

### BEACON COLLEGE MALELANE

# DAY & BOARDING SCHOOL CNR IMPALA AND MARULA STREETS, MALELANE

P.O.BOX 1198, MALELANE, 1320 CONTACT DETAILS: 013 790 1730/ 071 579 0972 EMAIL: beaconmalelane@gmail.com REG NO: 8000 35518

#### **APPLICATION FORM FOR ADMISSION**

Note: This form must be completed in full. All changes must be signed by parent /guardian.

### SECTION & LEARNER INFORMATION

Grade applied for: Year: Previous Grade passed: Grade:
Surname: Initials:
Forenames:
Date of birth: Nationality:
Physical Address:
Code:
Postal Address:
Code:
Home telephone with code:
Emergency Telephone:E-mail:
Home Language: Religion:
Previous School Information:
Learner Medical Information:
Medical Aid Name: Medical Aid Number:
Doctor Name: Contact No:

## Particulars of Person with whom the child is/will be residing: Surname: ...... Forename: ..... **Physical Address:** Tel: ....... Cell: ...... I hereby declare that the above information furnished by me is true according to my knowledge. I am aware that any false information supplied by me will jeopardize my admission. Note: Please fill in Section B and Section C for Parent/ Guardian information and the person responsible for payment of fees. **\$ECTION B: Parents/ Guardian Information** Forenames: ..... Home Telephone: ...... Cell: ..... I.D. NO: ......Passport No: ...... Forenames: ...... Home Telephone: ...... Cell: ..... **SECTION C: Person Responsible for payment of fees:** Title: ...... Initials: ...... Surname: ...... Forenames: .....

I.D.NO: Passport:

Dank Account Details: Dank Name:
Account Holders Name:Type of Account:
Account Number: Branch Name: Branch Code:
I hereby take full responsibility of the payment of tuition fees/hostel fees/ both tuition fees and hostel fees (delete which is not applicable) as stipulated in the prospectus in time and act according to the decision taken by the management of the school. If I am violating the terms and conditions of the payment of the fees, I further agree that the school will have the mandate to take any legal action against me to recover the money with interest and legal cost.
Signature of the Parent: Date:
Signature of the Person Responsible for payment: Date:

## **GOOD LUCK!!!**

Enjoy your learning at Beacon College. Enjoy your stay at Beacon College hostel.

Here is the door open for you for a bright future.