



## APPLICATION FORM FOR ADMISSION TO CHESTERHOUSE

Cnr. Mosselbank River & Falcon Streets, D'Urbanvale Estate, Durbanville 7550  
Tel: (021) 975-6650 / Fax: (021) 975-6649  
E-mail: [m.dunk@chesterhouse.co.za](mailto:m.dunk@chesterhouse.co.za) Webpage: [www.chesterhouse.co.za](http://www.chesterhouse.co.za)



### **SECTION A: APPLICANT'S INFORMATION (ITEMS MARKED WITH AN \* MUST BE COMPLETED)**

\*Name of student (Surname) \_\_\_\_\_ (First names) \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

*	Date of entry:	Year _____	Grade / Year Group _____
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Religious affiliation \_\_\_\_\_

First language \_\_\_\_\_ Other languages spoken \_\_\_\_\_

Nationality \_\_\_\_\_ Citizenship \_\_\_\_\_

\*If not a citizen of South Africa has he/she:

Permanent residency  Temporary residency  Diplomatic status  Other   
 Study permit required  Yes  No

### **\*SECTION B: PARENTS' INFORMATION**

	Parent 1	Parent 2
Relationship to student		
Surname		
First name		
Title		
ID Number ( <i>copy to be attached</i> )		
Marital status		
Nationality		
Home telephone number		
Work telephone number		
Cellular number		
Facsimile number		
e-mail address		
Physical Address		
Postal code		
Postal Address		
Postal code		
Occupation		
Employer's Name		
Employer's Address		

**\*SECTION C: APPLICANT'S EDUCATIONAL DATA**

Currently studying in Year \_\_\_\_\_ or Grade \_\_\_\_\_ or Standard \_\_\_\_\_

Name of current school \_\_\_\_\_ Place \_\_\_\_\_

Name of Principal \_\_\_\_\_ Telephone number \_\_\_\_\_

Permission to request details from Principal  Yes  No

Other schools attended \_\_\_\_\_ Date From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Date From \_\_\_\_\_ To \_\_\_\_\_

**\*SECTION D: MEDICAL INFORMATION**

Family Doctor \_\_\_\_\_ Telephone number \_\_\_\_\_

Name of medical scheme \_\_\_\_\_ Medical scheme number \_\_\_\_\_

Name of alternate contact person for emergencies \_\_\_\_\_

Relationship to child \_\_\_\_\_ Telephone number \_\_\_\_\_

Serious allergies/medical conditions \_\_\_\_\_

Specify medication your child is on \_\_\_\_\_

**SECTION E: FAMILY DETAILS - Other siblings**

Name	Position in family	Age

**\*SECTION F: PAYMENT OF MONIES**

**\*Person responsible for payment of all monies: NAME:** .....

**SIGNATURE:** ..... **ID NO.** .....

*(Please attach a copy of the ID)*

**Please note that Parents are responsible for all monies to be paid to the School, regardless of whether the child is sponsored by a Company or Trust, or Third Party etc. If the latter applies, please complete:**

Name of Company/Trust/Sponsor			
Contact name			
Address			
Postcode		Cell No.	
E-Mail address			
Telephone number			
Fax number			
ID Number <i>(copy to be attached)</i>			

**\*NAME:** ..... **SIGNATURE:**.....

**DATED THIS** ..... **DAY OF** ..... **20**.....

**A non-refundable Registration Fee of R500-00 should accompany this application form. Cheques are payable to Chesterhouse. Credit card facilities available.**

**For Office Use METHOD OF PAYMENT**

	Cash	Cheque	Bank transfer	Date	Receipt number
Registration					
Deposit					
Fees					