

APPLICATION FOR ADMISSION

THE LEADERSHIP COLLEGE



☐ THE LEADERSHIP COLLEGE BOYS	- 2 Kasouga Road Manenberg Cape Town 7764	010 143 7661
☐ THE LEADERSHIP COLLEGE GIRLS	- 45 Ohie Ave Primrose Park Cape 7764	010 143 7660
☐ THE LEADERSHIP COLLEGE JUNIOR	- 1 Wilhelmus Road, Surrey Estate, Cape Town, 7764	010 143 7663
☐ THE LEADERSHIP COLLEGE HIFTH ACADEMY	- 38 Schaap Road, Philippi, Cape Town, 7781	010 143 7661

Email - applications@tlcschools.co.za

www.tlcschools.co.za | www.theleadershipcollege.co.za | www.tlchifthacademy.co.za

Ref 2025/08

Registered Section 21 : 2010/004954/08 | EMIS No 0105008404

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

ADMISSION PROCEDURES

- ☐ 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		Previous Schools	
Immigrant	YES NO		
Country Residence			
Citizenship			
Address		Repeated Grades	Indicate any repeated Grades 1 - 11
		Language of Instruction	
		Preferred Language	
		No of Children in Family	
Immigrant Details	NONE BOTH MOTHER FATHER	Siblings at TLC including Grades	
			Sibling No 1
			Sibling No 2
			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	
Medical Aid Name			

SECTION D : LEARNERS FATHER DETAILS | LEGAL GUARDIAN

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

SECTION E : LEARNERS MOTHER DETAILS | LEGAL GUARDIAN

Title	Mr / Mrs / Ms / Doc / Prof	Nationality	
Surname		Total No of Children	
First Names		No of Children at School	
Initials		Employer	
ID No		Employer Address	
Passport No			
Home Language			
Cell No		Employer Tel No	
Tel No		Employer Fax No	
Marital Status		Occupation	
Does Learner reside with Parent?	YES NO	Monthly Income	
Financial Responsibility of Acc	YES NO		
Relationship	Biological / Step / Foster / Ward		
Residential Address		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 religious instructions and attend all 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 and 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 _____