



The Wykeham Collegiate

Member of the Independent Schools' Association of Southern Africa

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? (Please circle option)

YES	NO
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School of preference: _____

Has your daughter received any remedial teaching? (Please circle option)

YES	NO
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If yes, please specify: _____

Does your daughter have any illnesses, allergies, etc? (Please circle option)

YES	NO
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If yes, please specify: _____

Does your daughter have any connection with the school? (Please circle option)

YES	NO
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Relationship	Years	Name & Surname	House/House Colour
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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? (Please circle option)

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

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

The Wykeham Collegiate Non-Profit Company

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. A copy of your daughter's latest school report must be submitted with this application, where applicable.
2. Proof of payment of the Application Fee of R500 MUST accompany this form. Please note that we do not accept cash at the school.

BANKING DETAILS

Bank First National Bank
Branch Midlands Mall (257355)
Acc Name The Wykeham Collegiate
Acc No 5093 145 9892
Swift No FIRM ZA JJ XXX (out of South Africa)

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.

SIGNATURE: Father Date: DD MM YYYY

SIGNATURE: Mother Date: DD MM YYYY

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

Are you able to meet the full fees? (Please circle answer)

YES	NO
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