



# WATERKLOOF COLLEGE

## APPLICATION FOR ADMISSION

YEAR APPLIED FOR .....

GRADE APPLIED FOR GRADE 

RR	R	1	2	3	4	5	6	7	8	9	10	11	12
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 (SCHOOL) AFTER CARE  YES  NO

Confirm availability at applicable school

Confirm availability at applicable school

**MOST IMPORTANT: This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents are attached.**

### NECESSARY SUPPORTING DOCUMENTS, COMPLETED SECTIONS & FORMS

- |   |   |
|---|---|
| <input type="checkbox"/> CEMIS Transfer Document once available                 | <input type="checkbox"/> Copy of Parents'/Legal Guardians' ID Documents |
| <input type="checkbox"/> Copy of Learner's FINAL Progress Report once available | <input type="checkbox"/> Completed Hostel Application if applicable     |
| <input type="checkbox"/> Copy of Learner's latest Progress Report               | <input type="checkbox"/> Completed Aftercare Application if applicable  |
| <input type="checkbox"/> Copy of Learner's Birth Certificate/ID Document        | <input type="checkbox"/> Completed & Signed Debit Order Form            |
| <input type="checkbox"/> Copy of Learner's Vaccination Records if available     | <input type="checkbox"/> Subject Choice Form(FET Phase:Gr 10- Gr 12)    |
| <input type="checkbox"/> Copy of Learner's Residence/Study Permit, if foreign   | <input type="checkbox"/> Sections 1- 14 Completed & Signed              |

TWO RECENT COLOUR PHOTOS OF LEARNER (ID SIZE)

### FOR OFFICE USE

INTERVIEW DATE .....	APPROVED .....	FAMILY CODE .....
NOTES .....	DATE .....	CREDIT REFERENCE .....
DATE .....	COMMENCEMENT .....	SIBLINGS AT 1 .....
DATE .....	GROUP/ GRADE .....	THE SCHOOL 2 .....

### SECTION 1: LEARNER'S PERSONAL DETAILS

SURNAME ..... FULL NAMES AS ON BIRTH CERTIFICATE/ID DOCUMENT .....

PREFERRED NAME ..... IDENTITY NUMBER 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH 

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

 AGE 

--	--

 GENDER MALE  FEMALE

**HOME & OTHER SPOKEN LANGUAGE/S**

HOME ..... OTHER .....

LANGUAGE/S OF LEARNING & TEACHING .....

FIRST ..... SECOND .....

NATIONALITY ..... NUMBER OF CHILDREN IN FAMILY ..... POSITION OF CHILD IN FAMILY .....

COUNTRY OF ORIGIN ..... DATE OF IMMIGRATION .....

RACE 

ASIAN	AFRICAN	COLOURED	INDIAN	WHITE	OTHER
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RELIGION ..... RESIDENCE 

PARENTS	GUARDIANS	HOSTEL
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TRANSPORT TO/FROM SCHOOL 

MOTOR VEHICLE	MOTORBIKE	BUS	TAXI	BICYCLE	WALK
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LEARNER'S CELL PHONE NUMBER 

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## SECTION 2 : LEARNER'S EDUCATIONAL DETAILS

CURRENT SCHOOL ..... PREVIOUS SCHOOL .....

ADDRESS ..... ADDRESS .....

TEL NO ..... CODE ..... TEL NO ..... CODE .....

PRINCIPAL ..... PRINCIPAL .....

LAST GRADE PASSED ..... YEAR ..... GRADE/S REPEATED .....

HAS ADMISSION TO ANY OTHER SCHOOL/S EVER BEEN REFUSED? IF YES, PLEASE STATE REASON.      YES      NO

REASON .....

ACADEMIC ACHIEVEMENTS	EXTRA CURRICULAR ACHIEVEMENTS	OTHER ACHIEVEMENTS
.....	.....	.....
.....	.....	.....
.....	.....	.....

## SECTION 3 : LEARNER'S MEDICAL DETAILS

BLOOD TYPE 

O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN
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FAMILY DOCTOR NAME ..... TEL NO .....

ADDRESS ..... CODE MEDICAL AID .....

NAME ..... MEMBER NUMBER .....

MAIN MEMBER ID NUMBER ..... MAIN MEMBER INITIALS & SURNAME .....

OPTION .....

HAS THE LEARNER RECEIVED ALL THE NECESSARY IMMUNISATIONS? IF NO, PLEASE STATE REASON.

REASON .....

HAS THE LEARNER SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE INDICATE WITH AN X. YES  NO

ASTHMA <input type="checkbox"/>	ENTERIC FEVER <input type="checkbox"/>	MEASLES <input type="checkbox"/>	SCARLET FEVER <input type="checkbox"/>
CHICKENPOX <input type="checkbox"/>	GERMAN MEASLES <input type="checkbox"/>	MUMPS <input type="checkbox"/>	TICK BITE FEVER <input type="checkbox"/>
DIABETES <input type="checkbox"/>	HEPATITIS <input type="checkbox"/>	POLIO <input type="checkbox"/>	TYPHOID FEVER <input type="checkbox"/>
DIPHTHERIA <input type="checkbox"/>	MALARIA <input type="checkbox"/>	RHEUMATIC FEVER <input type="checkbox"/>	WHOOPING COUGH <input type="checkbox"/>

DOES THE LEARNER SUFFER FROM ANY ALLERGIES? IF YES, PLEASE GIVE DETAILS      YES  NO

.....

DOES THE LEARNER HAVE ANY SPECIAL MEDICAL NEEDS? IF YES, PLEASE GIVE DETAILS.      YES  NO

.....

DOES OR HAS THE LEARNER SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES? IF YES, PLEASE GIVE DETAILS.

..... YES  NO

.....



**SECTION 3 : LEARNER'S MEDICAL DETAILS - continued**

IS THE LEARNER RECEIVING MEDICAL TREATMENT FOR ANY CONDITION? IF YES, PLEASE GIVE DETAILS. YES  NO

IS OR HAS THE LEARNER SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET? IF YES, PLEASE GIVE DETAILS. ....

HAS THE LEARNER HAD ANY OPERATIONS? IF YES, PLEASE GIVE DETAILS. YES  NO

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS .....

**SECTION 3: LEARNER'S MEDICAL DETAILS - CONSENT**

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE LEARNER'S RECORDS. THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

I, ..... BEING THE PARENT/LEGAL GUARDIAN OF .....

HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY TREATMENT AS MAY BE NECESSARY.

SIGNATURE OF PARENT/LEGAL GUARDIAN .....

**SECTION 4 : DETAILS OF FATHER / STEPFATHER / LEGAL GUARDIAN**

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 8.

SURNAME ..... FULL NAMES AS IN ID DOCUMENT.....

DESIGNATION 

MR	MRS	MS	MISS	DR	REV	PROF	OTHER
----	-----	----	------	----	-----	------	-------

IDENTITY NUMBER 

--	--	--	--	--	--	--	--	--	--	--	--

RELATIONSHIP ..... MARITAL STATUS .....

OCCUPATION ..... EMPLOYER .....

RESIDENTIAL ADDRESS ..... WORK ADDRESS ..... POSTAL ADDRESS .....

CODE ..... CODE ..... CODE .....

TEL H CODE ..... TEL W CODE ..... CELL .....

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) .....

PARENTAL STATUS    LEARNER LIVING WITH PARENT/S      
                                 LEARNER'S LEGAL GUARDIAN   

ACCESS RIGHTS TO LEARNER  
 ACCESS RIGHTS IN AN EMERGENCY ONLY



## SECTION 6: DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

SURNAME ..... FULL NAMES .....

RELATIONSHIP .....

TEL H CODE ..... TEL W CODE ..... CELL .....

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) .....

## SECTION 7: DECLARATION OF PARENTS/LEGAL GUARDIANS

We, the undersigned, ....., hereby certify that the information given by us in this Application for Admission is complete and accurate. We also agree to the conditions as set out herein. We accept that the School is based on Christian principles and undertake that this will not be undermined. We understand that the prescribed number of learners per class may be exceeded through the placing of a current learner that has to repeat a grade. This Application for Admission will be reconsidered in the case where important relevant information, which should be brought to the School's attention, is withheld.

We have read the Code of Conduct and Dress Code and will accept an offer of placement for our child at the School in accordance with the terms and conditions as set out therein.

**NB: The signatures of both parents and/ or legal guardians are required where applicable.**

SIGNATURE OF FATHER/ STEPFATHER/ LEGAL GUARDIAN ..... DATE .....

SIGNATURE OF MOTHER/ STEPMOTHER/ LEGAL GUARDIAN ..... DATE .....

## SECTION 8 : DETAILS OF ACCOUNT HOLDER

SURNAME ..... FULL NAMES AS IN ID DOCUMENT .....

DESIGNATION 

MR	MRS	MS	MISS	DR	REV	PROF	OTHER
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IDENTITY NUMBER 

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RELATIONSHIP ..... MARITAL STATUS .....

OCCUPATION ..... EMPLOYER .....

RESIDENTIAL ADDRESS ..... WORK ADDRESS ..... POSTAL ADDRESS .....

.....

CODE TEL H ..... TEL W CODE ..... CELL .....

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) .....

PARENTAL STATUS      LEARNER LIVING WITH PARENT/S           ACCESS RIGHTS TO LEARNER

                                 LEARNER'S LEGAL GUARDIAN           ACCESS RIGHTS IN AN EMERGENCY ONLY

DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

1 NAME ..... GR ..... 2 NAME ..... GR .....

3 NAME ..... GR ..... 4 NAME ..... GR .....

PAYMENT OPTION     MONTHLY DEBIT ORDER       ANNUALLY IN ADVANCE BY ELECTRONIC FUNDS TRANSFER OR CASH DEPOSIT AT THE BANK

## SECTION 9: DECLARATION OF ACCOUNT HOLDER

We, the undersigned, \_\_\_\_\_, hereby certify that the information given by the Account Holder in this Application for Admission is complete and accurate.

We accept joint and several liability to Waterkloof College for the due and punctual payment of the once-off, non-refundable enrolment fee, school fees, hostel fees and any other amounts which may become due and payable to the School or in respect of participation in or attendance of any extra curricular activity.

We accept the Financial Terms and Conditions of which a copy has been kept.

**NB: The signatures of the account holder and that of the 2nd parent/ a parent/ legal guardian are required if applicable.**

SIGNATURE OF ACCOUNT HOLDER ..... DATE .....

SIGNATURE OF 2ND PARENT/ A PARENT/ LEGAL GUARDIAN ..... DATE .....

SIGNATURE OF AN AUTHORISED SCHOOL REPRESENTATIVE ..... DATE .....

## SECTION 10 : FINANCIAL TERMS AND CONDITIONS

### 1. ACCEPTANCE OF LIABILITY

1.1 The person responsible for the Account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) herewith assumes liability for the account, alternatively binds him-/herself as co-debtor and surety for payment of all fees to the School.

1.2 The legal guardian, as described in the Application, binds him-/herself as surety and co-debtor for the payment of all fees by the Account Holder or any other payments that may arise from this Agreement.

### 2. TERMS OF PAYMENT

2.1 It is recorded that fees are determined at the beginning of the year and that the Account Holder is informed of the result in writing.

2.2 The Account Holder shall immediately inform the School if he/she has not received an invoice at the start of the academic year.

2.3 Fees for 11 (eleven) months are payable monthly in advance by means of debit order on or before the 2nd (second) day of each calendar month or annually in advance by 31 December, depending on the fee payment option exercised by the Account Holder in the Application.

2.4 The School reserves the right to charge interest of 10% (ten percent) on all accounts that are in arrears by 30 (thirty) days or longer.

2.5 Payment of monthly fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the School.

2.6 In the event where an existing account is/has not been managed in the proper manner, no further Applications will be considered.

### 3. BREACH OF CONTRACT

In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the School may in its sole discretion:

3.1 Refuse the learner entry to the School's premises until the breach has been remedied; or

3.2 Claim damages from the Account Holder and/or the surety and legal guardian; or

3.3 Take whatever legal steps that may be necessary.



**4. GENERAL**

This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or of any Agreement, bill or exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

**5. JURISDICTION**

This Agreement is subject to South African law.

**6. CREDIT INFORMATION**

The Account Holder, surety or legal guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the National Credit Act.

**7. DOMICILIUM**

The parties choose as their domicilia citandi et executandi the addresses set out in the Application.

**8. LEGAL FEES**

In the event where the School takes legal action against the Account Holder, he/she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

**9. CANCELLATION**

9.1 The Account Holder undertakes to give 30 (thirty) calendar days written notice of termination of the enrolment of a learner, failing which the liability be incurred for the full amount of the following term's fees.

9.2 The School shall be entitled to terminate the enrolment of any learner under the following circumstances:

Summarily, and with immediate effect, if the learner is guilty of an offence which, in the sole opinion of the School, renders his/her continued enrolment at the School impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the School, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such learner.

9.3 In the event of emigration, which is a long process, the School requires 1 (one) full term's written notice in advance.

SIGNATURE OF ACCOUNT HOLDER

DATE

.....

.....

SECTION 11 : GENERAL INDEMNITY

1. The School undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all learners, educators and visitors to the School.
2. Due to the nature of the matter, the School do not accept any responsibility for accidents that may take place in the class, on the school terrain or on the sports fields.
3. Each parent is therefore requested to complete this form as proof that you accept the position of the School and the as set out above as well as the risks involved therewith.



**SECTION 11 : GENERAL INDEMNITY** continued

4. I, \_\_\_\_\_, being the parent / legal guardian of \_\_\_\_\_ who is enrolled as such and accepted by the School, subject to the terms set out herein, indemnify the School for the time being at Waterkloof College for any losses or damages in general, however they may occur, that I as parent / legal guardian of the above learner may suffer as a result of any occurrence whereby the learner may be involved, whether as the causing or suffering party, whilst participating in any school activity, except if such loss or damage arises as a consequence of the gross negligence or willful misconduct of the School any person acting for or controlled by the School.

SIGNED AT \_\_\_\_\_ ON THIS DAY OF 20 . \_\_\_\_\_

AS WITNESSES: 1. \_\_\_\_\_ 2. \_\_\_\_\_

SIGNATURE OF PARENT / LEGAL GUARDIAN \_\_\_\_\_

I understand and acknowledge that, from time to time, photographs are taken of the School's learners, and that, insofar as these photographs are placed in the possession or control of the School and these photographs might be used by the School and / or printed media, including, but not limited to, the Waterkloof College website, social media, newspaper advertisements and articles, magazine advertisements and articles, brochures, flyers, posters, billboards, banners, flippers and signage on buildings and vehicles. The School will at all times, insofar as the use and publication of photographs are placed in the control of the School and, ensure that these photographs portray excellence and are used in good taste.

SIGNATURE OF PARENT / LEGAL GUARDIAN \_\_\_\_\_

**SECTION 13 : SURVEY - SERVICES / FACILITIES REQUIRED**

SCHOOL TRANSPORT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FROM WHERE? _____
HOLIDAY CARE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MUSIC TUITION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	INSTRUMENT/S _____

**SECTION 14 : SURVEY - MARKETING**

WHERE DID YOU HEAR ABOUT US? PLEASE INDICATE WITH AN X.

BILLBOARD	<input type="checkbox"/>	NEWSPAPER	<input type="checkbox"/>	MAGAZINE	<input type="checkbox"/>	RADIO	<input type="checkbox"/>	PRESENTATION	<input type="checkbox"/>
BROCHURE	<input type="checkbox"/>	FLYER	<input type="checkbox"/>	EXHIBITION	<input type="checkbox"/>	FRIEND	<input type="checkbox"/>	WEB	<input type="checkbox"/>

OTHER / SPECIFY \_\_\_\_\_

PLEASE INDICATE HOW SATISFIED YOU WERE WITH THE SERVICE RECEIVED PRE-ENROLMENT.

VERY SATISFIED       SATISFIED       UNSATISFIED       VERY UNSATISFIED

WAS THE INFORMATION RECEIVED PRE-ENROLMENT: RELEVANT       INFORMATIVE       SUFFICIENT

IF NOT, PLEASE PROVIDE FURTHER DETAILS. \_\_\_\_\_