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Ref 2015/06

Registered Section 21 : 2010/004954/08 | WCED Reg No 13/3/1/320

ADMISSION PROCEDURES AND REQUIRED SUPPORTING DOCUMENTS		
<input type="checkbox"/> CEMIS Transfer Document (where applicable) <input type="checkbox"/> Copy of Student's Birth Certificate or ID Document <input type="checkbox"/> Copy of Student's latest Report or Academic Progress <input type="checkbox"/> A utility bill stipulating proof of address <input type="checkbox"/> Completion of the Financial Report Section G	<input type="checkbox"/> Copy of Parents' / Legal Guardians' ID Documents <input type="checkbox"/> Signed Conditions of Application <input type="checkbox"/> Signed General Indemnity <input type="checkbox"/> Understanding that acceptance is dependent on the results of a personal interview as well as academic qualifications and availability	TWO RECENT ID COLOUR PHOTOS OF LEARNER

SECTION A : LEARNER PERSONAL DETAILS

CEMIS No	<input type="text"/>	Home Language	<input type="text"/>	
Surname	<input type="text"/>	Gender	<input type="text" value="MALE"/>	<input type="text" value="FEMALE"/>
First Names	<input type="text"/>	Cell No	<input type="text"/>	
Initials	<input type="text"/>	Tel No	<input type="text"/>	
ID No	<input type="text"/>	Emergency No	<input type="text"/>	
Passport No	<input type="text"/>	Current School	<input type="text"/>	
Date of Birth	<input type="text"/>	Religion	<input type="text"/>	

SECTION B : LEARNER ADDITIONAL DETAILS

Population Group	<input type="text"/>	Pre Primary Edu	<input type="text" value="NONE"/>	<input type="text" value="FORMAL"/>	<input type="text" value="NON FORMAL"/>
Immigrant	<input type="text" value="YES"/>	First Time Enrollment Province	<input type="text" value="YES"/>	<input type="text" value="NO"/>	
Country Residence	<input type="text"/>	Inclusion Status	<input type="text" value="MAINSTREAM"/>	<input type="text" value="LSEN MAINSTREAM"/>	
Citizenship	<input type="text"/>	Previous Country	<input type="text"/>		
Address	<input type="text"/>	Previous School	<input type="text" value="NONE"/>	<input type="text" value="FORMAL"/>	<input type="text" value="NON FORMAL"/>
	<input type="text"/>	Repeated Grades	<input type="text" value="Indicate any repeated Grades 1 - 7"/>		
	<input type="text"/>	Language of Instruction	<input type="text"/>		
Immigrant	<input type="text" value="NONE"/>	Preferred Language	<input type="text"/>		
Mode of Transport	<input type="text" value="BOTH"/>	Paper Language	<input type="text"/>		
Registration Date	<input type="text" value="MOTHER"/>	Certificate Language	<input type="text"/>		
Religion	<input type="text" value="FATHER"/>	No of Children in Family	<input type="text"/>		
Transport Route	<input type="text"/>	Siblings this School including Grade	<input type="text" value="Sibling No 1"/>		
Nutrition Diet	<input type="text" value="YES"/>		<input type="text" value="Sibling No 2"/>		
Other	<input type="text" value="NO"/>		<input type="text" value="Sibling No 3"/>		
	<input type="text"/>		<input type="text"/>		

SECTION C : LEARNER MEDICAL DETAILS

Medical Conditions	<input type="text"/>	Medical Aid Primary Member	<input type="text"/>	
Allergies	<input type="text"/>	Medical Aid No	<input type="text"/>	
Special Needs	<input type="text"/>	Doctors Names	<input type="text"/>	
Receiving Grant	<input type="text" value="YES"/>	Doctors Tel No	<input type="text"/>	
Social Grant Number	<input type="text" value="NO"/>	Doctors Address	<input type="text"/>	
State Subsidies	<input type="text" value="YES"/>		<input type="text"/>	
Medical Aid Name	<input type="text" value="NO"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	

SECTION D : LEARNERS FATHER DETAILS

Title	<input type="text" value="Mr / Mrs / Ms / Doc / Prof"/>	Nationality	<input type="text"/>
Surname	<input type="text"/>	Total No of Children	<input type="text"/>
First Names	<input type="text"/>	No of Children at School	<input type="text"/>
Initials	<input type="text"/>	Employer	<input type="text"/>
ID No	<input type="text"/>	Employer Address	<input type="text"/>
Passport No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Language	<input type="text"/>	Employer Tel No	<input type="text"/>
Cell No	<input type="text"/>	Employer Fax No	<input type="text"/>
Tel No	<input type="text"/>	Occupation	<input type="text"/>
Marital Status	<input type="text"/>	Monthly Income	<input type="text"/>
Does Learner reside with Parent?	<input type="text" value="YES"/> <input type="text" value="NO"/>	<hr/>	
Financial Responsibility of Acc	<input type="text" value="YES"/> <input type="text" value="NO"/>	Postal Address	<input type="text"/>
Relationship	<input type="text" value="Biological / Step / Foster / Ward"/>	<input type="text"/>	<input type="text"/>
Residential Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION E : LEARNERS MOTHER DETAILS

Title	<input type="text" value="Mr / Mrs / Ms / Doc / Prof"/>	Nationality	<input type="text"/>
Surname	<input type="text"/>	Total No of Children	<input type="text"/>
First Names	<input type="text"/>	No of Children at School	<input type="text"/>
Initials	<input type="text"/>	Employer	<input type="text"/>
ID No	<input type="text"/>	Employer Address	<input type="text"/>
Passport No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Language	<input type="text"/>	Employer Tel No	<input type="text"/>
Cell No	<input type="text"/>	Employer Fax No	<input type="text"/>
Tel No	<input type="text"/>	Occupation	<input type="text"/>
Marital Status	<input type="text"/>	Monthly Income	<input type="text"/>
Does Learner reside with Parent?	<input type="text" value="YES"/> <input type="text" value="NO"/>	<hr/>	
Financial Responsibility of Acc	<input type="text" value="YES"/> <input type="text" value="NO"/>	Postal Address	<input type="text"/>
Relationship	<input type="text" value="Biological / Step / Foster / Ward"/>	<input type="text"/>	<input type="text"/>
Residential Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION F : DIVORCED OR SEPARATED PARENTS ONLY

	FATHER	MOTHER	GUARDIAN
Person(s) with whom applicant lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person(s) to whom correspondence should be sent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person(s) whom reports should be sent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person(s) responsible for financial responsibility to the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G : FINANCIAL INFORMATION INCOME AND EXPENSE REPORT

INCOME	AMOUNT	EXPENSES	AMOUNT
Salary (Father)	R	Rent or Bond	R
Salary (Mother)	R	General Utilities	R
Salary (Other)	R	Food and Groceries	R
Other Income	R	Cellular and Telephone	R
	R	Transportation Costs	R
	R	Healthcare	R
	R	Entertainment	R
	R	Education	R
	R	Other	R
TOTAL INCOME	R	TOTAL EXPENSES	R

(Please submit proof of expenses)

2 X REFERENCES FOR ACCOUNT APPLICANT REQUIRED

I, the undersigned, (reference 1)

FULL NAMES & SURNAME _____

RELATIONSHIP TO APPLICANT _____

ADDRESS _____

CONTACT NO. _____

acting as reference for the Account Applicant, hereby confirm and verify that the information provided on this application according to my knowledge is true and correct.

I, the undersigned, (reference 2)

FULL NAMES & SURNAME _____

RELATIONSHIP TO APPLICANT _____

ADDRESS _____

CONTACT NO. _____

acting as reference for the Account Applicant, hereby confirm and verify that the information provided on this application according to my knowledge is true and correct.

SECTION H : CONDITIONS OF ACCEPTANCE

This is to certify that should my son/daughter be accepted for entry at The Leadership College as a learner in Grade for the Term of 20, I hereby accept the following terms and conditions:

- i. all learners without exemption will comply with all school rules
- ii. agree to wear full school uniform as well as receive Islamic instructions and attend all Islamic religious services
- iii. that in the event of an emergency arising, medical or otherwise, relating to the learner detailed in Section A, where it is not reasonably possible in the opinion of the principal, acting principal or any staff members who is duly designated by the principal to effectively communicate or establish communication with the parent or guardian, the principal, acting principal or any staff members shall have the authority, loco parentis, to make a, cause and is allowed to carry out any decision they consider necessary in the interest and welfare of the said learner
- iv. the principal has the right in his/her absolute discretion, to suspend a learner from the school, or require his/her withdrawal for any reason considered within the best interest of the school
- v. any learner found in possession, carrying onto school premises and or using any banned substance such as drugs, alcohol, cigarettes or undesirable literature, will be expelled from the school
- vi. any learner who absents themselves without reasons can be suspended an in extreme circumstances after an official hearing be expelled
- vii. the school is not liable for any loss or damage, however caused to any property belonging to a learner or any member who is or may be deemed to be in the custody of the school
- viii. the schools rules and regulations are amended from time to time and therefore shall be binding and be observed by the learner as well as parents or guardians where it may concern them

We the undersigned, hereby certify that we have read, understand and accept the conditions stated in Section H.

Full Name of Father / Legal Guardian

Signature of Father / Legal Guardian

DATE

Full Name of Mother / Legal Guardian

Signature of Mother / Legal Guardian

DATE

FOR OFFICE USE ONLY

INTERVIEW DATE	_____
COMMENTS	_____

APPROVED	_____
DATE	_____
COMMENCEMENT DATE	_____
GRADE	_____

FAMILY CODE	_____
SIBLINGS AT THE SCHOOL	1 _____
	2 _____
	3 _____
	4 _____