



APPLICATION FOR ADMISSION FORM

FOR OFFICE USE:

ADMINISTRATIVE YEAR _____
YEAR OF ENTRY _____
TERM OF ENTRY _____
ADMIN FEE _____
RECEIPT NUMBER _____
DATE _____



“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 FULLY COMPLETED, INITIALED AND SIGNED BY THE PARENT

STUDENT DETAILS:

YEAR APPLYING FOR: _____

GRADE APPLYING FOR _____

SURNAME _____

FIRST NAME(S) _____

PREFERRED NAME _____

GENDER FEMALE | MALE | OTHER
Please Circle

AGE _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

ID NUMBER _____

NATIONALITY _____

HOME LANGUAGE _____

1st ADDITIONAL LANGUAGE TAKEN AT SCHOOL _____
RELIGION _____

NAME OF CURRENT SCHOOL _____

CURRENT GRADE _____

NAME OF CURRENT SCHOOL'S PRINCIPAL _____

CURRENT SCHOOL'S TEL. NO. _____

CURRENT SCHOOL'S EMAIL ADDRESS _____

HAS THE STUDENT REPEATED ANY GRADE? _____

WHERE DID YOU HEAR ABOUT ASHTON?
 Social Media Word Of Mouth
 Newspaper Other: _____

ARE PARENTS A PAST ASHTONIAN? _____
SIBLINGS & RELATIVES AT ASHTON _____

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

PARENT 1: _____

PARENT 2: _____

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STUDENT MEDICAL DETAILS:

ANY HEALTH CONDITIONS
THE SCHOOL SHOULD BE
AWARE OF

ALLERGIES

BLOOD GROUP

ALTERNATIVE EMERGENCY
CONTACT (NOT A PARENT)

NAME _____

RELATIONSHIP TO STUDENT _____

CELL NO. _____

OTHER STUDENT DETAILS:

Please provide any relevant information if applicable

PREVIOUS ACADEMIC
ACHIEVEMENTS

PREVIOUS SPORT/CULTURAL
ACHIEVEMENTS

LEADERSHIP POSITIONS HELD

OTHER INTERESTS AND
ACHIEVEMENTS

WILL AFTERCARE (PRIVATE) BE
REQUIRED?
(GRADE 0000 – GRADE 7 ONLY)

PARENT INITIALS

PARENT 1: _____

PARENT 2: _____

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PARENT DETAILS:

FATHER / GUARDIAN

MOTHER / GUARDIAN

SURNAME

FIRST NAME(S)

ID NUMBER

SCHOOL
CORRESPONDENCE
TO BE EMAILED TO:

FATHER | MOTHER | BOTH PARENTS

Please Circle

CONTACT NUMBERS

EMAIL ADDRESS

HOME ADDRESS

POSTAL ADDRESS

OCCUPATION

EMPLOYER

TYPE OF BUSINESS /
INDUSTRY

TITLE
PLEASE CIRCLE
MARITAL STATUS
PLEASE CIRCLE
IF DIVORCED OR
SEPARATED

MR & MRS | MR | MRS | MS | MISS | DR | PROF. | OTHER

MARRIED | DIVORCED | SEPARATED | WIDOWED | SINGLE

Who has custody?

Who may collect the student from school?

With whom does the student reside?

Who will be responsible for the fees?

Other notes:

PARENT INITIALS

PARENT 1: _____

PARENT 2: _____

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PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL ACCOUNTS:

STUDENT'S FULL NAME _____

DETAILS OF ACCOUNT HOLDER

TITLE: MR | MR | MRS | MISS | DR | PROF. | OTHER

NAME: _____

SURNAME: _____

ID NUMBER: _____

EMAIL ADDRESS FOR STATEMENTS _____

PHYSICAL ADDRESS _____

POSTAL ADDRESS _____

CONTACT NUMBERS

HOME: _____

CELL: _____

WORK: _____

OCCUPATION _____

EMPLOYER _____

EMPLOYER DETAILS

NAME OF SUPERIOR: _____

CONTACT NUMBER: _____

PHYSICAL ADDRESS: _____

I hereby consent to and authorize Ashton International College to investigate my credit worthiness. I grant such consent authorization to Ashton International College 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.

SIGNATURE _____

DATE _____

ASHTON BANKING DETAILS:

NAME	Ashton College
BANK	First National Bank
BRANCH CODE	250 655
ACCOUNT NUMBER	626 135 452 61

PARENT INITIALS

PARENT 1: _____

PARENT 2: _____

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REQUIRED DOCUMENTS:

The following documentation should accompany your application:

Certified copy of student's birth certificate or ID document*

Most recent report (if applicable)

Transfer Card (if applicable)

Two identity photographs

*If not in possession of a South African birth certificate or ID number, please submit the following with your application:

1. Copy of student's current permit / study permit or
2. Copy of Permanent Residence / proof of application for Permanent Residence
3. Copy of student's passport
4. Copy of parents' passports
5. Copy of parents' work permits
6. Proof of medical aid

Applications **will not be processed** until all the above documents have been submitted.

I hereby apply for admission of the above mentioned student to Ashton International College.

I enclose my administration fee of R150.00 (per child) which I understand is non-refundable and does not guarantee a vacancy.

PLEASE NOTE that on completion of the assessment / test, profile check and interview, and after acceptance of the student by College Management, a NON-REFUNDABLE R4000.00 registration fee is payable. Only on receipt of this fee will the student be guaranteed a position at Ashton International College

PARENT 1 SIGNATURE: _____

PARENT 2 SIGNATURE: _____

DATE: _____

SHOULD YOU HAVE ANY FURTHER QUERIES, PLEASE FEEL FREE TO CONTACT US ON
ADMISSIONS@ASHTONBENONI.CO.ZA OR 011 395 2070