

FOR OFFICE USE ONLY DATE RECEIVED

DATE OF INTERVIEW INTERVIEW TIME

DATE PROCESSED ADMISSION No.

FOR OFFICE USE ONLY HEADMASTER SIGNATURE

APPLICANT ACCEPTED

APPLICANT WAITING LIST

2023 APPLICATION FORM

EMAILED DOCUMENTS ARE PREFERRED - kindly email this form and all relevant documents to leanne@qcj.co.za

IMPORTANT DOCUMENTATION REQUIRED *Please ensure that the following documentation accompanies this form.*

- A **COPY** of your son's Birth Certificate ***UNABRIDGED** (Abridged is accepted if accompanied with proof of application of unabridged)
- A **COPY** of **BOTH** parent's ID Documents/Cards (or Death Certificate/s if necessary)
- The **LATEST** report from your son's previous school is **ESSENTIAL**
- A **COPY** of your son's Clinic Card and proof of immunisation is **ESSENTIAL**
- SALARY ADVICE** (or letter from auditor if self-employed) of **BOTH PARENTS**
- Three month's bank statements of **BOTH PARENTS, REFLECTING PROOF OF RESIDENCE**
- The **EDUCATOR RECOMMENDATION FORM** (this applies to Gr 1-7 Applications only)

ATTACH
YOUR SON'S
PASSPORT
SIZE
PHOTOGRAPH
HERE

Admission as a learner to Queen's College Boys' Primary School is not guaranteed.
Admission will depend on admission requirements and available space.
Please ensure this application is completed IN FULL (incomplete applications will not be processed)

Write the **GRADE** applying for **HERE** → **IS HOSTEL ACCOMMODATION REQUIRED?** CIRCLE the applicable box **YES** **NO**

LEARNER INFORMATION

Learner Surname Learner Full Names
AS ON BIRTH CERTIFICATE

Date of Birth Home Language

ID No. or Passport No.
if not South African

Nationality (Country of Birth) Race

Religion (What church do you belong to?)

Residential Address

Home Language Dexterity of Learner **LEFT HANDED** **RIGHT HANDED**

Name of current school

Contact number of current school Highest Grade passed Year passed

Email address of current school

Has the applicant repeated any grade/s in the past? If yes, please indicate which grade/s

THE FOLLOWING INFORMATION IS EXTREMELY IMPORTANT

In the event of not being able to contact the parent in case of an emergency, please provide us with the following:

Name of emergency contact person in Queenstown

Tel. (h) Tel. (w) Tel. (cell)

Details of **TWO** people is MANDATORY (either mother AND father OR relative, even if not at same address as learner)

NAME OF PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES. <input type="text"/>	DECEASED FAMILY INFORMATION <i>Please circle if applicable</i> Deceased parent : <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH
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FATHER INFORMATION (or LEGAL GUARDIAN)

Surname Name/s

Marital Status Married Divorced Single ID No.

Physical address Code

Postal address Code

Occupation Name of workplace

Physical address of workplace Code

Tel. (h) Tel. (w) Tel. (cell)

Email address

MOTHER INFORMATION

Surname Name/s

Marital Status Married Divorced Single ID No.

Physical address Code

Postal address Code

Occupation Name of workplace

Physical address of workplace Code

Tel. (h) Tel. (w) Tel. (cell)

Email address

ADDITIONAL RELATIVE INFORMATION (mandatory if only one parent's information is completed above or if person responsible for fees is not completed above)

Surname Name/s

Relationship to learner

Marital Status Married Divorced Single ID No.

Physical address Code

Occupation Name of workplace

Physical address of workplace Code

Tel. (h) Tel. (w) Tel. (cell)

Email address

I hereby declare that, to the best of my knowledge, the above information as supplied, is accurate and correct.

Name of PERSON who completed this form (please print) Signature

LEARNER MEDICAL INFORMATION

Medical Aid Name/Type Medical Aid No.

Medical Aid Main Member Name

Doctor's Name Dr Tel. (cell)

Doctor's Address

Medical Condition/Allergies

Special problems requiring counseling

SOCIAL GRANT INFORMATION

REGISTRATION	<input checked="" type="checkbox"/>	RECEIVING	GRANT No.
Child Support	<input type="checkbox"/>	Child Support	<input type="text"/>
Disability Grant	<input type="checkbox"/>	Disability Grant	<input type="text"/>
Foster Child	<input type="checkbox"/>	Foster Child	<input type="text"/>
Care-Dependency Grant	<input type="checkbox"/>	Care-Dependency Grant	<input type="text"/>

SIBLING INFORMATION

Number of children in the family Position in family

does the applicant have any older/younger brothers at **QUEEN'S COLLEGE BOYS' PRIMARY SCHOOL?**
(same mother and/or father. **THIS DOES NOT INCLUDE COUSINS.**)

Name of brother Grade

Name of brother Grade

Name of brother Grade

Does the applicant have any older/younger siblings at **QUEEN'S COLLEGE BOYS' HIGH, QUEENSTOWN GIRLS HIGH OR BALMORAL GIRLS' PRIMARY SCHOOL?**
(same mother and/or father. **THIS DOES NOT INCLUDE COUSINS.**)

Name of sibling <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Grade <input type="text"/>
Name of sibling <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Grade <input type="text"/>
Name of sibling <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Grade <input type="text"/>

ADDITIONAL INFORMATION

How far do you travel to work? (approx. km's) What time do you arrive home from work (approx.?)

Who will look after your son in the afternoons?

Who will do homework with your son?

APPLICATION FORM CHECKLIST ✓

- Have you completed every applicable section of this form? Failure to do so may lead to exclusion of this application.
- Have you attached the photograph and all necessary copies of documents required as seen on the first page of this application form?
- Have you signed and dated this application form?

SIGNATURE OF MOTHER (OBLIGATORY)

SIGNATURE OF FATHER (OBLIGATORY)

SIGNATURE OF GUARDIAN (ONLY if applicable)

DATE OF SIGNATURE

Scan this three page application form, along with ALL relevant and required documentation and email to leanne@qcj.co.za.

PLEASE NOTE THE FOLLOWING:

False information will lead to automatic disqualification. Any boy who gains admission to this school under false pretences, will automatically be disqualified.

ESSENTIAL FOR GRADE 1 - 7 APPLICATIONS

EDUCATOR RECOMMENDATION

DATE

Hand this form in at your current school for completion.

TO THE EDUCATOR:

This forms part of a Queen's College Boys' Primary School admission application.

Once completed, kindly scan and email to leanne@qcj.co.za.

Thank you for your co-operation and candor.

Name of Current School	<input type="text"/>
Educator Name	<input type="text"/>

Pupil Name	<input type="text"/>	Current Grade	<input type="text"/>
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Please place check marks at the points that represent your evaluation of the learner in comparison to other students in his age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (Top 10%)	Good (Above average)	Average	Below Average	No basis for judgement
ACADEMIC ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASS BEHAVIOUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPORT ACTIVITIES	<input type="text"/>
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CULTURAL ACTIVITIES	<input type="text"/>
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SERVICE	<input type="text"/>
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FOR THE BURSAR

Current School Fee's per annum	<input type="text"/>
Please indicate if fees are paid up to date	<input type="checkbox"/> ✓ <input type="checkbox"/> ✗

SCHOOL STAMP

Principal (Print name and sign)	<input type="text"/>	Date	<input type="text"/>
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