



Weston Agricultural College



APPLICATION FOR ADMISSION

A separate form must be completed for each applicant to Weston.

The legal parent/guardian/custodian of the applicant (hereinafter referred to as the "Primary Caregiver") must complete this form. It is vital that the information is filled in correctly in all respects. Please note that the completion of this application for admission does not constitute acceptance of such application by Weston.

Applicants will be advised of the status of their application under separate cover.

In all cases, the term "the applicant" refers to the learner seeking enrolment at Weston.

Copies of the applicant's identity documents (or unabridged birth certificate or passport) and the caregiver's identity document (or passport) must accompany this form. This is a prerequisite for enrolment at Weston.

PLEASE PRINT CLEARLY IN BLOCK LETTERS.

Please attach ID photograph here

APPLICANT'S INFORMATION												
Grade Applied For		Highest Grade Passed:		Year Which This Grade Was Passed:		Present Grade:						
Surname:				Initials:		First Name:						
Other Names:					Nickname:							
Date of Birth:	YYYY	MM	DD	Place of Birth:				Gender:	MALE	FEMALE		
Country of Residence:				If South African Indicate Province:				Citizenship:				
Identification or Passport No:												
Street Address:				City:				Province & Code:				
Home Telephone:				Cell Number:				Emergency Number				
Learner's Cell No:				Learner's E-mail:								
Home Language:				Preferred Language of Instruction:								
Racial Group	AFRICAN	CAUCASIAN	COLOURED	ASIAN								
Religion and denomination, if applicable												
Mode of Transport to School:	HOSTEL	PRIVATE VEHICLE	PUBLIC VEHICLE	Deceased Parent:	MOTHER	FATHER	BOTH					

PREVIOUS SCHOOL INFORMATION								
Name of Previous School:				Address of Previous School:				
Telephone No:			Code:		Province:		Country:	

MARKETING

Where did you hear about Weston?	FAMILY /FRIENDS	WEBSITE	MEDIA	SCHOOL VISIT	SCHOOL EXPO
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APPLICANT'S MEDICAL INFORMATION

Medical Aid Name:		Medical Aid No.:			
Medical Aid Main Member:		Doctor's Name:			
Doctor's Address:		Doctor's Telephone No.:			
Has the applicant been vaccinated since infancy? (Please attach "Immunisation Chart")	YES	NO	IF NO, PLEASE GIVE DETAILS OF VACCINATIONS MISSED.		
State all infectious diseases the applicant has had:					
Has the applicant any physical disabilities and/or allergies?	YES	NO	IF YES, PLEASE GIVE DETAILS.		
If the applicant is currently suffering from any chronic disease or medical condition which needs monitoring, please give details:					
Counselling Requirements:					
Dexterity Of Learner:	RIGHT-HANDED	LEFT-HANDED	AMBIDEXTROUS		
Special Dietary Requirements:	NONE	VEGETARIAN	HALAAL KOSHER		
Registered Social Grant	YES	NO	Receive Social Grant	YES	NO

SIBLINGS

Number of Siblings at Weston:		Position in the family (e.g. first child)		
Please supply names of siblings at Weston:		Please supply names of any relatives who attended Weston:		
NAME	GRADE	NAME	RELATIONSHIP	YEARS ATTENDED
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SPORT

Please Indicate if you have any Preference for a Sports House	NONE	PARKER	SMYTHE	CHARLTON	PATERSON	SHORTEN
Reason for Preference	FAMILY ASSOCIATION		FRIENDS IN SPORTS HOUSE			
The school reserves the right to allocate learners to Sports Houses to ensure a fair distribution of age groups.						
May the applicant participate in recreational games on Sundays?	YES	NO				
Particulars of Sporting Ability/Achievements:						

PRIMARY CAREGIVER INFORMATION - PARENT / LEGAL GUARDIAN / CUSTODIAN

Relationship to Learner:												Learner Resides with Parents:		YES	NO	
Title:		Initials:		Surname:								First Name:				
Gender:	M	F	Home Language:								Account Payer:	YES	NO			
Identification or Passport No:												Marital Status:	MARRIED	DIVORCED	WIDOWED	UNMARRIED
Residential Street Address:											City/Surburb:			Code :		
Postal Address:											City/Surburb:			Code :		
Home Telephone:											Work Telephone:					
Cell No.:											E-mail:					
Occupation:											Employer:					

PRIMARY CAREGIVER'S SPOUSE OR PARTNER'S INFORMATION

Title:		Initials:		Surname:								First Name:				
Gender:	M	F	Home Language:								Account Payer:	YES	NO			
Identification or Passport No:												Marital Status:	MARRIED	DIVORCED	WIDOWED	UNMARRIED
Residential Street Address:											City/Surburb:			Code :		
Postal Address:											City/Surburb:			Code :		
Home Telephone:											Work Telephone:					
Cell No.:											E-mail:					
Occupation:											Employer:					

NEXT-OF-KIN

(This person will be contacted in case of emergencies, illness or other injuries should parent/guardian not be available)

Relationship to Learner:																
Title:		Initials:		Surname:								First Name:				
Gender:	M	F	Home Language:													
Identification or Passport No:												Marital Status:	MARRIED	DIVORCED	WIDOWED	UNMARRIED
Residential Street Address:											City/Surburb:			Code:		
Postal Address:											City/Surburb:			Code:		
Home Telephone:											Work Telephone:					
Cell No.:											E-mail:					
Occupation:											Employer:					

ACCOUNT PAYEE (The Person Responsible for Payment of the Applicant's Tuition and Boarding Fees)												
Relationship to Learner:												
Title:		Initials:		Surname:		First Name:						
Gender:	M	F	Home Language:				Occupation:					
Identification or Passport No:								Marital Status:	MARRIED	DIVORCED	WIDOWED	UNMARRIED
Residential Street Address:						City/Suburb:				Code:		
Postal Address:						City/Suburb:				Code:		
Home Telephone:					Work Telephone:							
Cell No.:					E-mail:							
Employer:					Employer's Address:							
Employer's Tel Number					Employer's E-mail:							

CORRESPONDENCE				
To whom should correspondence be addressed: (Please tick one)	PRIMARY CAREGIVER	PRIMARY CAREGIVER'S SPOUSE/PARTNER	ACCOUNT PAYEE	NEXT-OF-KIN

I/We, the undersigned, declare that the information given on this Application for Admission is true and without error.
 I/We understand that this application will be rejected if it is incomplete or inaccurate in any way.
 I/we accept the conditions of admission as set out in the School Prospectus and in any other relevant school or Departmental rules or regulations.

SIGNATURE OF PRIMARY CAREGIVER

PRINT NAME AND SURNAME

DATE

SIGNATURE OF PRIMARY CAREGIVER'S SPOUSE OR PARTNER

PRINT NAME AND SURNAME

DATE

SIGNATURE OF ACCOUNT PAYEE

PRINT NAME AND SURNAME

DATE