



# 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** **FIRN 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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