



UMHLANGA COLLEGE APPLICATION FOR ADMISSION

Physical Address: Burnside Estate, Preston Drive, Umhlanga
 Postal Address: P O Box 3097, Prestondale, 4021
 Telephone: +27 (0)31 566 5736 Facsimile: +27 (0)31 566 5739
 e-mail: umhlangacoll@mweb.co.za
 Web site: <http://www.umhlangacollege.co.za>

| | |
|------------------------------------|--|
| ADMISSION NUMBER (Office use only) | |
| PROPOSED YEAR OF ADMISSION | |
| GRADE | |

PHOTOGRAPH OF
 APPLICANT
(Not for newborn or baby)

Learner's Surname:

First Names:

Date of Birth: Identity Number:(Copy of ID document to be attached.). Citizenship:.....
If not a citizen of South Africa, a certified copy of a residence permit or study permit must be attached.

Religion:..... Home Language:

Is applicant related to anyone already at College? YES/NO *(Please tick where applicable)*

Name and relationship:

Is applicant's mother or grandmother a Durban Girls College Old Girl? YES/NO *(Please tick where applicable)*

Please indicate present name, maiden name, years at College and relationship to applicant:.....

Sports house preferred

School at time of this application:

Please list schools that applicant has attended over the last four years:.....

| | |
|---------------------------------|---------------------------------|
| Father's/Guardian's Surname: | Mother's/Guardian's Surname |
| Father's/Guardian's First Name: | Mother's/Guardian's First Name: |
| Father's I.D. Number: | Mother's I.D. Number: |
| Residential Address: | Residential Address: |
| | |
| Home Telephone No: | Home Telephone No: |
| Cellular No: | Cellular No: |
| Fax No: | Fax No: |
| e-mail address: | e-mail address: |
| Postal Address: | Postal Address: |
| | |
| Work Name & Address: | Work Name & Address: |
| | |
| Work Telephone No: | Work Telephone No: |
| Occupation: | Occupation: |

Name and address of person who is responsible for the payment of fees:

Indicate method of payment:

Annually in advance

Quarterly

Monthly by debit order only

Parents wishing to exercise this option are requested to sign a debit order instruction form.

If parents are separated or divorced:

- Correspondence and reports to:
- Fee statement of account to:
- With whom is applicant living?

Has applicant ever repeated a school year? If answer is yes, which Grade?

Reason for repeating?

Has applicant ever held any position of authority in school? If yes, what?

Where applicable please mention any academic, cultural or sporting achievements:

I hereby apply for admission of the above-mentioned child as a learner at Umhlanga College. I agree to pay all terms' fees in advance and to give a term's notice in writing to the Head before withdrawing him/her from the school, or alternatively, to pay a term's fees in lieu of notice. I understand that if I should withdraw the child during a term, or if he/she should leave the school for any reason whatsoever during a term, whether at my instance or that of the Head, the current term's fees shall be forfeit and I shall also be liable for a term's fees in lieu of notice.

I understand and agree that if
 is accepted as a learner of Umhlanga College:

- The school will not be liable for any damage following upon injury to a boy/girl whilst at school, taking part in an extra mural activity of sport or excursion.
- The fact that a boy/girl cannot attend school does not relieve me of my liability for fees.
- The school is not responsible for loss or damage to the clothing and other personal property of the learner's.
- I/We hereby consent to the school performing a financial/creditworthiness check as part of their admission procedure.

I enclose a registration fee of R350-00 which I understand is non-refundable and does not guarantee a place.

I enclose copies of my son / daughter's most recent school report and birth certificate or identity document or passport.

I enclose copies of both parents' identity documents or passports.

MOTHER'S SIGNATURE

DATE: _____

FATHER'S SIGNATURE

DATE: _____



MEDICAL INFORMATION

The information listed below is required for our medical records and if we are unable to contact you should your child require medical treatment.

I, _____, in my capacity as the parent/guardian of _____, do hereby consent and agree that:

1. in the event of an emergency, or
2. in the circumstances where it is not practical or feasible to obtain the services of the usual medical or dental practitioner who attend to my child, the Head and staff of Umhlanga College or any other person authorised by the school shall be entitled to arrange for any medical or dental treatment required for the benefit of my child to be performed by: Dr M. MacKenzie (Medical); Dr Darby-Wade (Dental); or such other doctor or dentist who is available at the time.
3. I agree to pay the cost of such treatment.

I hereby indemnify Umhlanga College and any duly authorised representative of the school who may arrange such treatment on behalf of my child, against any financial or legal claim from such treatment.

SIGNED

DATE

PUPIL DETAILS

| | |
|--------------------|----------------------------------|
| DOCTOR'S NAME: | DOCTOR'S TEL NO: () CODE |
| DENTIST'S NAME: | DENTIST'S TEL NO: () CODE |
| SPECIALIST'S NAME: | SPECIALIST'S TEL NO: () CODE |

EMERGENCY CONTACT NAME AND DETAILS IF PARENTS CANNOT BE LOCATED

| | |
|--------------------------|--------------|
| NAME AND SURNAME: | |
| RELATIONSHIP: | ADDRESS: |
| HOME TEL NO: () CODE | |
| WORK TEL NO: () CODE | POSTAL CODE: |

IMMUNISATION RECORD *Please tick if yes*

| | | | |
|---|--|--|--|
| Tuberculosis (BCG) at birth <input type="checkbox"/> | Tuberculosis (BCG) at 3 months <input type="checkbox"/> | Measles at 6 months <input type="checkbox"/> | |
| Diphtheria, Whooping Cough, Tetanus (DWT) and Polio at 3 months <input type="checkbox"/> | Diphtheria and Tetanus at 5 years <input type="checkbox"/> | Tetanus at 10 years <input type="checkbox"/> | |
| Diphtheria, Whooping Cough, Tetanus (DWT) and Polio at 4½ months <input type="checkbox"/> | German Measles <input type="checkbox"/> | | |
| Diphtheria, Whooping Cough, Tetanus (DWT) and Polio at 6 months <input type="checkbox"/> | | | |
| Diphtheria, Whooping Cough, Tetanus (DWT) and Polio at 18 months <input type="checkbox"/> | | | |

MEDICAL AID DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT

| | |
|---------------------------------|--|
| MEMBER'S NAME: | MEDICAL AID SOCIETY: |
| MEDICAL AID NO: | DATE JOINED: |
| MEDICAL AID TEL NO: () CODE | PRIOR AUTHORISATION REQUIRED? YES NO |
| ID NO: | ADDRESS: |
| OCCUPATION: | |
| HOME TEL NO: () CODE | |
| WORK TEL NO: () CODE | POSTAL CODE: |

HAS YOUR CHILD HAD ANY OF THE FOLLOWING AILMENTS? *Please tick if yes*

- | | | | | | | | |
|----------------|--------------------------|----------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|
| Measles | <input type="checkbox"/> | German Measles | <input type="checkbox"/> | Chicken Pox | <input type="checkbox"/> | Rheumatic Fever | <input type="checkbox"/> |
| Whooping Cough | <input type="checkbox"/> | Mumps | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> |
| Bilharzia | <input type="checkbox"/> | Encephalitis | <input type="checkbox"/> | Meningitis | <input type="checkbox"/> | Hepatitis | <input type="checkbox"/> |
| Malaria | <input type="checkbox"/> | Nephritis | <input type="checkbox"/> | Glandular Fever | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |

Any Allergies? *If yes, please give details*

.....
.....

IS YOUR CHILD UNDERGOING ANY TREATMENT AT PRESENT? *If so, please give details*

.....
.....

IS YOUR CHILD TAKING ANY MEDICATION? *If so, please give details*

.....
.....

Do you give permission to administer medication should the school be unable to contact you when your child is running a temperature or has diarrhoea?.

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE