



Admin No: _____

The Wykeham Collegiate
Private Bag 9094 Pietermaritzburg 3200
Tel: +27-(0)33-342 0752 Fax: +27-(0)33-394 5589
Website: www.twc.org.za e-mail: admin@twc.org.za

APPLICATION FOR ADMISSION

PUPIL INFORMATION

Pupil's Surname: _____

First Names: _____

Date of Birth: DD MM YYYY Citizenship: _____

Identity Number (SA Citizens): _____

Home Language: _____ Religion: _____

Application for Grade: _____ Year: MM/YYYY Day Girl: Boarder:

Present School & Grade: _____

Have you applied to any other schools for admission?

YES	NO
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School of preference: _____

Has your daughter received any remedial teaching?

YES	NO
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If yes, please specify: _____

Does your daughter have any illnesses, allergies, etc?

YES	NO
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If yes, please specify: _____

House Preference: _____

Does your daughter have any connection with the school?

YES	NO
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Relationship	Years	Name & Surname
_____	_____	_____
_____	_____	_____

Where did you hear about The Wykeham Collegiate?

Website	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Past Pupils	<input type="checkbox"/>
Media	<input type="checkbox"/>	Open Day	<input type="checkbox"/>	Present Pupils	<input type="checkbox"/>
"Word of Mouth"	<input type="checkbox"/>	Friends	<input type="checkbox"/>		

Other (Please specify): _____

Do you have younger daughters?

YES	NO
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If yes, please may we have the following information:

Name	Date of birth
_____	<u>DD MM YYYY</u>
_____	<u>DD MM YYYY</u>

DETAILS OF FATHER/GUARDIAN

Full Names (Prof.; Dr; Rev.; etc) _____

Identity Number: _____
Occupation: _____
Residential address: _____
City/Town: _____ Code: _____ Country: _____
Home Tel No: _____ Cell No: _____
Home e-mail: _____
Postal address: _____
City/Town: _____ Code: _____ Country: _____
Business: Tel No: _____ Fax No: _____
Business e-mail: _____

DETAILS OF MOTHER/GUARDIAN

Full Names (Prof.; Dr; Rev.; etc) _____

Identity Number: _____
Occupation: _____
Residential address: _____
City/Town: _____ Code: _____ Country: _____
Home Tel No: _____ Cell No: _____
Home e-mail: _____
Postal address: _____
City/Town: _____ Code: _____ Country: _____
Business: Tel No: _____ Fax No: _____
Business e-mail: _____

PARENTAL INFORMATION

Please ensure that you have enclosed the following:

1. Copy of latest school report where applicable.
2. Application Fee of **R300** MUST accompany this form.
3. Swift Number for out of South Africa payments:
FIRN ZA JJ XXX

BANKING DETAILS

Bank: First National Bank
Branch: Midlands Mall (Branch Code: 257355)
Acc Name: The Wykeham Collegiate
Acc No: 5093 145 9892

We consent to the school requesting information from any source in order to make a credit assessment, including, but not limited to, information regarding the amounts purchased and payment record.

Date: DD MM YYYY

SIGNATURE: Father

Date: DD MM YYYY

SIGNATURE: Mother

Marital Status of Parents: married/divorced/widow(er)/single/other **No of Dependents:** _____

Are you able to meet the full fees?

YES	NO
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