



ASHTON INTERNATIONAL COLLEGE BALLITO (PTY) LTD

Registration number: 2009/023049/07

APPLICATION FORM

STUDENT NAME AND SURNAME

APPLICATION FOR ENROLMENT

GRADE: _____

YEAR: _____

KINDLY COMPLETE FORM IN BLACK INK
PLEASE NOTE THAT NO DOCUMENTATION WILL BE ACCEPTED IF NOT INITIALED AND SIGNED BY PARENT

<u>PARENT DETAILS</u> <i>(Kindly complete in black ink)</i>											
Surnames:	Father _____ Mother _____										
First names	Father _____ Mother _____										
Marital status: <i>(Please circle)</i>	Married Divorced Widowed Single Separated If divorced or separated, please indicate which parent the student resides with: _____										
Correspondence to be addressed to: <i>(Please circle)</i>	Mr. & Mrs. Mr. Ms. Mrs. Dr. Prof.										
Contact numbers:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Father:</td> <td style="width: 50%;">Mother:</td> </tr> <tr> <td>Home: _____</td> <td>Home: _____</td> </tr> <tr> <td>Work: _____</td> <td>Work: _____</td> </tr> <tr> <td>Cell: _____</td> <td>Cell: _____</td> </tr> <tr> <td>Fax: _____</td> <td>Fax: _____</td> </tr> </table>	Father:	Mother:	Home: _____	Home: _____	Work: _____	Work: _____	Cell: _____	Cell: _____	Fax: _____	Fax: _____
Father:	Mother:										
Home: _____	Home: _____										
Work: _____	Work: _____										
Cell: _____	Cell: _____										
Fax: _____	Fax: _____										
Email addresses:	Father _____ Mother _____										
School correspondence to be emailed to: <i>(Please circle)</i>	Father Mother										
ID numbers:	Father: _____ Mother: _____										
Date of birth:	Father: _____ Mother: _____										
Postal addresses:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Father</td> <td style="width: 50%;">Mother:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Father	Mother:	_____	_____	_____	_____	_____	_____		
Father	Mother:										
_____	_____										
_____	_____										
_____	_____										
Physical addresses:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Father</td> <td style="width: 50%;">Mother:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Father	Mother:	_____	_____	_____	_____	_____	_____		
Father	Mother:										
_____	_____										
_____	_____										
_____	_____										
Employer:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Father</td> <td style="width: 50%;">Mother:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Father	Mother:	_____	_____	_____	_____				
Father	Mother:										
_____	_____										
_____	_____										

Initial:

Parent 1 : _____

Parent 2 : _____

STUDENT'S DETAILS

(Kindly complete in black ink)

Surname: _____

Full names: _____

Preferred name: _____

Gender: Male _____ Female _____
(Please circle)

Country of birth: _____

Date of birth: _____

ID number: _____

Name of Current school: _____

Contact number for current school: _____

Email address for current school: _____

Current grade: _____

Has the student ever been denied admission to a school: _____
(If yes, please explain)

Cousins & Siblings at Ashton: _____
(Please specify)

Grade applying for: _____

Date/Year of entry: _____

Religion: _____

Home Language: _____

Initial:

Parent 1 : _____

Parent 2 : _____

STUDENT'S MEDICAL DETAILS

(Important: Please complete in full)

Name of doctor: _____

Contact number: _____

Medical aid name: _____

Medical aid number: _____

Medical aid type: _____

Primary member: _____

Allergies: _____

Medication student is taking: _____

Has the student received all the necessary immunizations? _____
(If no, please elaborate)

Has the student ever suffered from any of the diseases listed: *(Please tick)*

Asthma	Enteric Fever	Measles	Scarlet Fever
Chickenpox	German Measles	Mumps	Tickbite Fever
Diabetes	Hepatitis	Polio	Typhoid Fever
Diphtheria	Malaria	Rheumatic Fever	Whooping Cough

Has the student undergone any operations? _____

Health condition school should be aware of: _____

Bloodgroup: _____
(Compulsory)

Cell no for sms Contact by school: _____

Alternative contact: Name: _____
(Not parents)

Relationship to student: _____

Cell no: _____

Parent 1:

Signature: _____ Date: _____

Parent 2:

Signature: _____ Date: _____

Initial:

Parent 1 : _____

Parent 2 : _____

PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL ACCOUNTS

(Kindly complete in black ink)

Student name: _____

Details of account holder:
(Please circle)

Title: Mr. Mrs. Miss Dr. Prof. Rev.

Name: _____

Surname: _____

ID number: _____

Marital status:
(Please circle)

Married Divorced Widowed Single Separated

Email address for statements: _____

Physical address:

Postal address: _____

Contact numbers: Home: _____

Cell: _____

Work: _____

Fax: _____

Occupation: _____

Employer: _____

Employer Details:

Contact number: _____

Physical address: _____

Period in current employment: _____

Gross Monthly Income: _____

Residence: Owned Leased
If Owned, is it bonded: _____

Name of bank: _____

Account number: _____

I hereby consent to and authorize Ashton International College Ballito to investigate my credit worthiness. I grant such consent and authorization to Ashton International College Ballito for the period commencing as of the date of this agreement and terminating at the date of termination of this agreement.

Signature: _____ **Date:** _____

Initial:

Parent 1 : _____

Parent 2 : _____