



KOKSTAD COLLEGE

EMIS NUMBER: 500176897

THE AVENUE
KOKSTAD

P.O. Box 78
KOKSTAD
4700

Phone 0397272187
Fax 0397272192

APPLICATION FOR ADMISSION

Should a section not be applicable to you please mark it as such. Please ensure that all items are completed. Any forms deemed incomplete will immediately be rejected.

NOTE: This form must be completed **in full**. All changes to be initialled or signed by parent/guardian. Filling in the form does not necessarily mean that the learner has been accepted at the school.

PARTICULARS OF LEARNER

Grade applying for		Initials			
Surname		Second name			
First Name					

Date of Birth	YYYY		MM		DD		Gender	
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Race	
ID/Birth certificate /Passport No	
Has the learner repeated a grade before?	YES NO
If yes – specify:	
Does the learner have any barriers to learning?	YES NO
If yes – specify:	

Country of Residence		Citizenship	
If SA, indicate province of residence			
Never enrolled in this Province		Previously enrolled in this Province	

Home language	
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Religion		Mode of transport to school	
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INFORMATION OF PREVIOUS SCHOOL

Name of previous school														
Address of previous school														
Telephone number														
Fax number														
Town										Code				

OTHER CONTACT DETAILS**INCOMPLETE FORMS WILL IMMEDIATELY BE REJECTED****If you do not have an email address kindly mark as N/A. All contact numbers MUST be filled in.**

Fathers Work Telephone Number											
Fathers Cell Phone Number											
Mothers Work Telephone Number											
Mothers Cell Phone Number											
Learners Cell Phone Number											

CORRESPONDENCE DETAILS

Title		Initials					Surname	
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Postal Address											
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Town		Code				
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ADDITIONAL LANGUAGE

Indicate the **FIRST ADDITIONAL LANGUAGE** your child will be taking if he/she is accepted: (Mark the applicable block.)

AFRIKAANS 1 ST ADDITIONAL LANGUAGE		ISI-XHOSA 1 ST ADDITIONAL LANGUAGE	
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BOARDING

Does the learner require boarding at the Kokstad College Hostel? _____

If so, special application forms available from the office must be completed on acceptance.

PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES

Name												
Surname												
Gender (Mark the applicable block)	MR		MRS									

ID No														or Passport Number
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Cell Telephone Number											
Work Telephone Number											
Additional Number											

Residential address											
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Town		Code									

Occupation											
Employer											
Name and address of workplace											
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Town		Code									

DOCUMENTATION

For **Office use**:

The following documentation **MUST ACCOMPANY** this form:

1. a **certified copy** of the child’s birth certificate or current ID document;
2. a very **recent passport size** photograph of the child;
3. a **copy** of the **SECOND TERM** promotion report;
4. a **copy** of Medical Aid Card (if available);
5. a **copy of ID document** of **BOTH** Parent/Guardian and
6. a **copy of ID document** of Parent/Guardian **responsible** for payment of school fees
7. a **SMALL** self-addressed envelope, with 1 postage **stamp**.

NB: This application does NOT ensure acceptance at Kokstad College.

DECLARATION BY PARENT/GUARDIAN

I **DECLARE** that the particulars contained in this document are to the best of my knowledge correct.

I **ACCEPT** and **ACKNOWLEDGE** that

1. I have familiarised myself with the content of the School’s **“CODE OF CONDUCT”** and that I and this learner will abide by this document;
2. I am aware of the dress code of the school and will ensure that these regulations are adhered to;
3. the foundation of the educational process at Kokstad College is a Christian one and that this child will be required to comply with the Christian ethos of the school, without this child being expected to renounce his/her own belief.

I, as the parent/guardian of the learner referred to, undertake to

1. inform the school **in writing** of any change of address and / or telephone number;
2. to ensure that this child attends school regularly and should this child be absent from school for any reason I will notify the principal, preferably in writing, stating the reason(s) for absence;
3. to take full responsibility for school fees as decided and amended by the Governing Body from time to time at the correct and stipulated times and
4. to pay all costs incurred for damage done or losses caused by this child to school property, books and equipment.

I agree that the principal or his/her designates may act in loco parentis in the event of any injury or accident in which this child may be involved. **Failure to sign this form, will necessitate that the application be rejected.**

Signature of Parent/Guardian

Date

Person responsible for payment of School fees

Date

FOR OFFICE USE ONLY

ACCEPTED	NOT ACCEPTED	
Grade to which allocated		
Medium of instruction		ENGLISH