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Cell: 071 829 2591
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Private Bag 527
Mooi River
3300

Weston Agricultural College APPLICATION FORM

PARTICULARS OF LEARNER BEING ENROLLED:

Surname of Learner: _____

First Names in full: _____
(as on birth certificate)

Residential Address: _____

Postal Code: _____

Identity Number/Passport No: _____ (Copy is to be provided)

Date of Birth: _____ Country of Birth: _____

Home Language: _____ Citizenship: _____

Particulars of Residence/Study Permit if not SA Citizen: _____

Current School: _____ Grade applied for: _____ Year: _____

Current Grade: _____ Grades Repeated: _____ Year/s: _____

Language of instruction at current School: _____

Do you wish to enrol as a Boarder or a Day Scholar?

Boarder Day Scholar

Religion: _____

Name of Medical Aid: _____ Number of Medical Aid: _____

Principal Member: _____ Marital Status: _____

Dexterity of Learner: _____ (left or right handed or both)

Where did you hear about Weston? Website/Family/Friend/Publication. *Are you an Old Boy?*

ACCOUNT PAYERS DETAILS:

Name: _____

Relationship to learner: _____

ID number: _____

Home & Office no.: _____ Cell no.: _____

Residential Address: _____

Postal Code: _____

Postal Address: _____

Postal Code: _____

Occupation: _____

Personal e-mail Address: _____

Please attach a copy of latest school report to this application.

PLEASE RETURN THE COMPLETED FORM BY FAX OR EMAIL:

Fax: 086 541 5978

email: admissions@weston.co.za

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Fax +27 86 606 0685
Email contact@weston.co.za
Website www.weston.co.za



Private Bag 527
Mool River
KwaZulu-Natal
3300 South Africa

Weston Agricultural College

Thank you for your enquiry.

Our Admissions secretary is Charmaine Paterson. You can contact her on 033 263 1328 ext. 2005 or reception cell# 071 829 2591 or email on admissions@weston.co.za or fax 086 541 5978.

Please complete the application form and return with:

- 1. Your Son's last School Report**
- 2. Certified copy of your Son's birth certificate**
- 3. Certified copy of both parent's Identity Documents**
- 4. Three ID/Passport sized photos of your son**
- 5. Copy of your son's road to health card**

We look forward to receiving your Son's application. If you have any queries please don't hesitate to contact Charmaine.

Our website address is www.weston.co.za