



# KOKSTAD COLLEGE

THE AVENUE  
KOKSTAD

P.O. Box 78  
KOKSTAD  
4700

Phone 0397272187

Fax 0397272192

## APPLICATION FOR ADMISSION

**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

Surname

Initials

First Name

Second name

Date of Birth YYYY MM DD

Gender

Race

ID or Passport No

Country of Residence

Citizenship

If SA, indicate province of residence

Physical address


Town

Code

Home language

Preferred language of instruction English Afrikaans

Deceased parents Mother Father Both

Religion

Mode of transport to school

### INFORMATION OF PREVIOUS SCHOOL

Name of previous school

Address of previous school

Telephone number

Fax number

Town

Code

**MEDICAL INFORMATION OF LEARNER**

Medical aid number		Medical aid name	
Name of main member		Doctor's name	
Doctor's telephone number			
Medical problems			
Specific problems requiring counselling			

**SIBLINGS**

Number of other siblings currently at <b>this</b> school		Position in the family (e.g. first)	
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**Please supply the full names of other children currently in the family at this school :**

Name			Grade	
Name			Grade	
Name			Grade	

**Please supply the full names of other children who previously attended Kokstad College:**

Name			Year	
Name			Year	

**PARENT / GUARDIAN INFORMATION**

<b>FATHER</b>		Initials														Surname	
First Name															Race		
Home Language																	

ID																		or Passport Number
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Residential Address																			
Town															Code				

Occupation																	
Employer																	

<b>MOTHER</b>		Initials															Surname	
First Name															Race			
Home Language																		

ID																		or Passport Number
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Residential Address																			
Town															Code				

Occupation																	
Employer																	

**OTHER CONTACT DETAILS**

Home Telephone Number											
FathersWork Telephone Number											
Fathers Cell Phone Number											
Mothers Work Telephone Number											
Mothers Cell Phone Number											

**CORRESPONDENCE DETAILS**

Title		Initials					Surname				
Postal Address											
<div></div> <div></div>											
Town							Code				

**ADDITIONAL LANGUAGE**

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

AFRIKAANS 1 <sup>ST</sup> ADDITIONAL LANGUAGE		ISI-XHOSA 1 <sup>ST</sup> 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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<div></div> <div></div>											
Town							Code				

Occupation											
Employer											
Name and address of workplace											
<div></div> <div></div>											
Town							Code				

## DOCUMENTATION

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

For office use

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 latest promotion report;
4. a **copy** of Medical Aid Card (if available);
5. a **copy** of **ID document** of Parent/Guardian and
6. a **small self-addressed envelope, with 1 postage stamp.** (This will expedite the process.)


**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.

\_\_\_\_\_  
Signature of Parent/Guardian  
(Person responsible for payment of School Fees)

\_\_\_\_\_  
Date

## FOR OFFICE USE ONLY

ACCEPTED	NOT ACCEPTED		
Grade to which allocated			
Medium of instruction (Mark the correct block)		AFRIKAANS	ENGLISH

