



# 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 6<sup>th</sup> 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 ..... /2<sup>nd</sup> /3<sup>rd</sup> /4<sup>th</sup> 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 .....