APPLICATION FOR ADMISSION

THE LEADERSHIP COLLEGE

PO Box 93, Gatesville, 7766 | Ph No 021 637 4661 | Fax No 086 575 0572
Email admissions@theleadershipcollege.co.za Web www.theleadershipcollege.co.za

Ref 2015/06

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

ADMISSION PROCEDURES AND REQUIRED SUPPORTING DOCUMENTS

- ☐ CEMIS Transfer Document (where applicable)
- ☐ Copy of Student's Birth Certificate or ID Document
- ☐ Copy of Student's latest Report or Academic Progress
- ☐ A utility bill stipulating proof of address
- ☐ Completion of the Financial Report Section G
- ☐ Copy of Parents' / Legal Guardians' ID Documents
- ☐ Signed Conditions of Application
- ☐ Signed General Indemnity
- ☐ 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		Home Language	
Surname		Gender	MALE / FEMALE
First Names		Cell No	
Initials		Tel No	
ID No		Emergency No	
Passport No		Current School	
Date of Birth		Religion	

SECTION B : LEARNER ADDITIONAL DETAILS

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

SECTION C : LEARNER MEDICAL DETAILS

Medical Conditions		Medical Aid Primary Member	
Allergies		Medical Aid No	
Special Needs		Doctors Names	
Receiving Grant	YES / NO	Doctors Tel No	
Social Grant Number		Doctors Address	
State Subsidies	YES / NO		
Medical Aid Name			

SECTION D : LEARNERS FATHER DETAILS

Title (Mr / Mrs / Ms / Doc / Prof)
Surname
First Names
Initials
ID No
Passport No
Home Language
Cell No
Tel No
Marital Status
Does Learner reside with Parent? YES NO
Financial Responsibility of Acc YES NO
Relationship (Biological / Step / Foster / Ward)
Residential Address

Nationality
Total No of Children
No of Children at School
Employer
Employer Address
Employer Tel No
Employer Fax No
Occupation
Monthly Income

Postal Address

SECTION E : LEARNERS MOTHER DETAILS

Title (Mr / Mrs / Ms / Doc / Prof)
Surname
First Names
Initials
ID No
Passport No
Home Language
Cell No
Tel No
Marital Status
Does Learner reside with Parent? YES NO
Financial Responsibility of Acc YES NO
Relationship (Biological / Step / Foster / Ward)
Residential Address

Nationality
Total No of Children
No of Children at School
Employer
Employer Address
Employer Tel No
Employer Fax No
Occupation
Monthly Income

Postal Address

SECTION F : DIVORCED OR SEPARATED PARENTS ONLY

	FATHER	MOTHER	GUARDIAN
Person(s) with whom applicant lives	☐	☐	☐
Person(s) to whom correspondence should be sent Person(s) to whom reports should be sent	☐	☐	☐
Person(s) responsible for financial responsibility to the school	☐	☐	☐

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 _____