



WELCOME TO SELBORNE COLLEGE

Dear Sir / Madam

Thank you for your enquiry to continue your son's High School education at Selborne College.

Selborne College is a traditional boys' school with a proud history. Selborne College offers a holistic education with various opportunities for our boys. We pride ourselves in being a Value Driven School, as we prepare our young men for significant roles in our society.

Please note that there are vacancies for Grade 8 learners and LIMITED vacancies for Grades 9, 10 and 11 learners. **Accordingly, please ensure that you apply at more than one school for your son.**

It is imperative that you are informed that Selborne College is an ENGLISH MEDIUM SCHOOL (Grade 8 – 12). All subjects are taught in English except for the first additional languages (Afrikaans and IsiXhosa). **PROFICIENCY in English therefore, is a pre-requisite for Admission to Selborne College.**

ALL Applications to be HAND DELIVERED for the attention Admission Office, Mrs Hodgkinson. Applications will **ONLY** be accepted with submission of **ALL** the relevant certified documentation (as per the list attached). Applications will close on the **24th March 2022.** (NO LATE applications will be considered.) Interviews may be conducted during the months of April, May and June.

Kindly note that anyone applying from outside of South Africa must be in possession of a valid Passport and Study Permit, before any application may be considered. **Failure to comply with these regulations may lead to fines being enforced by South African Law.**

Yours faithfully

MR A C DEWAR
HEADMASTER



DOCUMENTS REQUIRED

Please use this form to ensure you have collected all the necessary information and attached it to your application form before submitting your Admission pack to the school.

- 1 Selborne College **APPLICATION FORM**
- 2 Four (4) Identical **IDENTITY** size **PHOTOGRAPHS** (scanned in) of your son
Photos to be taken in year of application
- 3 Certified copy of your son's **UNABRIDGED BIRTH CERTIFICATE**
(Non-South African Residents to provide Passport/ Study Permit/Refugee Status)
- 3 Copy of your son's **ROAD TO HEALTH/IMMUNISATION CARD**
- 4 **TERM 4 Report** - previous year
- 5 **TERM 1 Report** - by request
- 6 Copy of **MEDICAL AID** membership card (back and front)
- 8 Certified copy of **MOTHER'S** Identity Document/Legal Guardian
Certified copy of **FATHER'S** Identity Document/ Legal Guardian
Certified copy of person responsible for fees **if not the parent.**
- 9 Copy of **PROOF OF EMPLOYMENT** or **PAYSLIPS** for both parents and
/ or person responsible for fees.
(If Self Employed a letter from Bookkeeper/Accountant.)
- 10 **PROOF OF RESIDENCE** (Eg Municipal or Telephone a/c)
(Proof of Residence is required for both parents if not living at the same address)
- 11 **ADMINISTRATION FEE** of R100.00 is payable with application.

(ALL admin fees due on submission by EFT (**ONLY**) Banking details:
Account Name - Selborne College - **First National Bank** - Cheque Account -
Account No. 52132616148 - **Branch Code:** 210221 -
Ref number - Son's Surname/ 2022

NO APPLICATION will be accepted / processed without ALL the relevant documentation attached!



2022 FINANCE STRUCTURE

The school fee table below is in respect of our 2022 fee structure - fees for 2023 will only be available in November 2022, once the SGB Budget Meeting has been held.

	TERMLY (1st Day of Term)	MONTHLY Months x 11	ANNUALLY Payable before January
SCHOOL FEES (Day Scholar Only)	R11275 per term	R 4 100	R 45 100
BOARDING FEES	R13000 per term	R 4 900	R 51 000
TOTAL		R 9 000	R 96 100

DAY SCHOLAR DEPOSIT	R 5 000.00 <small>The deposit covers the first monthly instalment of school fees and the balance is raised as your refundable deposit</small>
BOARDERS DEPOSIT	R 5 000.00

PLEASE NOTE THE FOLLOWING

1. Fees are payable in South African Rand ONLY.
2. **A full term's written notice of withdrawal of a pupil is required. If this is not supplied, a term's fees will be charged in lieu of written notice not received.**
3. A full term's notice is required should a pupil change from being a boarder to a day scholar.

Should you have any further queries regarding the Financial Structure of our school, kindly contact our Bursar via telephone or email (bursar@selborne.co.za).



ADMISSION FORM

Closing date for Grade 8 applications: 24 March 2022 (12H00)

Grade 9-11 applications will be considered should a vacancy exist in the grade.

GRADE applying for (please indicate with an X)	8	9	10	11	12
ADMISSION as a (please indicate with an X)	DAY SCHOLAR		BOARDER		
CURRENT SCHOOL					
YEAR (admission req.)	2023				

DETAILS OF APPLICANT

SURNAME					PREFERRED NAME			
FIRST NAME (s)					LEARNER CELL NO.			
BIRTH DATE	Year	Month	Day		LEARNER EMAIL ADDRESS			
CITIZENSHIP OF LEARNER	SA Citizen		IDENTITY NUMBER		Pupils 16 yrs or older please attach copy of Identity Doc.			
	Non SA Citizen		PASSPORT NUMBER		Copy of Passport/Study Permit is required if not South African			
	Asylum Seeker		REFUGEE STATUS		Copy of Passport/Study Permit is required if not South African			
POPULATION GROUP (please indicate with an X)	African / Black	White	Asian / Indian	Coloured	Other	EMERGENCY NAME	Of the person your son LIVES with	
						EMERGENCY SURNAME	Of the person your son LIVES with	
HOME LANGUAGE					RELATIONSHIP	Of the person your son LIVES with		
PREFERRED LANGUAGE OF INSTRUCTION					EMERGENCY NUMBER	Of the person your son LIVES with		
RELIGION / CHURCH					DECEASED PARENT	Mother	Father	Both
MODE OF TRANSPORT					(please indicate with an X)	Provide copy of death certificate		
PHYSICAL ADDRESS					HOME TELEPHONE NUMBER			
CITY / SUBURB					CODE			
PROVINCE OF RESIDENCE					COUNTRY OF RESIDENCE			

PREVIOUS SCHOOL INFORMATION

NAME OF PREVIOUS SCHOOL								
SCHOOL ADDRESS								
PROVINCE				COUNTRY			CODE	
Has applicant previously repeated a Grade?	NO	YES	If YES, which grade?					
Has applicant previously applied at Selborne?	NO	YES	If YES, which year?					

PREVIOUS RELATIVES AT SELBORNE

(Grandfather/Father/Uncle/Brother)

NAME / RELATION / EXIT YEAR							
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DETAILS OF SIBLINGS

Name and Surname	School / Tertiary Institution	Grade	Year

SOCIAL GRANTS

DO YOU RECEIVE A SOCIAL GRANT	YES	NO	WHICH TYPE OF GRANT DO YOU RECEIVE	CHILD SUPPORT	MAINTENANCE
If yes, please provide Social Grant Number			Please indicate with an X	FOSTER CHILD	CARE-DEPENDENCY

Interviews will be held. You will be informed whether your application has been successful. School fees are payable monthly, quarterly or annually, preferably in advance. Boarding fees are payable strictly in advance (boys will only be admitted to hostel if they can produce proof of payment). Debit order facilities are available.

Initials of both parents

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ADMIN NO.

FOR OFFICE USE ONLY

RECEIVED BY

DATE RECEIVED

DETAILS OF BIOLOGICAL FATHER / LEGAL GUARDIAN

SURNAME					TITLE	
FIRST NAME (s)						
IDENTITY NUMBER						
MARITAL STATUS <small>(please indicate with an X)</small>	SINGLE	MARRIED	DIVORCED	WIDOWER <small>Please provide death certificate</small>	GUARDIAN <small>Please provide death certificate</small>	
TELEPHONE NO.	Home			Cell		
	Work			Email		
RESIDENTIAL ADDRESS					POSTAL CODE	
POSTAL ADDRESS <small>(If different to above)</small>					POSTAL CODE	
OCCUPATION						
NAME OF EMPLOYER	<small>(If parent is state employed, state name of Institution or if self employed, state name of business)</small>					
PHYS. WORK ADDRESS						

DETAILS OF BIOLOGICAL MOTHER / LEGAL GUARDIAN

SURNAME					TITLE	
FIRST NAME (s)						
IDENTITY NUMBER						
MARITAL STATUS <small>(please indicate with an X)</small>	SINGLE	MARRIED	DIVORCED	WIDOWER <small>Please provide death certificate</small>	GUARDIAN <small>Please provide death certificate</small>	
TELEPHONE NO.	Home			Cell		
	Work			Email		
RESIDENTIAL ADDRESS					POSTAL CODE	
POSTAL ADDRESS <small>(If different to above)</small>					POSTAL CODE	
OCCUPATION						
NAME OF EMPLOYER	<small>(If parent is state employed, state name of Institution or if self employed, state name of business)</small>					
PHYS. WORK ADDRESS						

ADDITIONAL INFORMATION ON APPLICATION

APPLICANT LIVING WITH <small>(please indicate with an X)</small>	PARENTS	MOTHER	FATHER	GUARDIAN	OTHER	
HOW MANY CHILDREN	APPLICANT'S POSITION (1st Born etc.)					
COMMUNICATION TO	PARENTS	MOTHER	FATHER	GUARDIAN	OTHER	
PARENT RESPONSIBLE FOR SCHOOL FEES <small>(Please note both parents are responsible for fees) Kindly indicate who is to receive the statements</small>		MOTHER		FATHER		OTHER <small>Details to be given See below</small>
EMAIL ADDRESS FOR STATEMENTS						
PAYMENT METHOD						
		ANNUAL	TERMLY	MONTHLY	DEBIT ORDER	

DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT (To be completed if NOT the Father or Mother)

SURNAME					TITLE	
FIRST NAME (s)						
IDENTITY NUMBER						
MARITAL STATUS <small>(please indicate with an X)</small>	SINGLE	MARRIED	DIVORCED	WIDOWER <small>Please provide death certificate</small>	GUARDIAN <small>Please provide death certificate</small>	
TELEPHONE NO.	Home			Cell		
	Work			Email		
RESIDENTIAL ADDRESS					POSTAL CODE	
POSTAL ADDRESS <small>(If different to above)</small>					POSTAL CODE	
OCCUPATION	SIGNATURE					
NAME OF EMPLOYER						
PHYS. WORK ADDRESS						
<small>(If parent is state employed, state name of Institution or if self employed, state name of business)</small>						

Initials of both parents

EXTRA-MURAL PARTICIPATION

All learners are expected to participate in sport at School during the afternoons (at least one in summer and one in winter). Please indicate those sports in which you would like your son to participate.

Does your son participate actively in a School Sport & Cultural Programme?	NO	YES	If NO , specify reason:				
Indicate those sports in which you would like your son to participate.							
SUMMER	Athletics	Cricket	Rowing	Swimming	Water Polo	Tennis	Squash
WINTER	Rugby		Hockey	Squash		Tennis	Cross Country

ACHIEVEMENTS

APPLICANT'S ACTIVITIES AND INVOLVEMENT IN CURRENT SCHOOL: Please list any noteworthy achievements (Provincial representation, Captaincy, etc)

ACADEMIC	
CULTURAL	
SPORT	SUMMER SPORT
	WINTER SPORT
LEADERSHIP POSITIONS	

MEDICAL INFORMATION (Please attach copy of medical aid card)

MEMBERSHIP NO.		Road to Health Card	YES	NO	Please attach a copy
MEDICAL AID NAME		Immunisation Card	YES	NO	Please attach a copy
Principal Member		Name of Dentist			
Name of Doctor		Telephone No.			
Telephone No.		DEXTERITY OF LEARNER	LEFT	RIGHT	AMBIDEXTROUS / BOTH
Doctor's Address		(please indicate with an X)			
MEDICAL CONDITIONS	<small>Special Educational Needs, Health Problems or any important information (e.g. Asthma, Epilepsy, Allergies etc.) including medication requirements</small>				

EMERGENCY TELEPHONE NUMBERS

(Not Parents' Details - Next of kin, in case of emergency, if the school cannot get hold of either parent)

SURNAME					TITLE	
FIRST NAME (s)						
IDENTITY NUMBER						
RELATION TO PUPIL						
MARITAL STATUS <small>(please indicate with an X)</small>	SINGLE	MARRIED	DIVORCED	WIDOWER <small>Please provide death certificate</small>	GUARDIAN <small>Please provide death certificate</small>	
TELEPHONE NO.	Home			Cell		
	Work			Email		
RESIDENTIAL ADDRESS						

Initials of both parents

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LSEN QUESTIONNAIRE (Provide supporting documentation)

Do you have any special educational needs? **NO** **YES** If **YES**, please provide details:

If your son has an existing approved CONCESSION with the Department of Education - kindly attach the approved letter to this application. **NO** **YES**

Please indicate if you have been diagnosed with any of the following, kindly supply supporting documentation (e.g. Doctors Certificate or historical report). If not mentioned, please indicate what your diagnosis is:

Attention Deficit Disorder	NO	YES		Autistic Spectrum Disorder	NO	YES		Deaf	NO	YES
Blind	NO	YES		Cerebral Palsied	NO	YES		Hard of Hearing	NO	YES
Deaf/Blind/Disabled	NO	YES		Epilepsy	NO	YES		Partially Sighted	NO	YES
Mild/Mod Intellectually Dis	NO	YES		Multiple Disabled	NO	YES		Specific Learning Dis	NO	YES
Physically Disabled	NO	YES		Severe Intellectually Disabled	NO	YES		Aphasic / Dyslectic	NO	YES
Psychiatric Disorder	NO	YES		Moderate to Severe Intellect Dis	NO	YES		Other (Specify)		
Dyscalculia	NO	YES		Behavioural Disorder	NO	YES				

LANGUAGE CHOICE (GRADE 8 - 9)

All pupils do English as their primary language. Please indicate which of **AFRIKAANS** or **ISIXHOSA** you choose as his first additional language.

AFRIKAANS

ISIXHOSA

ACADEMIC SUBJECT CHOICE (GRADE 10 - 12)

LINE NUMBER	SUBJECTS	PLEASE TICK
COMPULSORY SUBJECT	ENGLISH (HOME LANGUAGE)	X
FIRST SET (Choose one subject only)	AFRIKAANS (FIRST ADDITIONAL LANGUAGE)	
	ISIXHOSA (FIRST ADDITIONAL LANGUAGE)	
SECOND SET (Choose one subject only)	MATHEMATICS	
	MATHEMATICAL LITERACY	
COMPULSORY SUBJECT	LIFE ORIENTATION	X
THIRD SET (Choose one subject only)	PHYSICAL SCIENCES	
	GEOGRAPHY	
	MUSIC	
	CAT	
	VISUAL ART	
FOURTH SET (Choose one subject only)	LIFE SCIENCES	
	HISTORY	
	GEOGRAPHY	
	IT* (*IT will only be offered here if there is sufficient demand)	
FIFTH SET (Choose one subject only)	MUSIC	
	ACCOUNTING	
	ENGINEERING GRAPHICS AND DESIGN	
	LIFE SCIENCES	
	VISUAL ART	
	MUSIC	
	BUSINESS STUDIES	

Initials of both parents

ADMISSION APPLICATION

Completion of this application and the payment of the **R100 administration fee** is not a guarantee that your child/ward will be accepted at Selborne College. This fee is refundable upon request if the application is unsuccessful.

You will be informed of the school's decision before the end of Term 3.

A deposit of R5 000 is payable within 14 days to secure the position offered.

DECLARATION BY PARENT/GUARDIAN

Should my son be accepted at Selborne College, I hereby agree to:

Accept the *ethos* of the school as contained in the **Mission Statement** (will receive this with the acceptance pack)

YES	NO
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Abide by the **Code of Conduct** of Selborne College (will receive this with the acceptance pack)

YES	NO
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Acknowledge the authority of the Principal, the educators and student leaders

YES	NO
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Pay the stipulated school fees as agreed by the parent body at the Annual Budget Meeting

YES	NO
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Pay any bank charges and interest on any outstanding fees

YES	NO
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Notify the Principal, in writing, in the event of my child leaving the school at least one term in advance or pay a terms fee *in lieu* of such notice. (This is if the pupil is withdrawn for reasons other than disciplinary or financial default)

YES	NO
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In addition to a withdrawal, I undertake to return all books and other property belonging to the school

YES	NO
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Ensure that my son attends school regularly and, should my son be absent from school for any reason, to inform the school in writing

YES	NO
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Pay all costs incurred for damage to school property or losses caused by my son

YES	NO
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I am fully aware of the admission requirements of Selborne College as contained herein.

YES	NO
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I will take responsibility for ensuring that my son is adequately insured against personal injury or related risks. I will also ensure that his personal belongings are marked and, if necessary, adequately insured against loss and I understand that the school cannot be held responsible for any losses or damage incurred.

YES	NO
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Whilst involved in school activities, I authorize the Principal (or appointed staff member) to act *in loco parentis*, including granting consent for medical treatment in the case of an emergency, once all reasonable efforts to contact the pupil's parents/guardians have been made.

YES	NO
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I acknowledge that Selborne College is a **fee-paying school** and parents are expected to pay the fees in full according to arrangements agreed to on the Acceptance Form. Fees are revised each year according to the budget. The current 2022 School fees are R45 100.00. Financial assistance will be considered after submission of a written request for a fee reduction using the school's Exemption Application Form. Only upon approval, will fees be reduced. An exemption will be reviewed annually.

YES	NO
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I/We request that my/our son be admitted as a pupil of Selborne College. In signing this form, we acknowledge that should our son be accepted as a pupil at Selborne College, we will be jointly and severally liable for the compulsory school fees in terms of Section 39 SASA, as set from year to year by the Governing Body. Please ensure that you complete EVERY SECTION of this application form. If false information is provided it will be deemed as a criminal offence and will invalidate this application.

I declare that all particulars furnished by me on this form are true and correct.

Signed at East London this _____ day of _____ 20 _____

FATHER'S / GUARDIAN SIGNATURE

PRINT NAME

MOTHER'S / GUARDIAN SIGNATURE

PRINT NAME

SELBORNE COLLEGE

Admissions Department - Dawson Road Selborne East London 5201 - PO Box 11194 Selborne 5213

Tel +27(0)437221822 - Fax +27(0)437437746 - Email: hod@selborne.co.za

BANKING DETAILS



BANKING DETAILS FOR SELBORNE COLLEGE

ACCOUNT NAME	Selborne College
BANK	First National Bank
BRANCH	Southernwood
BRANCH CODE	210221
ACCOUNT NUMBER	5213 261 6148
REF. NO.	Son's name & surname