

# ASHTON JUNIOR COLLEGE

## APPLICATION FOR ADMISSION

for office use:

<i>Administrative year :</i>	
<i>Year of Entry :</i>	
<i>Term of Entry :</i>	
<i>Admin. Fee :</i>	
<i>Receipt Number :</i>	



### DETAILS OF STUDENTS :

YEAR APPLYING FOR:	<input type="text"/>	GRADE APPLYING FOR:	<input type="text"/>			
SURNAME :	<input type="text"/>	FIRST NAMES :	<input type="text"/>			
PREFERRED NAME :	<input type="text"/>	HOME LANGUAGE :	<input type="text"/>			
PLACE OF BIRTH :	<input type="text"/>	DATE OF BIRTH :	<input type="text"/>			
AGE :	<input type="text"/>	ID NUMBER :	<input type="text"/>	HAS STUDENT REPEATED ANY GRADE?	<input type="checkbox"/>	<input type="checkbox"/>
NATIONALITY :	<input type="text"/>	RELIGION :	<input type="text"/>			
GENDER:	<input type="text"/>					
PRE-SCHOOL ATTENDANCE :	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SINCE :	<input type="text"/>	
PRESENT SCHOOL/NURSERY SCHOOL :	<input type="text"/>					
PRESENT GRADE:	<input type="text"/>	E-MAIL ADDRESS:	<input type="text"/>			
NAME OF PRINCIPAL :	<input type="text"/>					
NAME OF CLASS TEACHER :	<input type="text"/>					
SCHOOL TEL. NO.:	<input type="text"/>	FAX NO.:	<input type="text"/>			
WHERE DID YOU HEAR ABOUT THE COLLEGE: <input checked="" type="checkbox"/>	<input type="checkbox"/> Mail	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Word of mouth			
	<input type="checkbox"/> Other					

# PARENTS DETAILS

**FATHER**

**MOTHER**

SURNAME : _____	SURNAME : _____
FIRST NAMES : _____	FIRST NAMES : _____
ID NO.: _____	ID NO.: _____
POSTAL ADDRESS : _____ _____	POSTAL ADDRESS : _____ _____
_____ POSTAL CODE : _____	_____ POSTAL CODE : _____
HOME ADDRESS : _____ _____	HOME ADDRESS : _____ _____
POSTAL CODE: _____	POSTAL CODE: _____
HOME TEL. NO.: _____	HOME TEL. NO.: _____
CELL. NO.: _____	CELL. NO.: _____
BUSINESS TEL. NO.: _____	BUSINESS TEL. NO.: _____
FAX NO.: _____	FAX NO.: _____
EMAIL : _____	EMAIL : _____
EMPLOYER : _____	EMPLOYER : _____
TYPE OF BUSINESS : _____	TYPE OF BUSINESS : _____
OCCUPATION : _____	OCCUPATION : _____

ARE PARENTS :      Married       Divorced       Separated

Other: *(please stipulate)* \_\_\_\_\_

If divorced or separated, who has custody? \_\_\_\_\_

With whom is the applicant living? \_\_\_\_\_

Who will be responsible for the fees? \_\_\_\_\_

To whom should correspondence be addressed? \_\_\_\_\_

**PLEASE PROVIDE ANY RELEVANT INFORMATION ABOUT THE APPLICANT UNDER THE FOLLOWING HEADINGS (*where relevant*) :**

**ACADEMIC** : achievements, learning difficulties etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NON-ACADEMIC INTERESTS AND ACHIEVEMENTS** : e.g. sport, music, art & hobbies  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONALITY AND HEALTH** : e.g. asthmatic; allergies  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POSITIONS OF AUTHORITY** : leadership positions held  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION**

Will you be making use of the Ashton After-Care facility? ✓

**YES**

**NO**

**NAMES OF OTHER SIBLINGS AT ASHTON COLLEGE :**

NAME OF CHILD : \_\_\_\_\_

AGE:

GRADE :

NAME OF CHILD : \_\_\_\_\_

AGE :

GRADE :

Please indicate to which house your sibling has been allocated ✓

<b>Cambridge</b>	<b>Oxford</b>	<b>London</b>
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I hereby apply for admission of the above mentioned student to **ASHTON JUNIOR COLLEGE**.

I enclose my administration fee of R150.00 (per child) which I understand is non-refundable and does not guarantee a vacancy.

### **DOCUMENTS REQUIRED**

The following documentation should accompany your application:

1. Certified copy of student's birth certificate or ID document
2. Most recent report (*if applicable*)
3. Transfer Card (*if applicable*)
4. Two identity photographs

### **PLEASE NOTE:**

***On completion of the assessment / test, profile check and interview, and after acceptance of the student by College Management, a NON-REFUNDABLE R3500.00 registration fee is payable.***

***NB: Only on receipt of this fee will the student be guaranteed a position at Ashton International College***

I hereby consent to and authorize Ashton International College Benoni to investigate my credit worthiness.

**SIGNATURE :** \_\_\_\_\_

**DATE :** \_\_\_\_\_

***SHOULD YOU HAVE ANY FURTHER QUERIES, PLEASE FEEL FREE TO CONTACT THE COLLEGE ON TEL: 071 116 4825/6 , FAX (011) 395 3435.***

***EMAIL : [admissions@ashtonbenoni.co.za](mailto:admissions@ashtonbenoni.co.za)***