



GDE REG NO. D9: 131490

52 Grafton Street Yeoville 2198

Tel: 011 648 8122 or 072 040 8692. Email: [info@sheikhantadiopcollege.co.za](mailto:info@sheikhantadiopcollege.co.za)

## Application for Admission 2018

### LEARNER'S PERSONAL DETAILS

REG. NO: 012/

Surname																								
First name																								
Middle name																								
ID no.																								
Date of birth	d	d	m	m	y	y	y	y	Ethnic group (tick)	Black	Colour	Asian	White											
Age at entry	Applying for grade (tick)			6	7	8	9	10	11	12														
Citizenship	RSA	Others (specify)																						
Name and address of previous school	Name (fill below)	Address (fill below)	Highest grade passed																					
Home language	English	Afrikaans	IsiZulu	Sesotho	Sepedi	Setswana	IsiXhosa	Tshivenda	Xitsonga	Others														
If you are not a South African citizen please tick one of the following options	International applicant with permanent residence																							
	International applicant with temporary residence																							

Please note that international applicants will be required to produce either a permanent residence permit or a study permit from the relevant institution in order to register. It is your responsibility to apply for the necessary permit in good time. If you already have a valid permit, please provide the details below.

Type of Permit																
Permit No.																
Passport No.																

### MEDICAL DETAILS

Does the child suffer from any allergies or chronic ailments?		Yes	No
If "yes" specify:			
Is the child receiving any treatment for the above-mentioned problems		Yes	No
If "yes" specify;			
Has the child undergone operation(s)		Yes	No
If "yes" please specify the date and nature of the operation		Date	
Nature			
Please indicate any appropriate information in the following cases			
Learning Disabilities			
Social Disabilities			
Illness against which the child has been immunized: ( <b>Attach a certified copy of clinic card</b> ) (if appropriate)			
Tuberculosis (BCG)	Poliomyelitis	Diphtheria	Tetanus (DT)
Whooping cough (DPT)	Haemophilias influenza type B HIB )		
Blood Group			
Doctor's name		Practice number	
Contacts:	Tel:	Cell:	Email:

Correspondence					
Please indicate who is to receive the school report		Father	Mother	Guardian	Sponsor
Please indicate who is to receive the school fees account		Father	Mother	Guardian	Sponsor
Who does the learner resides with					
Father	Mother	Guardian	Grandparent (s)	Sponsor	Other

GENERAL INFORMATION (PARENT/ GUARDIAN)  
 DETAILS OF PARENTS

Details of Father											
Surname										Title	
First name (s)											
ID number											
Marital Status				Married				Single			
Telephone (home)						Telephone (work)					
Cell no.				Email							
										Fax no.	
Residential address											
										Postal code	
Postal address											
										Postal code	
Name of employer						Occupation					
Address of employer						Postal code		Tel no:			

Details of Mother											
Surname										Title	
First name (s)											
ID number											
Marital Status				Married				Single			
Telephone (home)						Telephone (work)					
Cell no.				Email							
										Fax no.	
Residential address											
										Postal code	
Postal address											
										Postal code	
Name of employer						Occupation					
Address of employer						Postal code		Tel no:			

Details of Guardian or Sponsor / Payer if different from above											
Surname										Title	
First name (s)											
ID number											
Marital Status				Married				Single			
Telephone (home)						Telephone (work)					
Cell no.				Email							
Relationship of the learner						Fax no.					
Residential address											
										Postal code	
Postal address											
										Postal code	
Name of employer						Occupation					
Address of employer						Postal code		Tel no:			

CONTACT PERSONS IN CASE PARENT/GUARDIAN / SPONSOR COULD NOT BE REACHED											
Name & Surname						Name & surname					
Street Address						Street address					
Suburb/township						Suburb /Township					
City						city					
country						Country					
Email address						Email address					
Telephone no.						Telephone no.					
Cell phone number						Cell phone number					

PAYMENT TERMS (SCHOOL FEES)

Once off		Debit Order		Monthly instalment (deposit slip)	
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## Our Banking details

<b>Name of Account Holder</b>	<i>Sheikh Anta Diop College</i>		
<b>Name of Bank</b>	<i>Standard Bank</i>		
<b>Branch</b>	<i>Ellis Park</i>	<b>Code</b>	<i>004605</i>
<b>Account Number</b>	<i>00 22 70 757</i>		

<b>NOTE: The following activities are compulsory component of the curriculum at the college and learners are only excused for medical and special reasons</b>		
Sporting Activities		
Cultural Activities		
Educational trips		
Drama / Debate		
Science Club		
Leadership positions		
<b>Do you have any objections to your child participation in religious activities at the college?</b>	Yes	No
If yes please furnish reasons:		
		Please sign

I, undersigned, declare that it is my desire to allow my child to attend Sheikh Anta Diop College and acknowledge that I have read and understood the school rules, and I undertake to abide by them or as they amend from time to time. I understand that if my child is ever breach of the school code of conduct the school will follow the disciplinary process accordingly and I also hereby agree to fulfil the school fees obligation of my child as stipulated in the school fees structure.

Name ..... signature .....

Father

Name: ..... signature .....

Mother

Name: ..... signature .....

Payer / Guardian / sponsor

Date: .....

**N.B: This form must be signed by both parents as well as the school fees payer. Check the information given to confirm the accuracy of it.**

**Do not send a learner to submit the form as parent(s) may answer some few questions on returning it**

For office use only					
Accepted	Yes		No		
Received on		By			
Learner's report from previous school		Application number			<b>012 /</b>
Learner's birth certificate (certified copy)		Grade applied for			
Certified copies of parents ID		Permanent Admission number			<b>012 /</b>
Proof of Address (residence)		Grade accepted to do			
Transfer form from previous school (if applicable)		Two passport size photos			
Copy of vaccination / clinic report card (if applicable)		Proof of registration fees payment			
Interviewed by the Admission committee		Two reams of bond paper (500 sheets)			



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## APPLICATION FOR ADMISSION

### Application Information and Requirements

Learner will be considered as candidates for admission and entry to the College when the **Application Form** has been completed and returned to us and the **non-returnable registration fee** paid. Admission and entry will be subject to the availability of a place and the learner satisfying the admission requirements at the time.

1. Please complete **all** sections, even if there is repetition. The supplying of false information will invalidate this application. Please supply a physical address as well as a postal address if applicable
2. I agree that Sheikh Anta Diop College or any agent that Sheikh Anta Diop College appoints on its behalf should conduct an ITC check on me.
3. I agree to pay the fees on a monthly basis by the fourth (2nd ) of every month failure to do so, I consent the college has the right to use the appropriate means to retrieve the amount owed to them
4. I undertake to pay the school fees applicable to each month directly to the college by means of ..... (as chosen above) **(please ask for a debit order form if you decide to pay the school fees by means of debit order)**
5. **Payment of Fees by a third party:** An agreement with a third party to pay the school fees or any other sum due to the College **does not** release Parents from any liability under these Terms and Conditions or affect the operation of these terms and conditions unless an express release has been given in writing signed by the Bursar. The College reserves the right to refuse a payment agreement from a third party. All such payments received are accepted in good faith.
6. I will provide my child with all the required learning materials such as Exercise books, textbooks, 2 X 500 sheets bond paper ream and any other items required.
7. I will ensure that my child wears proper uniform at all times
8. I agree that my child will observe the College's Code of conduct and will not interfere with normal learning process or disturb the smooth running of the college.
9. I agree to be liable for all expenses incurred directly or indirectly as a result of my breach of contract
10. By signing this application, you are binding yourself to all rules as attached, and as amended from time to time.
11. I will ensure that my child reports for lessons every day and on time.
12. Over payment of school fees is non-refundable so check the correct amount before you pay
13. In the case of divorce, irrespective of the divorce agreement, both parents will be held responsible for the fees and must, therefore, both sign the application form (*unless in a special case*)
14. The college reserve the right to refuse admission of an over aged learner.
15. Learners will go through interviews before admission
16. The college reserve the right not to admit Grade Eleven and Twelve learners
17. The school do not supply exercise or note book. Parents/ guardian should make sure they buy for their learners.

#### PLEASE NOTE:

The registration form must be submitted with the follow documents

1. Two certified copies of the learner's birth certificate or ID (identity document)
2. Two ID photos
3. Copy of vaccination / clinic report card
4. A certified copy of the parents' / guardian's / sponsor's ID
5. Proof of residence
6. A transfer form from the previous school (Original with school stamp)(**new learners**)
7. A testimonial from the class teacher signed by the principal (Original with school stamp)
8. Two reams of bond papers 500 sheets each
9. Proof of payment of registration fees
10. Filled Debit Order Form if you choose that option

Enjoy your stay at Sheikh Anta Diop College