

# KATHSTAN COLLEGE

## APPLICATION FOR ENROLMENT 2016



### STEP 1

#### APPLICATION FEE

**R 250.00**

ID DOCUMENT OF PARENTS  
PUPILS UNABRIDGED BIRTH CERTIFICATE  
LATEST REPORT FROM PREVIOUS SCHOOL

### STEP 2

#### CONSULTATION WITH THE SCHOOL - BY APPOINTMENT

### STEP 3

#### ASSESSMENT

### STEP 4

#### ADMISSION FEES - Grade RRR - R

**R 2 000.00**

#### ADMISSION FEES - Grade 1 - 6

**R 2 750.00**

#### ADMISSION FEES - Grade 7 - 12

**R 3 000.00**

ANNUAL LEVY - Grade RRR - 6  
ANNUAL LEVY - Grade 7 - 12  
TRANSFER CARD FROM PREVIOUS SCHOOL  
AGREEMENT FORM  
PROOF OF RESIDENCE

R 500.00

R 350.00

**ALL FORMS MUST BE RECEIVED  
PRIOR TO 1st DAY OF ATTENDANCE**

### STEP 5

#### ANNUAL RE-ENROLMENT

R 150 - PER FAMILY PAYABLE IN AUG/SEP

(ALL PRICES MAY BE SUBJECT TO ANNUAL INCREASE)

PLEASE  
PLACE  
STUDENT  
ID PHOTO  
HERE

### PERSONAL DETAILS

<b>PUPIL</b>	SURNAME		PRESENT GRADE	
	FULL NAMES		PRESENT SCHOOL (& POSTAL ADDRESS)	
	ID NUMBER		DESIRED ENROLMENT DATE	
	DATE OF BIRTH		GRADE APPLYING FOR	
	GENDER	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	NO. OF CHILDREN IN FAMILY	
	AGE		POSITION IN FAMILY	
	NATIONALITY		SIBLING RELATION AT KATHSTAN	
	RACE (CIRCLE)	BLACK / WHITE / INDIAN / COLOURED / OTHER	HOME LANGUAGE	
	RELIGION			
	RELATION TO LEARNER		RELATION TO LEARNER	
<b>PARENT / GUARDIAN</b>	SURNAME		SURNAME	
	FULL NAMES		FULL NAMES	
	ID NUMBER		ID NUMBER	
	OCCUPATION		OCCUPATION	
	MARITAL STATUS		MARITAL STATUS	
	EMPLOYER NAME & ADDRESS		EMPLOYER NAME & ADDRESS	
	CELLPHONE NO.		CELLPHONE NO.	
	HOME TELEPHONE		HOME TELEPHONE	
	WORK TELEPHONE		WORK TELEPHONE	
	FAX		FAX	
<b>EMERGENCY CONTACT</b>	EMAIL ADDRESS		EMAIL ADDRESS	
	RESIDENTIAL ADDRESS		RESIDENTIAL ADDRESS	
	POSTAL ADDRESS		POSTAL ADDRESS	
	RELATION TO LEARNER		FAMILY DOCTOR	
	FULL NAME		CONTACT NUMBER	
	CELLPHONE		MEDICAL AID SCHEME	
	RELATION TO LEARNER		MEDICAL AID NUMBER	
	FULL NAME		MEDICATION, ILLNESS & ALLERGIES	
	CELLPHONE			

**FOR SAFETY & SECURITY REASONS PLEASE NOTIFY THE OFFICE IMMEDIATELY SHOULD ANY DETAILS CHANGE**

Signed by: (Name) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Account Number	
Assessment Date	/ /
Enrolment Date	/ /
Administration Number	