



KINGSWOOD COLLEGE

T +27 46 603 6600 E info@kingswoodcollege.com W www.kingswoodcollege.com
1 Burton Street, Makhanda, 6139

Application Form

Please Note:

- Nothing in this application should be interpreted as a guarantee made by the School that your child will be admitted to and enrolled with the school.
- Please include the applicant's **birth certificate** and **two latest school reports** when submitting this application to admissions@kingswoodcollege.com.

PUPIL INFORMATION

Surname:	_____	Date of entry:	_____
Name:	_____	Entry grade:	_____
Date of birth:	_____	Present school:	_____
ID number:	_____	Home Language:	_____
Nationality:	_____	Religious denomination:	_____
Gender at birth:	_____	Day Scholar / Boarder:	_____
Pupil's mobile no:	_____		

PARENT / LEGAL GUARDIAN 1

Relationship to Pupil:	_____
Marital Status:	_____
Title:	_____
Name:	_____
Surname:	_____
Occupation & Company Name:	_____
ID number:	_____
Mobile number:	_____
Email address:	_____
Home Address:	_____ _____

PARENT / LEGAL GUARDIAN 2

Relationship to Pupil:	_____
Marital Status:	_____
Title:	_____
Name:	_____
Surname:	_____
Occupation & Company Name:	_____
ID number:	_____
Mobile number:	_____
Email address:	_____
Home Address:	_____ _____

MARITAL STATUS

Are the above-mentioned Parents/Legal Guardians currently married to each other? **YES / NO**
Please provide legal proof of custody, if one Parent / Legal Guardian completes the application.

PLEASE INITIAL HERE _____

SIBLING INFORMATION (if applicable)

<i>Sibling Name</i>	<i>Gender</i>	<i>Date of Birth</i>	<i>Current Grade</i>	<i>Current School/Tertiary institution.</i>

PUPIL ACHIEVEMENTS & INTERESTS

ACADEMIC: _____

SPORT: _____

CULTURAL: _____

OTHER: _____

PUPIL BEHAVIOUR

Has the pupil been involved in:

1. Any serious disciplinary issue, or does the pupil face any disciplinary charge? **YES / NO**
2. The use of illegal substances / substance abuse? **YES / NO**

HEALTH DECLARATION

Present state of health of the pupil (including conditions such as ADD, ADHD, anxiety, depression, etc):

Is the pupil on any form of medication? **YES / NO** If yes, please provide details: _____

Is there any additional information, behavioural, medical or otherwise relating to this application, which should be brought to the attention of the Head?

Please note, any failure to make full disclosure of all information sought on this form will entitle the College to cancel the admission and enrolment of the pupil, whether before or after such admission has occurred.

PLEASE INITIAL HERE _____

HOW DID YOU HEAR ABOUT US?

How did you hear about Kingswood College?

- | | |
|---|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> School Expo / School Visit | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Other – please specify _____ | <input type="checkbox"/> Newspaper |

OLD KINGSWOODIAN INFORMATION

If you are an Old Kingswoodian, please provide House details and dates:

If any of your family members are Old Kingswoodians, please provide their House details and dates:

The application shall only be deemed concluded upon confirmation of acceptance of the enrolment of the Pupil by the College.

By signing this application form, the applicant confirms that all information provided is accurate, and gives consent to Kingswood College to verify information provided in this application, and to confirm the applicant's credit rating with the National Credit Bureau.

Kingswood College is committed to protecting your privacy in accordance with **The Protection of Personal Information Act No 4 of 2013 (POPIA)**. By completing and submitting your application, along with supporting documents to Kingswood College, you are confirming that:

- (a) Kingswood College may use your and your child's personal information for the purposes of processing this application;
- (b) Kingswood College may conduct enquiries that are necessary to verify any information given in the application form.

Signature of Parent / Legal Guardian 1

Date

Signature of Parent / Legal Guardian 2

Date

Kindly return all completed application forms, along with the birth certificate and two latest school reports to admissions@kingswoodcollege.com