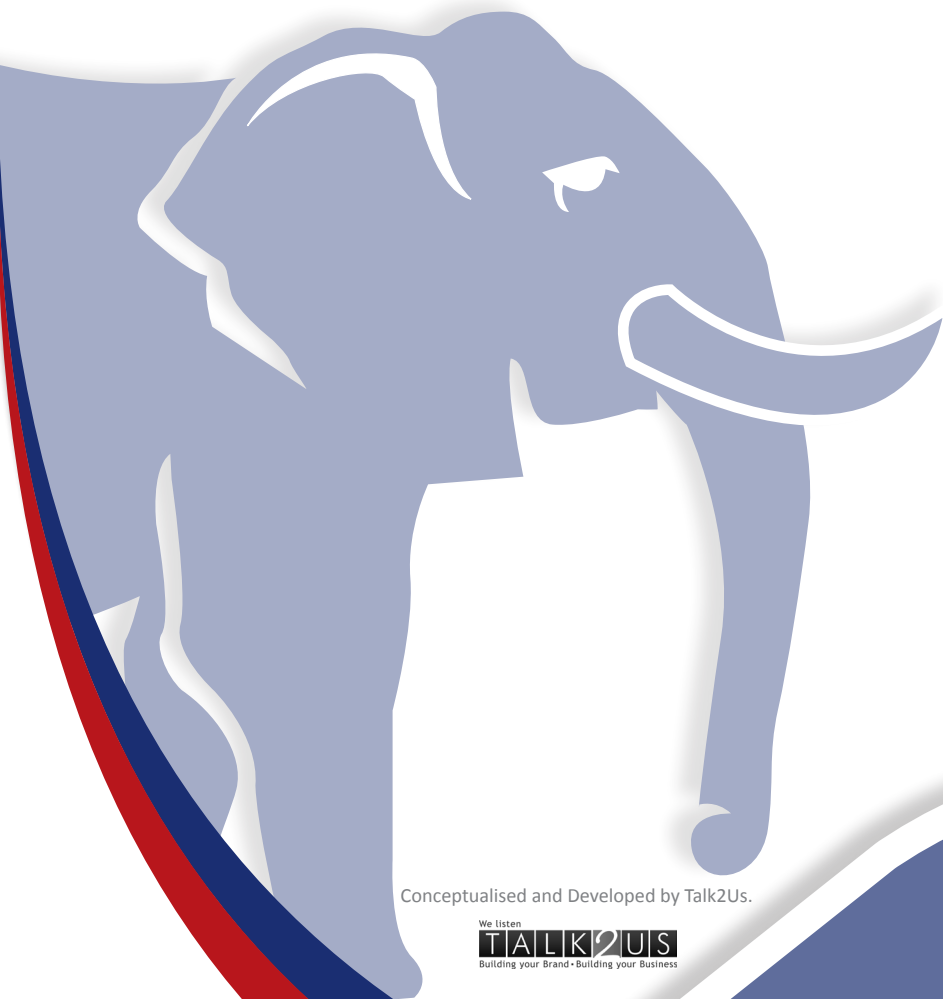
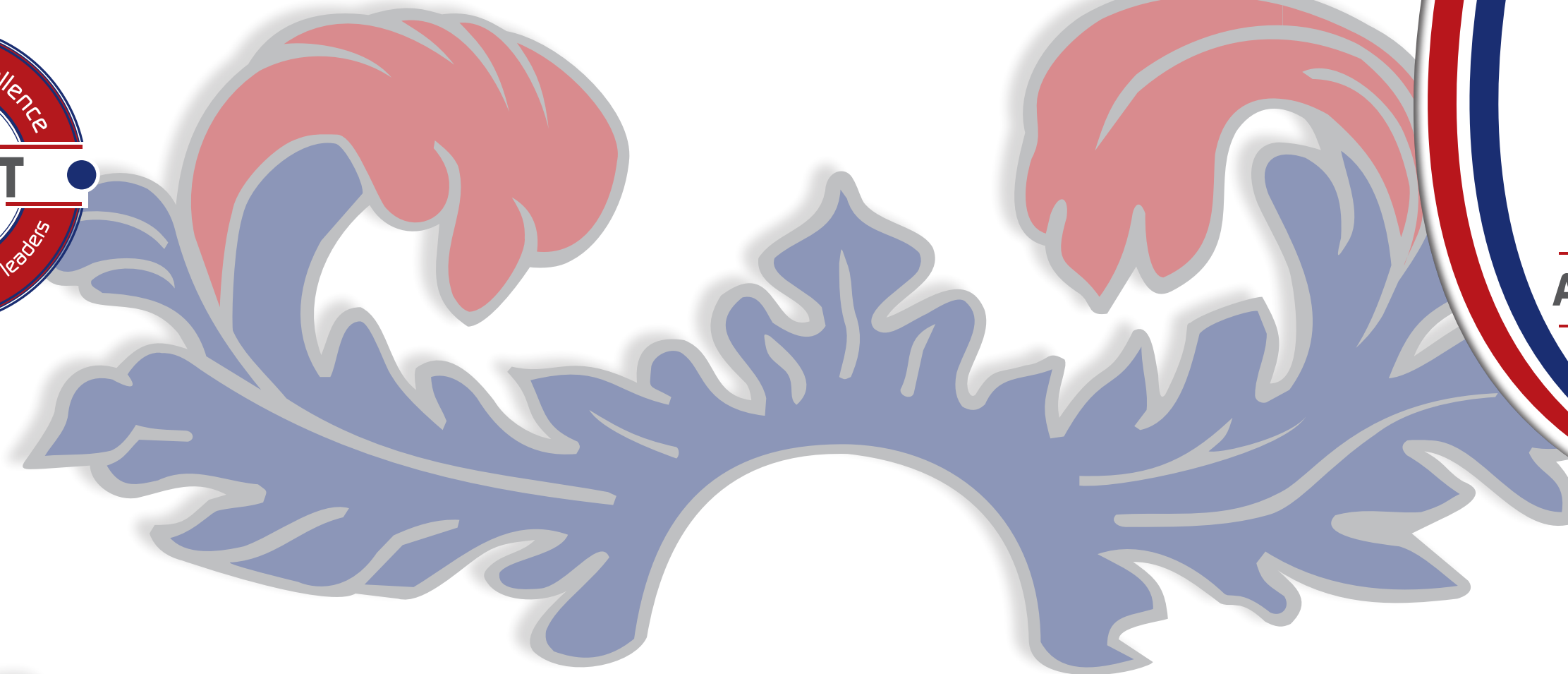




# Application Form



Conceptualised and Developed by Talk2Us.





# Summit College Application

**PLEASE COMPLETE ALL THE DETAILS INSIDE AND SIGN THE CONDITIONS OF ENROLMENT AND PARENT CONTRACT.**

**You are required to include:**

- Copies of your child's latest school report and birth certificate
- Copies of both parents' IDs or passports
- A non-refundable registration of R800

**APPLICATIONS WHICH ARE INCOMPLETE OR INACCURATE IN ANY RESPECT WILL NOT BE CONSIDERED**

### PUPIL INFORMATION:

SURNAME: \_\_\_\_\_ GENDER: M  F

FIRST NAME(S): \_\_\_\_\_ SIBLING AT SUMMIT:

PREFERRED FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: (dd / mm / yy) \_\_\_\_\_

ID / PASSPORT NUMBER:

NATIONALITY: South African  Other

HOME LANGUAGE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

APPLYING FOR GRADE: \_\_\_\_\_ IN YEAR: \_\_\_\_\_

PRESENT SCHOOL: \_\_\_\_\_ PRESENT GRADE: \_\_\_\_\_

SCHOOL TELEPHONE: \_\_\_\_\_

NAME OF HEAD: \_\_\_\_\_

NAME OF GRADE HEAD / TEACHER: \_\_\_\_\_

SCHOOLS ATTENDED PREVIOUSLY: \_\_\_\_\_

BOARDING (if applicable) Gr 8-12: Weekly Boarder  Full Boarder

WE HEARD ABOUT SUMMIT FROM: Friends  Media  Website  Other School

or give details: \_\_\_\_\_

### PARENTS INFORMATION:

MARITAL STATUS:  
Married  Divorced  Single  Separated  Widowed

PUPIL LIVES WITH:  
Both Parents  Mother  Father  Caregiver

PERSON RESPONSIBLE FOR PAYING FEES:  
Both Parents  Mother  Father  Caregiver

POST REPORTS TO:  
Both Parents  Mother  Father  Caregiver

### FATHER:

RELATIONSHIP: Biological parent  Step-parent  Foster parent

TITLE: (Mr/Mrs/Ms/Dr) \_\_\_\_\_ SURNAME: \_\_\_\_\_

FIRST NAME(S): \_\_\_\_\_

ID / PASSPORT NUMBER:

OCCUPATION / PROFESSION (lawyer, builder etc.) \_\_\_\_\_

BUSINESS SECTOR (Banking, civil service, legal etc.) \_\_\_\_\_

BUSINESS TITLE (Self-employed, manager etc.) \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK Tel. \_\_\_\_\_

HOME Tel. \_\_\_\_\_

FAX No. \_\_\_\_\_

CELL No. \_\_\_\_\_

Do you wish to receive group SMSs from the School? Yes  No

EMAIL (please print carefully) \_\_\_\_\_

Do you wish to receive group Emails from the School? Yes  No

POSTAL ADDRESS \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

PROVINCE \_\_\_\_\_

### MOTHER:

RELATIONSHIP: Biological parent  Step-parent  Foster parent

TITLE: (Mrs/Ms/Dr) \_\_\_\_\_ SURNAME: \_\_\_\_\_

FIRST NAME(S): \_\_\_\_\_

ID / PASSPORT NUMBER:

OCCUPATION / PROFESSION (lawyer, teacher etc.) \_\_\_\_\_

BUSINESS SECTOR (Banking, civil service, legal etc.) \_\_\_\_\_

BUSINESS TITLE (Self-employed, manager etc.) \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK Tel. \_\_\_\_\_

HOME Tel. \_\_\_\_\_

FAX No. \_\_\_\_\_

CELL No. \_\_\_\_\_

Do you wish to receive group SMSs from the School? Yes  No

EMAIL (please print carefully) \_\_\_\_\_

Do you wish to receive group Emails from the School? Yes  No

POSTAL ADDRESS \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

PROVINCE \_\_\_\_\_

### GUARDIAN / CAREGIVER: (if applicable)

RELATIONSHIP: (grandparent, uncle, aunt etc.) \_\_\_\_\_

TITLE: (Mr/Mrs/Ms/Dr) \_\_\_\_\_ SURNAME: \_\_\_\_\_

FIRST NAME(S): \_\_\_\_\_

ID / PASSPORT NUMBER:

OCCUPATION / PROFESSION (lawyer, builder etc.) \_\_\_\_\_

BUSINESS SECTOR (Banking, civil service, legal etc.) \_\_\_\_\_

BUSINESS TITLE (Self-employed, manager etc.) \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK Tel. \_\_\_\_\_

HOME Tel. \_\_\_\_\_

FAX No. \_\_\_\_\_

CELL No. \_\_\_\_\_

Do you wish to receive group SMSs from the School? Yes  No

EMAIL (please print carefully) \_\_\_\_\_

Do you wish to receive group Emails from the School? Yes  No

POSTAL ADDRESS \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

PROVINCE \_\_\_\_\_

### MEDICAL DETAILS:

FAMILY DOCTOR: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

MEDICAL AID SOCIETY: \_\_\_\_\_

PRIMARY MEMBER: \_\_\_\_\_

MEMBERSHIP NUMBER: \_\_\_\_\_

Are there any major illnesses / disabilities / operations of which we should be aware?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONDITIONS OF ENROLMENT:

1. The Executive Management reserves the right to refuse an application and/or admittance to Summit College.
2. A term's written notice must be given when withdrawing a child from the school. This notice should be given on or before the first day of your child's final term at the school failing which the full amount of the following term's fees shall become due and payable. No exceptions will be allowed.
3. The parents consent to a credit check done by the Attorneys at any time they deem it necessary.
4. The parents (whether natural, adoptive or foster parents) hereby indemnify and agree to hold harmless Summit College, the Executive Management, the Executive Head and Staff, or the authorised agents or representatives of the above-mentioned, against any and all claims, howsoever arising, including negligence, arising out of any injury, death, loss, damage, cost or expense, including legal costs, suffered by the pupil or a third party as a result of or during the enrolment of the pupil at the school.

We agree that our child's admission is subject to the above terms and conditions as determined by the Executive Management.

SIGNED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ IN THIS YEAR OF \_\_\_\_\_

Signature of Mother/Guardian: \_\_\_\_\_

Signature of Father/Guardian: \_\_\_\_\_