



# 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.

**PLEASE PRINT CLEARLY IN BLOCK LETTERS.**

Kindly attach the following documents:

Copy of the applicant's identity document (or unabridged birth certificate or passport)

Copies of the caregivers' identity documents (or passports)

Copy of the applicant's latest school report

Copy of the applicant's "Road to Health" card

This is a prerequisite for enrolment at Weston.

Please attach  
ID photograph  
here

Please email this application and accompanying documents to [marketing@weston.co.za](mailto:marketing@weston.co.za)

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.:	
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Medical Aid Main Member:		Doctor's Name:	
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Doctor's Address:		Doctor's Telephone No.:	
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Has the applicant been vaccinated since infancy? (Please attach "Immunisation Chart")	YES	NO	IF NO, PLEASE GIVE DETAILS OF VACCINATIONS MISSED.
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State all infectious diseases the applicant has had:	
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Has the applicant any physical disabilities and/or allergies?	YES	NO	IF YES, PLEASE GIVE DETAILS.
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If the applicant is currently suffering from any chronic disease or medical condition which needs monitoring, please give details:

Counselling Requirements:	
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Dexterity Of Learner:	RIGHT-HANDED	LEFT-HANDED	AMBIDEXTROUS
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Special Dietary Requirements:	NONE	VEGETARIAN	HALAAL	KOSHER
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Registered Social Grant	YES	NO	Receive Social Grant	YES	NO
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## SIBLINGS

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

## SPORT

Please Indicate if you have any Preference for a Sports House	NONE	PARKER	SMYTHE	CHARLTON	PATERSON	SHORTEN
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Reason for Preference	FAMILY ASSOCIATION	FRIENDS IN SPORTS HOUSE	
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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
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Particulars of Sporting Ability/Achievements:	
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## 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
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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.

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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