



LA SALLE COLLEGE

APPLICATION FOR ADMISSION

Documentation required:

- Birth certificate of the child
- Copy of parents' ID documents
- Latest school report

1. PROPOSED ENTRANCE DATE

Year: Grade: (Grade R is the year of his/her 6th birthday)

2. LEARNER'S DETAILS

Surname:

First Name/s:

Preferred Name:

Identity Number/Birth Certificate No:

Date of Birth: (day/month/year) _____ Gender: Male: Female:

Religious Denomination:

Home Language:

Residential Address:

.....Code:

Postal Address:

.....Code:

3. THE FOLLOWING DETAILS ARE REQUIRED BY THE DEPARTMENT OF BASIC EDUCATION

Name of current/previous school (if applicable): Current Grade.....

Phone Number: Email Address:

Nationality: Race:

Cultural Group e.g. Afr. Zulu. Portuguese, etc.....

Disability: Allergies:

Is the learner on chronic medication (e.g. Ritalin)

Learner's place in family (e.g. Youngest/ Oldest of /2nd /3rd /4th of ?, etc.):

4. FAMILY DETAILS

Siblings Attending the College Yes: No:

Name: Current Grade:
.....
.....

Sibling applications pending: Accepted: Wait listed:

Name: Gender Year & Grade of proposed admission:
.....

Relatives who have attended or are currently attending La Salle:

Name: Years at La Salle Relationship to Applicant:
.....
.....

How did you hear about La Salle:

.....

5. PARENT/LEGAL GUARDIAN

FATHER'S DETAILS:

Title: Surname:

Full Names: Nationality:

Identity Number/Passport No:

Residential address: (domicilium citandi et executandi):

..... Code:

Postal address: Code:

Telephone: Home: Work: Cell:

E-mail:

Name of Employer: Occupation:

Business address: Code:

Marital status: Single: Married: Separated: Divorced: Re-Married: Widowed:

SIGNATURE: _____ **DATE** _____

6. PARENT/LEGAL GUARDIAN

MOTHER'S DETAILS

Title: Surname:

Full Names: Nationality:

Identity Number/Passport No:

Residential address: (domicilium citandi et executandi):
..... Code:

Postal address: Code:

Telephone: Home: Work: Cell:

E-mail:

Name of Employer: Occupation:

Business address: Code:

Marital status: Single: Married: Separated: Divorced: Re-Married: Widowed:

SIGNATURE: _____ **DATE** _____

7. PERSON RESPONSIBLE FOR PAYMENT OF THE ACCOUNT

Father: Mother: Other:

8. a) ONLY IF THE PERSON RESPONSIBLE FOR THE ACCOUNT DIFFERS FROM PARENTS DETAILS

Title: Surname:

Full Names: Nationality:

Identity Number/Passport No:

Residential address: (domicilium citandi et executandi):
..... Code:

Postal address: Code:

Telephone: Home: Work: Cell:

E-mail:

Name of Employer: Occupation:

Business postal address: Code:

Relationship to child:

SIGNATURE: _____ **DATE** _____

8. b) **ONLY TO BE COMPLETED IF FEES ARE TO BE PAID BY A COMPANY**

Full Legal Name of Company:

For the attention of: Designation:

Physical address (domicilium citandi et executandi):

..... Code:

Postal address: Code:

Telephone: Fax: E-mail:

SIGNATURE: _____ **DATE** _____

9. **DETAILS OF NEXT OF KIN OF APPLICANT (OTHER THAN IMMEDIATE FAMILY)**

a) Full Names: Relationship:

Address:.....

Telephone: Home: Work: Cell:

b) Full Names: Relationship:

Address:

Telephone: Home: Work: Cell:

10. **MEDICAL AID DETAILS**

Medical Aid Name: Number:

Principal Member:

Doctor: Contact No:

COMPULSORY INFORMATION:

Any medical problems that your child has of which we need to be made aware?.....

.....

.....

Blood Group

1. I/we certify that all the particulars provided herein are correct and agree that La Salle College may verify all information supplied on this application form. I understand that the admission and enrolment of the Applicant is at the discretion of the Principal of the College along with her Academic Phase adviser.

Father's/Guardian's Signature Date

Mother's/Guardian's Signature Date