



WATERKLOOF COLLEGE

EXPRESSION OF INTEREST FORM Indicate Grade learner is applying for in 20 _____ GRADE _____

Learners details

Surname _____ First names _____

Learners Residential address

Street address _____

Parent/guardian details

Surname _____ First names _____

ID Number _____ E-mail: _____

Mobile number: _____ Alternative number: _____

Person responsible for paying fees

Surname _____ First names _____

ID Number _____ E-mail: _____

Mobile number: _____ Alternative number: _____

Street address _____

Postal address _____

AUTHORISATION

Parent/ Guardian _____

Signature _____ Date: _____

Witness: _____ Date: _____

OFFICE USE

Assessment _____

Approved/Declined _____ Authorization code: _____

Signature _____ Date: _____