



ABBOTTS COLLEGE

High School

Full Name of Student in Block Letters

Grade		Year	

For Internal Use Only

Status		Administrator	
Bursar		Fees	
Date of Interview		Interviewer	

Application Form



Campus

Date of Application

Lurits / Cemis Number
(For admin use only)

Please submit the following with this application form:

1. A copy of the Student's ID or Birth Certificate / Passport
2. Copies of both Parents' / Guardians' IDs
3. Copies of the Student's most recent academic report

Student details

PLEASE PRINT CLEARLY

First name(s)

Preferred Name

Surname

Date of Birth

Y	Y	Y	Y	M	M	D	D
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Gender (indicate with an X)

Male

Female

ID or Passport Number

Nationality

Home Language

Student Cell No.

Application for

Grade		Term		Year	
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Starting Date

Y	Y	Y	Y	M	M	D	D
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Religion (required by the Department of Education)

Race Classification (required by the Department of Education)

Please indicate with an X if either of the applicant's biological parents is deceased (required by the Department of Education)

Father

Mother

Previous Education – School / Institution

From

To

Achievements

Health (Medical Condition / Problem)

Medication

Disabilities

Documents attached

Yes

No

Sibling's Name

School

Grade

Term address (Applies to applicant not living at home during school terms)

Foreign Student

Yes

No

Local Contact Person

Code

Only complete the following if YES

Date of Entry into South Africa

Y	Y	Y	Y	M	M	D	D
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Relation to Student

Telephone Number

Country of Origin

Details of Parents / Guardians

Parent / Guardian 1

Relationship to Applicant

Marital Status

Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Title Surname

<input type="text"/>	<input type="text"/>
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First Names

ID / Passport Number

Nationality

Residential Address

<input type="text"/>
<input type="text"/>
<input type="text"/> Code <input type="text"/>

Postal Address

<input type="text"/>
<input type="text"/>
<input type="text"/> Code <input type="text"/>

Occupation

Business / Employer

Home Tel:

Business Tel:

Cell:

Fax:

Email:

Alternate Contact Person

Relationship

Tel Number

Past Abbotts Student

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If yes, please note the year you attended

Correspondence Addressed to (Indicate with an X). Mark both 1 and 2 if separate copies should be sent to both parties

General:	Residential Address 1	Postal Address 1	Residential Address 2	Postal Address 2	Other
Reports:	Residential Address 1	Postal Address 1	Residential Address 2	Postal Address 2	Other
Accounts:	Residential Address 1	Postal Address 1	Residential Address 2	Postal Address 2	Other

Parent / Guardian 2

Relationship to Applicant

Marital Status

Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Title Surname

<input type="text"/>	<input type="text"/>
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First Names

ID / Passport Number

Nationality

Residential Address

<input type="text"/>
<input type="text"/>
<input type="text"/> Code <input type="text"/>

Postal Address

<input type="text"/>
<input type="text"/>
<input type="text"/> Code <input type="text"/>

Occupation

Business / Employer

Home Tel:

Business Tel:

Cell:

Fax:

Email:

Alternate Contact Person

Relationship

Tel Number

Past Abbotts Student

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
----	--------------------------

If yes, please note the year you attended

The following is required at an Abbotts College Interview:

1. The presence of parent(s) or guardian(s)
2. The presence of the student
3. A completed and signed application form
4. A copy of the most recent academic report
5. Copies of any academic assessments or career profiles*
6. Parent or guardian's ID document (for locals) or passport (for foreigners)
8. Student ID document (for locals) or passport (for foreigners)

* if available

Source of Introduction to Abbotts (✓ where applicable)

Word of mouth: Newspaper advertisement:

Existing Student: Name of paper: _____

Past Student: Name of paper: _____

Other: Shopping Centre Promotion:

Website Street Pole Advertising:

Open Day Flyers:

Suggested Subjects (To be discussed at interview):

1. English Home Language

2. Afrikaans First Additional Language - If not, provide a reason _____

3. Mathematics 5. _____

or Mathematical Literacy 6. _____

4. Life Orientation 7. _____

General Comment _____

Any other interests or hobbies? _____

Career plans? _____

Has a career profile been done? Yes No

Previous schools: _____

Reason(s) for changing schools: _____

Has your child ever repeated a grade? If so, which grade? _____

Has your child ever received in-patient psychiatric treatment? If yes, give details: _____

Have any previous psycho-educational assessments been done? Yes No

Have any of the following been granted before?

Spelling	Yes <input type="checkbox"/>	or Time	<input type="checkbox"/>	concession
Amanuensis	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
Scribe	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	

Are there any academic problems or learning difficulties? _____

Have there been any behavioural/social problems? _____

Has your child ever been asked to leave a school/college? Yes No

If yes, please give details: _____

Has your child ever been involved in any form of substance abuse? Yes No

If yes, please give details with regard to how often and the specific substance(s): _____

What kind of action was taken to deal with above-mentioned problem? _____

Please write down any past information that might have impacted on the development of your child.

I / We the Parents / Legal Guardian of:

hereby apply for his / her admission to Abbotts College. I / We confirm that the information contained in this application is complete and accurate. I / We agree that Abbotts College's acceptance of this application is conditional on my / our timeous completion of the Rules and Conditions of Admission to Abbotts College's documentation, including but not limited to the Code of Conduct, Indemnity Forms and Conditions of Admission.

Parent / Guardian 1 Signature _____ Date: _____

Parent / Guardian 2 Signature _____ Date: _____

Student Signature _____ Date: _____