



Working Together

22 Mackeurtan Avenue Durban North 4051 Grades 8–12 Tel: 031 563 2221 Web: www.oakridge.co.za  
Principal: Daryl C Franks B.Sc NHOD(RAU)

## APPLICATION FOR FIRST ADMISSION 2025

**PUPIL'S FULL NAME:** .....

**GRADE APPLIED FOR:** .....

**YEAR APPLIED FOR:** .....

**PRESENT SCHOOL:** .....

When returning this application form please attach original and a certified copy of each of the following documents:

1. Learner's full/unabridged birth certificate.
2. Learner's latest school report.
3. Proof of residential address - rates / water / lights account, a lease agreement or deed of sale.
4. ID of both parents of the enrolling learner.
5. Latest pay slip of both parents/guardians responsible for fees.
6. Copy of trust documents and latest trust bank statement if fees are to be paid by a trust.
7. One recent passport sized photograph of the learner.

**What motivated you to apply to Oakridge College? (Please tick the box/es)**

- |  |   |
|--|---|
| <input type="checkbox"/> Word of mouth/sibling | <input type="checkbox"/> Open day/Information evening |
| <input type="checkbox"/> Media coverage        | <input type="checkbox"/> Via present school           |
| <input type="checkbox"/> Our website           | <input type="checkbox"/> Social media                 |

**NB:** *An enrolment fee of R 5 000.00 is payable if a learner is accepted (once off payment and non-refundable)*

**NOTE:** *Submission of this application does NOT guarantee/constitute admission to this school.*

## PERSONAL PARTICULARS OF THE STUDENT

SURNAME:

FULL FIRST NAMES:

NAME BY WHICH LEARNER IS KNOWN (IF NOT FIRST NAME):

Date of birth:

Current age:

ID/Passport number:

Citizenship:

Religion:

Home language:

Present school:

Present grade:

Learner's residential address:

Siblings presently at Oakridge College?    Yes/No

**If yes give details:**

Name:

Surname:

Grade:

Names of brothers/sisters  
(not at Oakridge College):

Age:

School:


## PARTICULARS OF PARENTS

*Complete details of BOTH father, mother, guardian and/or responsible adult*

"I/WE the undersigned, being the parents/guardians of the learner identified in this application, do hereby irrevocably acknowledge and agree that I/we shall be bound by the Terms and Conditions of acceptance annexed hereto marked "A".

Father / Guardian	Mother / Guardian
Title:	Title:
Surname:	Surname:
Full name:	Full name:
Relationship to learner:	Relationship to learner:
Residential address:	Residential address:
Rent/Own these premises? (Tick answer)	Rent/Own these premises? (Tick answer)
Period living at this address:	Period living at this address:
Preferred postal address:	Preferred postal address:
Home Telephone Number:	Home Telephone Number:
Cell number:	Cell number:
Email address:	Email address:
Identity number:	Identity number:
Occupation:	Occupation:
Employer name and address:	Employer name and address:
Government Employee Persal Number:	Government Employee Persal Number:
Business telephone number:	Business telephone number:
Signature:	Signature:
<b>IF PARENTS ARE DIVORCED PLEASE COMPLETE THE FOLLOWING:</b>	
Name of parent who has custody:	Date of final order of divorce:
Name of parent who has legal guardianship:	Name of parent with whom the learner lives:
Should the other parent have contact with the child?	Signature:

**TO BE COMPLETED ONLY IF THE LEARNER IS AN IMMIGRANT**

DATE OF ENTRY COUNTRY OF ORIGIN \_\_\_\_\_

RESIDENCE / STUDY PERMIT NUMBER \_\_\_\_\_

(DOCUMENT MUST BE PRODUCED AT THE INTERVIEW)

**MEDICAL DETAILS**

DOCTOR'S NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

In the event of an emergency when the particular doctor or dentist of my choice is not available, I undertake to accept the School's choice.

Previous illnesses (nature and seriousness):

\_\_\_\_\_  
\_\_\_\_\_

**Has the learner been immunised against (please circle YES or NO):**

Tuberculosis Yes/No

Poliomyelitis Yes/No

Lockjaw and diphtheria Yes/No

Immunization Certificate produced? Yes/No

Has the Learner any physical defects or medical conditions (for example: epilepsy diabetes, hearing or eye problems) which affect him/her? Yes/No

If yes, please state which \_\_\_\_\_

How does this affect him/her? \_\_\_\_\_

What medication is taken for the above mentioned condition? \_\_\_\_\_

Does the learner take any prescribed long term medication? Yes/No

If yes, please state what the medication is: \_\_\_\_\_

**FATHER'S SIGNATURE:**

**MOTHER'S SIGNATURE:**