

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"/>			
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 type="checkbox"/> Mall	<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 ✓

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

I enclose my administration fee of R100.00 (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