

COLIN MANN SCHOOL

Sixth Avenue Lambton Germiston 1401 PO Box, 5167 Delmenville 1403

PHONE: 011 827 4438 FAX: 011 824 4936 info@colinmannschool.co.za

Date Applied	
Admission No	
Grade	

APPLICATION FOR ENROLMENT 2016

Waiting List A	/ Waiting List B
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Thank you for applying at Colin Mann School. Please complete the application form in block letters and return together with copies of the following documents to the school. Please note WE DO NOT MAKE COPIES

- * Birth Certificate of Learner.
- * Confirmation of employment letter.
- * Latest school report.
- * Copy of Clinic/Inoculation card.
- * One recent ID photo of learner
- * Copy of both parents/ guardian's Identity document.
- * Study permit for foreign nationals
- * If a legal guardian a legal document as proof to be provided
- * Proof of residence must be a recent Rates/ Water & lights account. A letter from the owner, a downloaded internet lease or an affidavit will NOT suffice.

LEARNER INFORMATION

Learner's Surname:	Learners Identity number
First Names:	Language of learning at previous school
Known as :	Date of birth:
Learners home language	Gender :
Last School (Nursery school) / Town	
Ethnic Group: Asian / Black / Coloured / White (<i>D</i> epartment of Education requirement)	Brothers/sisters at Colin Mann
Emergency contact name (not parents)	
Phone/Cell phone number	
Address at which Learner Permanently Resides.	

	PAREN	Γ/G	UARDIAN A		T	PAREN	/ GUAF	RDIAN B
	Please indicate:	Dr /	Mr / Mrs / Ms	/ Miss	Please	indicate:	Dr / Mr	/ Mrs / Ms / Miss
SURNAME:								
FIRST NAMES:								
PHYSICAL ADDRESS:								
POSTAL ADDRESS								
HOME TELEPHONE NUMBERS:								
CELL PHONE NUMBERS:								
e-MAIL ADDRESS:								
OCCUPATION:								
EMPLOYER:								
EMPLOYER ADDRESS:								
WORK TELEPHONE NUMBERS:								
LEGAL GUARDIAN OF LEARNER:								
LEARNER USUALLY LIVES WITH:								
CORRESPONDENCE TO :								
ACCOUNTS TO:								
MARITAL STATUS:	MARRIED		UNMARRIED		DIVOR	ED	WI	DOW/ER
IF MARRIED PLEASE INDICATE:	Ante-nuptial		mmunity of Property		omary rriage	Hindu/N	loslem	Other

I, the undersigned

(Parents full name and surname)

hereby apply to the Principal of Colin Mann School for admission for my child,

to Colin Mann School, with effect from (Name and surname of Learner)

(date)

PLEASE NOTE:

- Please complete the Application and return it to the General office with ALL supporting documents by 26 May 1 2015. Any application received after 26 May 2015 will be considered as a LATE application and the chances of enrolment is highly unlikely.
- No application will be accepted without all the required documentation. 2.
- In the event of fraudulent documentation or information being submitted, the school reserves the right to 3. lay criminal charges of fraud against any of the parties involved in the application.
- Please note that the submission of "An application for Admission " form DOES NOT guarantee admission to 4. Colin Mann School. Please do not purchase any uniform until written confirmation from the school indicating that you were successful, has been received.
- A payment of R2 200,00 is payable only on ACCEPTANCE, which includes the Stationery fee and the 5. remainder will be deducted from your school fee account in 2016.

DECLARATION: PARENT 1 AND 2

1	hereby declare that the information
(Name and Surname of both parents)	which I have recorded in this form is
true and correct and by my signature below, I give the Chai Governing Body, or his designate, permission to check and o understand that should any of the information supplied by me against me.	confirm any of the details listed by me. I

Signed on this day of 20

SIGNATURE - PARENT 1/ GUARDIAN

SIGNATURE - PARENT 2 / GUARDIAN

ID NUMBER: _____

ID NUMBER: _____

PARENTS AGREEMENT RE PAYMENT OF SCHOOL FEES

Parents are liable to pay compulsory fees in terms of section 39 of the South African Schools Act. In terms of Section 40 and 41 of the South African Schools Act, the school may enforce the payment of compulsory fees.

PARENT 1:	PARENT 2:
SIGNED:	SIGNED:
DATE:	DATE: