



BALLITO

ENROLMENT APPLICATION FORM

NAME & SURNAME

GRADE

YEAR

SIBLINGS

NAME & SURNAME

GRADE

YEAR

“EXCELLENCE BELONGS TO THE ZEALOUS”

KINDLY COMPLETE FORM IN BLACK INK (ALL FIELDS TO BE COMPLETED)
PLEASE NOTE THAT NO DOCUMENTATION WILL BE ACCEPTED IF NOT INITIALED, FULLY COMPLETED AND SIGNED BY THE PARENT

PARENT DETAILS

SURNAME FATHER / GUARDIAN _____

MOTHER / GUARDIAN _____

FIRST NAMES FATHER / GUARDIAN _____

MOTHER / GUARDIAN _____

MARITAL STATUS MARRIED | DIVORCED | WIDOWED | SINGLE | SEPARATED
Please Circle

CORRESPONDENCE TO BE ADDRESSED TO MR & MRS | MR | MRS | MISS | DR | PROF. | OTHER
Please Circle

CONTACT NUMBERS

FATHER:	_____	MOTHER:	_____
HOME	_____	HOME	_____
WORK	_____	WORK	_____
CELL	_____	CELL	_____
FAX	_____	FAX	_____

EMAIL ADDRESS FATHER _____

MOTHER _____

SCHOOL CORRESPONDENCE TO BE EMAILED TO FATHER | MOTHER | FATHER & MOTHER
Please Circle

ID NUMBER FATHER _____

MOTHER _____

DATE OF BIRTH FATHER _____

MOTHER _____

POSTAL ADDRESS

FATHER	_____	MOTHER	_____
	_____		_____
	_____		_____
	_____		_____

PHYSICAL ADDRESS

FATHER	_____	MOTHER	_____
	_____		_____
	_____		_____
	_____		_____

EMPLOYER

FATHER	_____	MOTHER	_____
	_____		_____
	_____		_____

PARENTS INITIALS

PARENT 1 _____ PARENT 2 _____

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STUDENT DETAILS

SURNAME _____

FIRST NAMES _____

PREFERRED NAME _____

GENDER MALE | FEMALE
Please Circle

COUNTRY OF BIRTH _____

DATE OF BIRTH _____

ID NUMBER _____

NAME OF CURRENT SCHOOL _____

CONTACT NUMBER FOR
CURRENT SCHOOL _____

EMAIL ADDRESS FOR CURRENT
SCHOOL _____

CURRENT GRADE _____

SIBLINGS & COUSINS AT ASHTON _____

GRADE APPLYING FOR _____

DATE/YEAR OF ENTRY _____

RELIGION _____

HOME LANGUAGE _____

PLEASE NOTE that Ashton International College reserves the right to terminate with immediate effect, the Tuition Contract between the applicant and the school, in event of omission of any information or any misleading information captured on this application.

PARENTS INITIALS

PARENT 1 _____ PARENT 2 _____

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STUDENT MEDICAL DETAILS

NAME OF DOCTOR _____

CONTACT NUMBER _____

MEDICAL AID NAME _____

MEDICAL AID NUMBER _____

MEDICAL AID TYPE _____

PRIMARY MEMBER _____

ALLERGIES _____

MEDICATION STUDENT IS TAKING _____

HAS THE STUDENT RECEIVED ALL THE NECESSARY IMMUNIZATIONS?
(If no, please elaborate) _____

HAS THE STUDENT EVER SUFFERED FROM ANY OF THE DISEASES LISTED (Tick Box)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Enteric Fever	<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> German Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Tickbite Fever
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Polio	<input type="checkbox"/> Typhoid Fever
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Malaria	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Whooping Cough

HAS THE STUDENT UNDERGONE ANY OPERATIONS? _____

OTHER HEALTH CONDITIONS WE SHOULD BE AWARE OF _____

BLOOD GROUP (Compulsory) _____

CELL NUMBER FOR SMS CONTACT BY SCHOOL _____

ALTERNATIVE CONTACT (Not Parent) NAME _____

RELATIONSHIP TO STUDENT _____

CELL NO _____

EMAIL _____

PARENTS INITIALS

PARENT 1 _____ PARENT 2 _____

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PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL ACCOUNTS

STUDENT NAME _____

DETAILS OF ACCOUNT HOLDER TITLE: MR. MRS. MISS DR. PROF. REV.
(Please Circle)

NAME _____

SURNAME _____

ID NUMBER _____

MARITAL STATUS MARRIED DIVORCED WIDOWED SINGLE SEPARATED
(Please Circle)

EMAIL ADDRESS FOR STATEMENTS _____

PHYSICAL ADDRESS _____ POSTAL ADDRESS _____

CONTACT NUMBERS HOME _____

CELL _____

WORK _____

FAX _____

OCCUPATION _____

EMPLOYER _____

EMPLOYER DETAILS CONTACT NO: _____

PHYSICAL ADDRESS _____

PERIOD IN CURRENT EMPLOYMENT _____

GROSS MONTHLY INCOME _____

RESIDENCE OWNED _____ LEASED _____

if owned, is it bonded

NAME OF BANK _____

ACCOUNT NUMBER _____

I hereby consent to and authorize Ashton International College Ballito to investigate my credit worthiness. I grant such consent authorization to Ashton International College Ballito for the period commencing as of the date of this agreement and terminating at the date of termination of this agreement. I agree that in the event of non payment of school fees, after exhaustion of all other options, my outstanding account will be handed over for debt collection and I may be black-listed.

METHOD OF PAYMENT

- Settlement of annual fees in advance
(Discount of 5% will apply if paid on/or before 7th January)
- Debit Order on the 1st day of each month (January - December)
(Please complete the debit order instruction form.) New D/O
- EFT Payment (Monthly payment by no later then the 7th of the month, January - November, 1st of December)

SIGNATURE _____ DATE _____

PARENTS INITIALS

PARENT 1 _____ PARENT 2 _____

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