

FELIXTON COLLEGE

ACCOUNT NUMBER:

.....

OFFICE USE ONLY

APPLICATION FOR ADMISSION
SECTION A

Applicant's Name and Surname:.....

Preferred Name:..... Grade to Enter: ..... Proposed starting date:.....

Boy: ☐ Girl: ☐ Date of Birth: ..... ID Number: .....

Home Language: ..... Present School: ..... Present Grade: .....

Pupil's contact number (for **High School** students only): .....

DETAILS OF: FATHER ☐ **GUARDIAN** ☐

Married ☐ Divorced ☐ Single ☐ Widowed ☐

Father's Name and Surname:

.....

Title (Prof. Dr, Mr, other):.....

ID Number:.....

Physical Address (domicilium citandi et executandi):

.....

.....

Work No: .....

Cell No:.....

Email: .....

Occupation: .....

Employer/Business:.....

DETAILS OF: MOTHER ☐ **GUARDIAN** ☐

Married ☐ Divorced ☐ Single ☐ Widowed ☐

Mother's Name and Surname:

.....

Title (Prof. Dr, Mrs, Miss, other): .....

ID Number:.....

Physical Address (domicilium citandi et executandi):

.....

.....

Work No: .....

Cell No:.....

Email: .....

Occupation: .....

Employer/Business:.....

With whom does the learner live? .....

FELIXTON COLLEGE LEGACY

Family connections at Felixton College past or present? YES ☐ NO ☐

Name:.....Matric Year: ..... House: .....

Sibling currently attending Felixton College? Name: ..... Grade: ..... House: .....

BUS TRANSPORT REQUIRED? Yes ☐ No ☐ SINGLE TRIP ☐ RETURN TRIP ☐

ROUTE: Empangeni ☐ R-Bay (Arboretum) ☐ R-Bay (Meerensee) ☐ Mtunzini ☐ Esikhawini ☐

ALL OF THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE APPLICATION:

- ☐ P.O.P. of R500 Application Fee.
- ☐ Copies of Latest Reports.
- ☐ Fee Clearance Certificate.
- ☐ Copy of SA Birth Certificate.
- ☐ Copies of SA ID (Both Parents).
- ☐ Municipal Utility Account
- ☐ Salary Advice (Both Parents)
- ☐ 3 Months Bank Statements (Both Parents, reflecting salary).
- ☐ Official Guardianship Documentation (If applicable).
- ☐ Study Permit (For International Applications only).

SECTION B

SCHOLASTIC DETAILS OF PUPIL

Has your child ever been expelled from or refused admission to, a school? YES ☐ NO ☐

Please provide details:.....

Has your child repeated a class or grade? YES ☐ NO ☐ Which grade?.....

Give details of any remedial assistance that may have been given to your child:.....

.....

Would the teacher need to be made aware of any medication that your child is prescribed? YES ☐ NO ☐

Are you able to elaborate?.....

Are there any notable achievements by the child in the past academic year, that you would like to highlight?

.....

DECLARATION

I hereby make application for my son/daughter to enter Felixton college, and I enclose the non-refundable registration fee of R500.00, as well as the paperwork requested to support my Application.

I acknowledge and accept the following conditions:

1. Application for Admission is accepted on the understanding that neither the applicant nor Felixton College is obliged to enrol the prospective pupil at the college.
2. **Acceptance Fee:** Upon acceptance of the offer of a place at Felixton College, the non-refundable sum of R1500.00 (One Thousand Five Hundred Rand) shall be payable. This fee secures the place, which has been offered to your child.
3. Each terms' fees are payable in advance by the first day of the term, unless an alternate payment plan has been made in writing with the Bursar.
4. It is compulsory that a **Debit Order Instruction** form be completed and signed, regardless of the method of payment chosen.
5. A full terms' notice, in writing, must be given, or a term's fees paid in lieu thereof, before removing a pupil from the College.
6. One calendar month's notice must be given, in writing, before removing a pupil from the school bus transport facility.
7. Should a pupil leave the school during the term, under whatever circumstances, that term's fees shall be forfeited **and** a term's fees in lieu of notice shall be due.
8. There shall be no entitlement to any rebates of fees if the pupil is absent.
9. For the purposes hereof the Applicants choose as 'domicillum citandi et executandi' the address set out herein, or such other addresses as may be notified in writing to the College as an amendment to the Applicant's specified 'domicillum'.
10. Felixton College reserves the right to conduct Credit Bureau searches on any parent and/or guardian in order to asscertain and satisfy itself that such parent/guardian can afford the fees charged by the school. By signing this application form, you consent to such a Credit Bureau search. Felixton College may contact your child's current school for any references and your fee-paying history. Please note that salary slips and bank statement will be requested. I/We understand that should evidence from the CreditBureau check or my fee-paying history be cause for concern, my child's application will not be considered.
11. I have read and understood the Felixton College Policies and Procedures, and obtained clarification from the School's administration where needed.

I agree to encourage my child to participate fully in the life of the College and to ensure that my child obeys the Felixton College Code of Conduct.

PARENT/GUARDIAN NAME:.....SIGNATURE:.....DATE:.....

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Please Note: No incomplete applications will be considered.

Applications may be emailed, together with supporting documents to applyfc@felixtoncollege.co.za

PLEASE INCLUDE PUPIL NAME + GRADE IN ALL CORRESPONDENCE.

FELIXTON COLLEGE BANKING DETAILS. Please use the initial and surname of pupil as a reference.

ACCOUNT TYPE	FNB PLATINUM BUSINESS ACCOUNT	**ACCOUNT NUMBER**	52160095926
BRANCH CODE	220130	**BRANCH NAME**	EMPANGENI 216
SWIFT CODE	FIRNZAJJ	**DATE OPENED**	1995-11-24