



APPLICATION: Lebone II – College of the Royal Bafokeng

Upper School

Grade

Completion of this form does not guarantee admission to our school

SECTION A

Date of application:

DOCUMENTATION REQUIRED

Please be advised that your application will not be considered unless it is submitted with all the information/documentation listed below.

A photocopy of your child's birth certificate	<input type="text"/>	2 × Passport/ID size photographs	<input type="text"/>
A photocopy of your child's latest school report	<input type="text"/>	Motivational letter <i>(from student)</i>	<input type="text"/>
Medical aid details <i>(including any information about medical conditions)</i>	<input type="text"/>	Testimonial <i>(from current school e.g. Principal, HOD and/or Educator)</i>	<input type="text"/>
Letter from Kgosana <i>(If you are Mofokeng)</i>	<input type="text"/>	Fostering/adoption documentation	<input type="text"/>

Person to be contacted once this application has been processed:

Name and surname: *(please specify Mr/Ms/Miss/Mrs/Dr/Revvd)*

Relationship to applicant: *(eg. maternal grandmother, aunt, sister, mother, father)*

Home tel: (.....) Work tel: (.....) Fax: (.....)

Cell: Email:

CHILD INFORMATION

Surname: First name(s) in full:

As appears on the birth certificate

Preferred name: Age:

Male Female Date of birth: Religion: Home language:

Has a previous application been made to Lebone II on behalf of this child? Yes No

Present school:

Address:

..... Province: Postcode:

Tel: (.....) Fax: (.....) Email:

Name of principal: Current grade:

Type of school:

Government Primary Government Middle School Independent

SECTION B

PARENTAL/GUARDIAN/CAREGIVER INFORMATION

SECTION B(1)

Name of parent(s)/guardian(s)/caregiver(s) with whom the child lives *(please specify Mr/Ms/Miss/Mrs/Dr/Revd)*

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Relationship to child: *(eg. maternal grandmother, aunt, sister, mother, father)*

Postal address: Province: Postcode:

Physical address: *(where the child currently lives)*

..... Province: Postcode:

Home tel: (.....) Work tel: (.....) Fax: (.....)

Cell: Email:

Profession of parent(s)/guardian(s)/caregiver(s) with whom the child lives *(please specify Mr/Ms/Miss/Mrs/Dr/Revd)*

Name: Name:

Surname: Surname:

Profession: Profession:

Employer: Employer:

SECTION B(2) – To be completed only if the information is different from the information supplied in Section B(1)

Name and surname of mother: *(please specify Ms/Miss/Mrs/Dr/Revd)*

Postal address: Province: Postcode:

Physical address:

..... Province: Postcode:

Home tel: (.....) Work tel: (.....) Fax: (.....)

Cell: Email:

Profession: Employer:

SECTION B(3) – To be completed only if the information is different from the information supplied in Section B(1)

Name and surname of father: *(please specify Mr/Dr/Revd)*

Postal address: Province: Postcode:

Physical address:

..... Province: Postcode:

Home tel: (.....) Work tel: (.....) Fax: (.....)

Cell: Email:

Profession: Employer:

SECTION B (continued)

PARENTAL/GUARDIAN/CAREGIVER INFORMATION

Names of parents as given on the child's Birth Certificate

Mother: Father:

Mother's date of birth: Father's date of birth:

(These dates are required as passwords for the telephone discussion of your child's application)

Are the biological parents named above:

Married (to each other)	Partners (not married)	Widow/Widower
Single	Divorced	Separated

Which parent(s), has legal responsibility for the child?

Both	Father	Mother
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If the biological parents of the applicant are no longer together, please provide the name, address and telephone number of the parent who is no longer living at home. *(Please note: This MUST be completed as written permission is required for the application. If a parent is deceased, please ignore this section.)*

Name: Address:

..... Province: Postcode:

Home tel: (.....) Work tel: (.....) Cell: (.....)

Is he or she aware of this application and given his/her permission?

Yes	No
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If NO, please give reason:

Is the child an orphan?

Yes	No
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Does the applicant have a biological brother/sister currently at Lebone II?

Yes	No
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Grade: House:

Please give the total number of dependent children in the family where the child lives *(excluding the applicant)*

Age:

Male	Female
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 School: *(Government or Independent?)*

Age:

Male	Female
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 School: *(Government or Independent?)*

Age:

Male	Female
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 School: *(Government or Independent?)*

SECTION C

EXTRAMURAL INTERESTS AND HOBBIES (eg. sport – rugby, tennis, soccer etc., reading, drama etc.)

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ACHIEVEMENTS (eg. sport – teams, colours; academics; leadership roles; membership of societies etc.)

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SECTION D

ADDITIONAL INFORMATION

Dietary Restrictions/Requirements:

Allergies:

Any other circumstances/needs which you would like to draw to our attention: *(eg. health, family circumstances, allergies, etc.)*

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SECTION E

FINANCE

Details of person(s) responsible for all payments owed to Lebone II for this child.

Name:

Surname:

Home tel: (.....) Work tel: (.....) Fax: (.....)

Cell: Email:

Relationship to child:.....

I understand that Lebone II is an independent fee-paying school and that, in addition to the school fees, there will be other amounts due to Lebone II, such as, but not exclusive to, school uniforms, study materials, outings, extra activities, etc.

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Signature of person(s) responsible for all payments

FINANCIAL ASSISTANCE

For those who wish to apply for financial assistance, please complete the Means & Needs Application Form. Please submit the Means & Needs Application Form together with your Application Form in order to speed up the process.

SECTION F

DECLARATION

The information I/we have given on this form is correct and complete to the best of my/our knowledge and belief. I/we understand that I/we may be asked to produce relevant documents to support the information provided in making this application. I/we would like my/our child to take entrance assessments in the appropriate year of entry. *(This application must be signed by all those who have legal responsibility for the child even if they are living or working abroad.)*

Signed:

Signed:

Print name:

Print name:

Date:

Date:

Email admissions to admissions@lebonecollege.co.za, or alternatively post admissions to PO Box 2623, Phokeng 0335, North West Province, South Africa.