

APPLICATION FOR ADMISSION

FORMS TO BE RETURNED TO OUR ADMINISTRATION OFFICE WITH:

- 2 Passport photos
- Certified copy of birth certificate or ID Document
- Certified copy of student's most recent school Report or Statement of Symbol
- If foreign pupil: Copy of pupil's Residence Permit or Study permit
- Certified copy of recent salary slip of person paying School fees
- Certified copy of same persons ID document
- Proof of residence
- School fee statement from previous school
- A R500 Admission Fee

FOR OFFICE USE: Admission Number : _____
 Admission Date : _____
 Admission Pupil to : _____
 Receipt Number : _____
 Amount Paid : _____
 Year : _____

SECTION A: STUDENT'S DETAIL

SURNAME **FULL NAMES (as per Birth Certificate)**

PREFERRED NAME **ID NUMBER**

DATE OF BIRTH/...../...../ **CURRENT AGE**/...../ **GENDER** M F
 Y M D Y M

HOME LANGUAGE 1. _____ 2. _____

OTHER LANGUAGE SPOKEN _____

RELIGION _____

NUMBER OF CHILDREN IN FAMILY 1 2 3 4 **POSITION OF LEARNER IN FAMILY** 1 2 3 4

NUMBER OF CHILDREN ATTENDING ELITE COLLEGE 1 2 3 4

How many years have you attended the following grades	Kindly indicate the number of years
Grade 1	
Grade 2	
Grade 3	
Grade 4	
Grade 5	
Grade 6	
Grade 7	
Grade 8	
Grade 9	
Grade 10	
Grade 11	
Grade 12	

NAME	GRADE

NATIONALITY _____

MEANS OF TRANSPORT TO SCHOOL

Vehicle	Taxi	Train	Bicycle
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SECTION B: MEDICAL INFORMATION

Allergies: _____

SPECIAL NEEDS: _____

Family Doctor 1 _____ Tel No () _____
Family Doctor 2 _____ Tel No () _____

Medical Aid Company _____

Medical Aid Membership number _____

Has the learner received all the necessary Immunisation ? Yes/No (If not please give details) _____

Learner has suffered the following illnesses: (Indicate with an x)

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Enteric Fever	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Scarlet
<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Germany Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Tickbite Fever
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>	Typhoid
<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Whooping Cough

CONSENT

NB: IN A CRITICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO YOUR CHILD'S RECORDS. THE COLLEGE THEREFORE RESERVES THE RIGHT TO THE QUICKEST MEDICAL SERVICE AVAILABLE.

1. _____, Being the parent/ legal guardian of _____ hereby agree that the appointed Elite College Practitioner may carry out emergency treatment as may be necessary.

Signature of Parent/ Guardian: _____

Does the learner suffer from any other illnesses or disability or has the learner suffered from other illnesses or disability? (If so, please give details)

Has the learner suffered from or been treated for any psychological or emotional upset? (If so, please provide details)

Please specify any other relevant medical data

Student's Legal Guardian	Access Right to Studen	Student living with parent	Access Right in an Emergency only
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SECTION E: DETAILS OF KMOTHER/STEPMOTHER/GUARDIAN

SURNAME

FULL NAMES

DEIGNATION:

Mr	Mrs	Ms	Miss	Dr.	Rev	Capt.	Col	Prof.	Rev.	The Hon
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ID NUMBERS:

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RELATIONSHIP: _____

MARITAL STATUS: _____

OCCUPATION: _____

EMPLOYER: _____

ADDRESS1 Residential

ADDRESS3 Postal

_____ Post Code

_____ Post Code

() _____
_____ Cell
_____ E-Mail

() _____
_____ Cell
_____ E-mail

PARENT STATUS :

Student's Legal Guardian	Access Right to Studen	Student living with parent	Access Right in an Emergency only
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DECLARATION

We the undersigned , _____
Hereby certify that the information given by us on this application is complete and accurate.

We agree to the conditions as set out below.

- We accept that the school is based on Christian principles and undertake not to undermine this position
- We accept joint and several liability to **ELITE COLLEGE** for the due and punctual payment of all the fees, subscriptions,levies or other amounts which may become due and payable to **ELITE COLLEGE** or in respect of participation in or attendance of any extra curricular activities.
- We have read the **ELITE COLLEGE** CONSTITUTION, CODE OF CONDUCT and SUBSTANCE ABUSE POLICY and will abide by the rules at the college according to the conditions laid down within.

NB: The signature of both parents' and /or guardian AND Learner are required.

SIGNATURE OF FATHER/STEPFATHER/GUARDIAN

DATE

SIGNATURE OF MOTHER/STEPMOTHER/GUARDIAN

DATE

SIGNATURE OF LEARNER

DATE